


Assistive Technology



“The way we see it”



A brief journey through practical
application of assistive technology
in the domiciliary care arena

Chris Hopkinson, CEO SeniorLink Eldercare

All you wanted to know about us

We are a partnership business purely focused on delivering assistive technology services

We have been active in this sector for 20 years and we have seen the evolution of technical support for independent living take many guises during that time

Our partnership brings two very different views of the issues surrounding independence and technology together

Our Vision

- Multi-agency partnership and prevention
- Open to adults of all ages
- Person centred approach
- Co-ordinated approach to installations, monitoring and response



A Case Study on using AT in the home

Our Approach

Consultation

- Hold briefings in the community
- Devise a short, simple questionnaire
- Respondents were given examples of how technologies can assist people with information on some of the devices available
- Respondents were asked two principal questions:

“Which equipment do you think would be most beneficial to support people in your area?”

“Tell us what you think would make a difference to you or someone you know, and why?”

Feedback

The Result

Over 200 people consulted and 123 people responded. Fall detectors and medication dispensers were highest on the list of preferences.

Example comments:

“Tablet dispenser – if people don’t manage their meds, everything else falls apart”

“I know a neighbour with Parkinson who forgets her meds sometimes. She has family but likes to be as independent as possible. A medication dispenser would enable her to keep her independence.”

“If I had a fall I would find difficulty in getting help due to restricted movement”

“A falls package would be beneficial as I have previously fallen several times”

Where to start ?

From the survey results, we chose a couple of key areas to pilot with respect to the technology to adopt.

The pilots were open to all adults irrespective of age, but for the initial implementation period in order to meet the requirements of POPP, the DIS the focus was on the over 50s age group.

Once these were completed, the range of equipment was modified and expanded.

Fees – the ‘F’ word

Charging

Assistive Technology equipment is often provided free of charge

Control Centre response and mobile response is provided free of charge for the **first 6 weeks** following installation

Partners are urged to seek funding from the PTG grants, or from other sources such as PCTs.

‘Try before you buy’

This is a very useful tool for making people at ease with what can at times be perceived as an intrusive service until they experience it

Evaluation

The financial evaluations were based on general savings which could be made via:

- Homecare

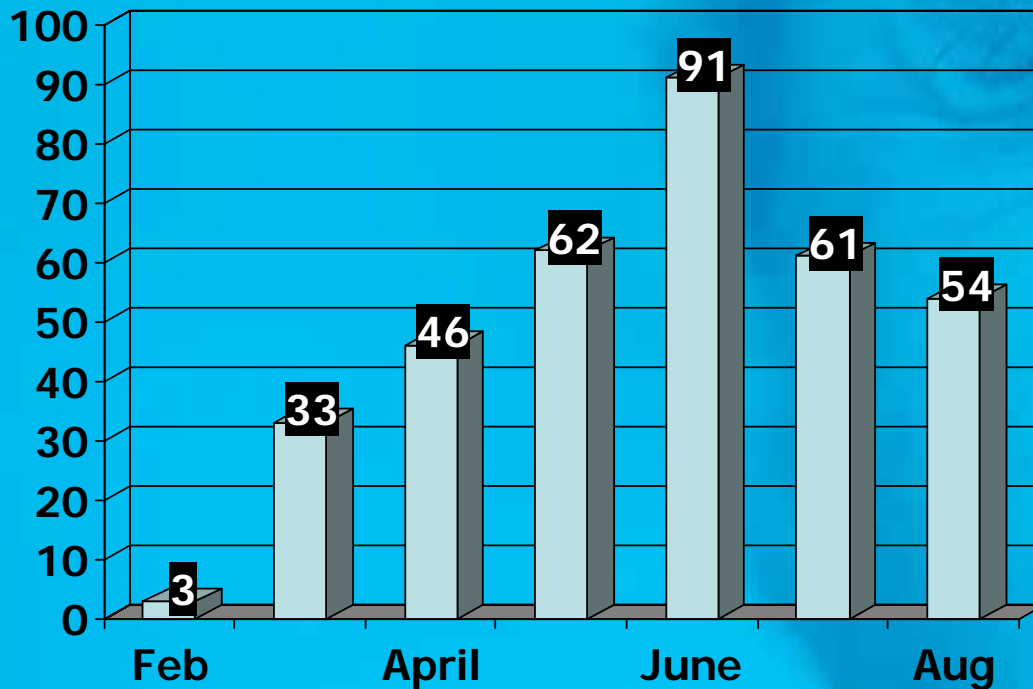
- Residential / Nursing Care

- Respite

- Supported Accommodation Services within Learning Disabilities provision

A major benefit from the data showed sleep-in provision has been able to continue by using Assistive Technology therefore preventing the need for waking night staff.

