Telecare
matters:
A quick guide to technology enabled care and support

What Is Telecare?

Telecare uses simple technology to support a person's wellbeing and helps them to live safely and independently. It can offer reassurance and peace of mind to people, their relatives and staff, while still maintaining privacy. It can be used in a variety of settings such as the person's own home, care home, hospital or even out and about in the community.

Telecare offers support in a variety of ways. It can either remind people of tasks that need doing, such as taking medication, or it can alert a carer or the emergency services if a person needs help, such as after a fall. Telecare is not an alternative to direct care and will not remove all risks. It can however be used effectively when included as part of a personalised care and support plan and as such should be considered as an option to support care and regularly reviewed.

The best known example of telecare is a personal alarm. Personal alarms allow someone to call for help if they are unwell or have had a fall and can't reach a telephone.
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Other types of telecare involve sensors installed in the home that automatically detect if something is wrong. For example, a pressure mat on a bed can detect if a person has been out of bed for a long time and automatically send an alert to summon help, in case they have fallen. This type of alert can go directly to an emergency contact, a carer, warden, friend, family member, call response centre or the emergency services.

Other types of telecare services include:
- a discreet fall detector worn around the neck, waist or wrist that automatically detects if the person has fallen without them pressing a button

- a movement detector that can tell if someone hasn't moved about for a long period,
- automatic sensors that can gradually turn on the lights when someone gets out of bed at night

What is needed for Telecare to be effective?

- Skilled assessment of an person's needs and risks should include; who is the telecare for, the range of interventions that have been tried prior to telecare being considered why is it needed, what is the aim, what is hoped to be achieved, the length of time it will be used for, dates for review, and whether control of the technology can be with the person?
- Ethical issues around capacity, informed consent and choice (for each person in each situation) such as intrusion of privacy and restriction of movements must be considered
- The person using telecare, their relatives and staff need training on how to use the telecare and how to test and maintain it
- A whole system approach around assessment, installation, maintenance, review and response to alerts is required
- Telecare should encourage the person to use existing skills and not discourage them from developing new skills.
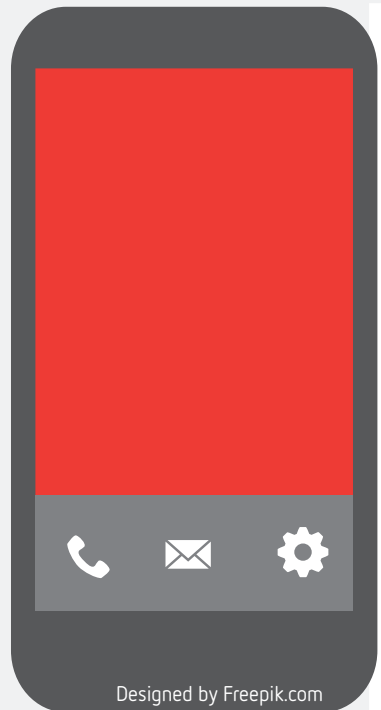
Examples of telecare use in practice

Mary lives in a care home and has a history of falls and dementia. She is often found on the floor in her bedroom and can't explain why. Staff are never sure how long she has been lying. As part of her multi factorial falls risk assessment the use of telecare has been included in her care and support plan. She is at risk of falling during the night when getting up to the toilet and forgets to press her buzzer for help. A bed monitor was put in place to alert staff when Mary gets out of bed. Staff are now able to prompt Mary to use her walking aid and ensure she gets to and from the toilet safely. The bed monitor is also linked to a light that comes on when Mary gets out of bed to reduce the risk of falls when walking in the dark. During the day Mary wears a falls detector to alert staff it she has a further fall.

falls and dementia

bed monitor

John lives at home and has memory difficulties following a stroke. He enjoys going out for his morning paper but finds it difficult at times to know how to get back home. He is keen to remain independent doing this. Following assessment, part of his care and support plan included the use of telecare. A mobile phone was considered but John was unable to use this therefore he was provided with a GPS location detector that was set to a specific boundary around his home. If John gets lost or requires help he can press the button on his GPS and an SMS text message would automatically go to his daughter's mobile phone if he goes outwith the set boundary. John now continues to go for his paper in the morning and feels confident knowing he has help if he needs it.

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Telecare solution	Pros	Cons
Movement detectors (Passive Infra Red)	Can alert when someone is moving or not moving Discrete Versatile	Depending on the brand it may not link to other equipment for example triggering light
Floor pressure mats	Can alert when someone is moving, for example in or out of their bed or chair	Can be a trip or slip hazard. Some users with sensory deficit or dementia may misinterpret as a hole in the floor. Some people may actively avoid stepping on them if they see them.
Bed or chair occupancy sensors	Can alert when someone is in or out of their bed or chair Can be linked to other technology Discrete	Sensitive to weight of user (if someone has low BMI may activate falsely) Doesn't always work on electric profiling beds/ chairs.
Falls detectors	Will automatically alert when someone has fallen. Good alternative to a pendant alarm when someone cannot summon help themself. Can link with other equipment. May be used up to a set range in the garden.	Poor wearing compliance. Sensitive to sudden changes in movement such as electric riser chair or electric bed. Different styles of detectors on market have different functions.

Location detectors (GPS)	Good for people with memory difficulties who may be at risk of getting lost if they go out alone. Offers peace of mind and reassurance to carers and relatives	Careful consideration of legislation and who will respond to an alert at different times of day and night. Alerts link to mobile phones and dial up when alarm raised can cost responder.
Enuresis or seizure monitor	Can alert when a person requires assistance due to incontinence or a seizure in bed.	Not an alternative to direct care. Does not address the issue of incontinence or seizures. Consider why this is happening to the individual.
Pendant/Personal alarms	Can help a person to summon help if they can't reach a telephone. Can be worn on the wrist.	Compliance issues. Not to be used in the bathroom unless waterproof. Generally not good for wearing in bed.
Just Checking	Can help monitor patterns of activity within a person's own home. Can be used for assessment of care needs.	Careful consideration of legislation. Monitoring for assessment should be completed routinely. Not a replacement for direct care.

If you would like further information on telecare contact a member of the health or social care team for advice such as your local Occupational Therapist or Social Worker.

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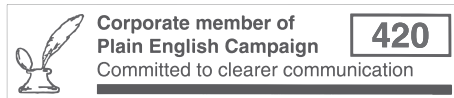یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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