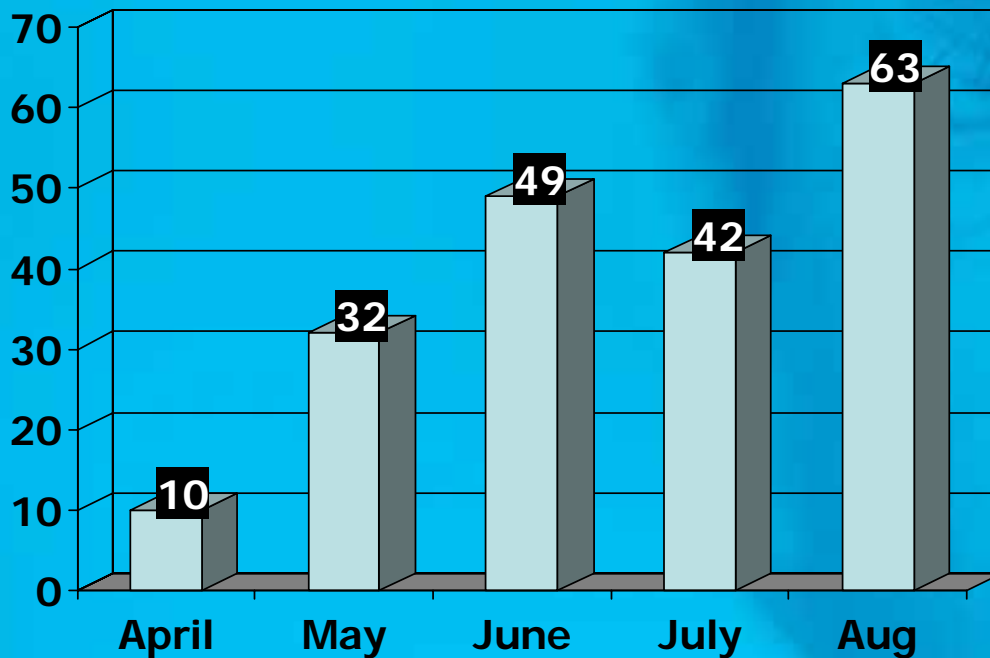
Referrals for the first 5 months



Referral Source

Adult Social Services	195
Health	7
POPSS	17
Housing	1
Starting Point	155

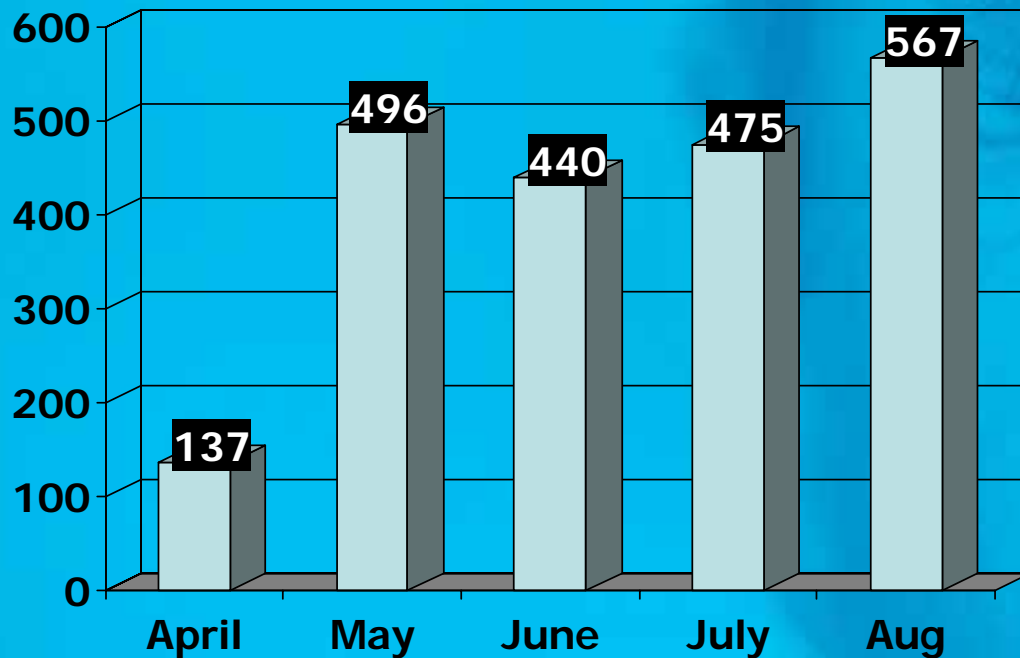
Installations – first 5 months



Equipment Type used

Dispersed Alarm	142
Medication Dispenser	24
Falls pendant	16
Bogus button	17
Bed Light Sensor	10
Carer Alert	8
Epilepsy Bed Sensor	2
Smoke Detector	11
Gas Detector	2
Door Contacts	3
Flood Detector	2
Care Sensor	1
Pressure Mat	3
Co2	2

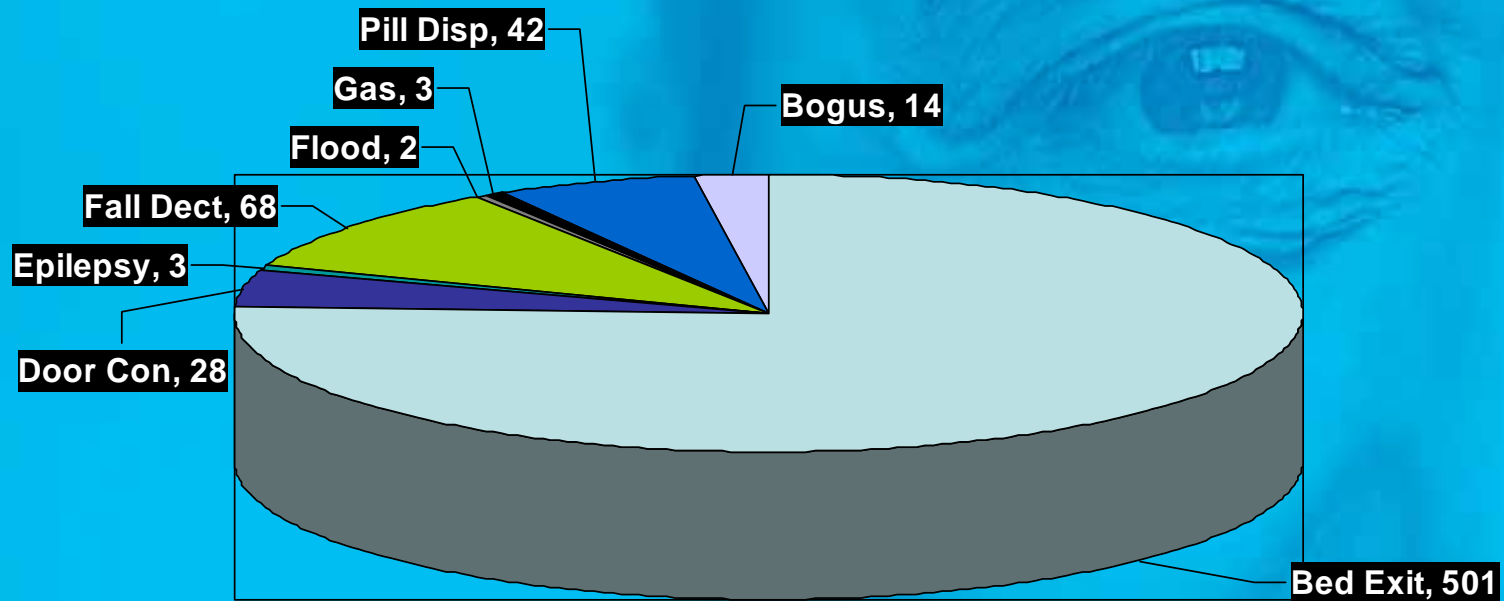
Monitoring call analysis



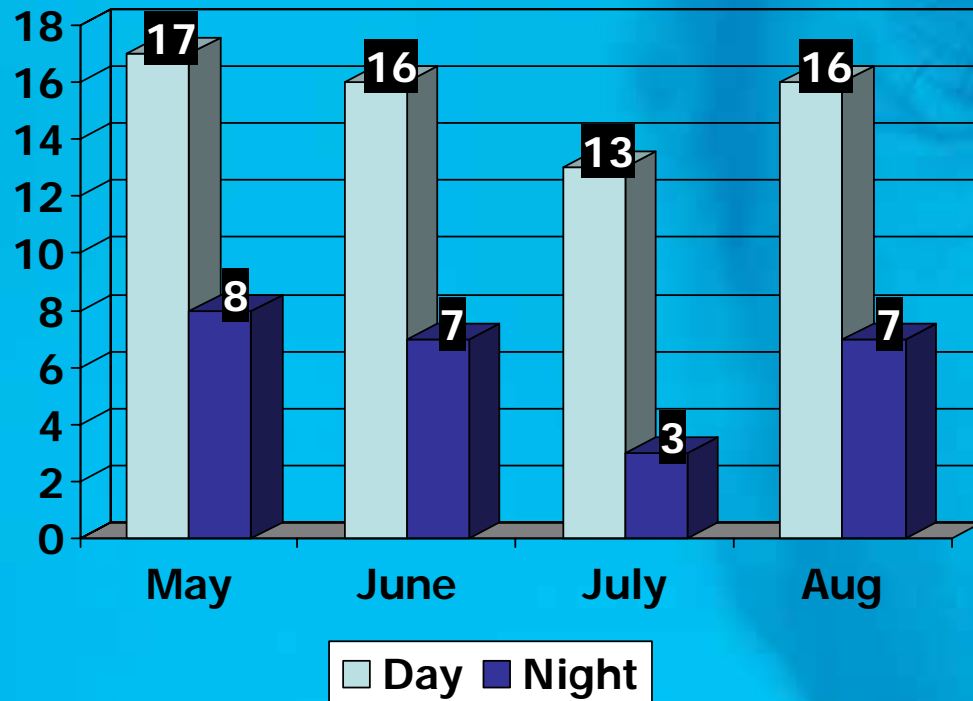
Call Response Times

Within 30 seconds	92%
Within 60 seconds	98%

Calls received from Sensors



Mobile Response



No. of call outs attended

Day Time Callouts 62

Night Time Callouts 25

Clients receiving MR 101

Case Study 1 Medication Dispenser

Mr. B has a history of dementia and lives with his wife who suffers from mild short term memory loss. Mr. B relied heavily on support and constant medication prompts from his wife. Due to inconsistencies, concerns were highlighted by the daughter who started to telephone her father several times a day to prompt him to take his medication. In some instances when she was busy, she had forgotten to do this and this left her feeling anxious and guilty.

She stated that one of her main worries was her father exceeding the stated dose or missing his medication altogether.

Mr. B was provided with a medication dispenser and has been using it for a month

By using Assistive Technology in this instance Mr. B has been empowered to take his own medication and now has a daily routine which he manages himself.

His daughter fills the dispenser which she states is a simple process. She feels the dispenser has taken away her families anxiety and has expressed her desire to continue with the service in the future.

Case Study 2 A Carers view

Mrs S is 89 years old and has early on set dementia and poor mobility. She lives with her daughter who is her main carer.

Mrs S daughter stated that her main worry was her mother getting up during the night and having a fall without her knowledge. She also felt that during the day when her mother was sat in her chair she could not leave her for any period of time as she had to constantly keep going back into the lounge to check that her mother had not got up out of her chair and started to wander.

By installing a care sensor over the bed, a pressure mat placed on the chair and programming it to a carer alert Mrs S daughter was alerted when ever her mum got up out of bed or up off her chair.

Mrs S' daughter said that she has been able to sit in the garden, something she hasn't been able to do for some time and it has reduced her anxiety during the night allowing her to have a settled sleep. "The equipment has given me piece of mind and reassurance that should mum leave her bed or chair I will be able to respond immediately, I no longer have to keep checking on her when I need to leave the room"

Looking to the Future

Assistive technology is becoming a mainstream tool in the domiciliary care market

By making sure that the personal intervention is key, either by voice or in person, isolation as a by-product of maintaining independence is negated

Technology advances need to be kept simple at the service user side