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# EVALUATION OF THE TELECARE SERVICE FOR OLDER ADULTS IN KENT

Report: November 2018

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## Acknowledgements

The University of Kent have enjoyed being part of the evaluation of the Telecare service for Kent County Council (KCC). I am particularly indebted to Melanie Miller (Operational Manager for Occupational Therapy Services, KCC) and Jane Miller-Everest (County Manager for Occupational Therapy and Reablement, KCC) for their advice and support throughout. Also, Rachel Kennerley (Operations Manager, Telecare Installation, Centra Pulse) for accessing information on users of the service, Chris Wimhurst (Project Manager, Transformation Programme, KCC), Tracy Veasey (Commissioning Officer, KCC) and Mark Hogan (Independent Living Support Services Manager, KCC) for their help in shaping the evaluation, and Amy Johnston (Administration Officer, KCC) for facilitating the process. Finally, Anne Tidmarsh (Director of Older People and Physical Disability, Kent County Council), for enabling access to the service initially.

Above all, I like to express my sincere thanks to the service users, carers and Telecare Trusted Assessors who took the time to take part.

# 1. Executive Summary

## Introduction and Aims of the Evaluation

This report details the findings of a service evaluation of the Telecare service for older adults in Kent. Telecare is the remote monitoring of real time emergencies and lifestyle changes over time via sensors, in order to manage the risks associated with independent living. It is provided and funded by Kent County Council (KCC) through Centra Pulse who are contracted to provide the equipment and monitoring service, on behalf of KCC. The overall aim of Telecare at KCC is to provide a service that enables people to live in their chosen environment, reduce risks identified through assessment and provide support in a cost effective way.

This evaluation aimed to: investigate the extent to which Telecare is perceived to maintain or enhance independence from a user and carer perspective and to determine the impact on carers; explore the decision-making processes of Trusted Assessors in prescribing Telecare; and identify any further training needs for Trusted Assessors.

## Methods

The overall evaluation design used predominantly qualitative methods to explore the perceptions of users, carers and Trusted Assessors. Data sources were:

- Interviews with users or user-care dyads (N=20); Interviews with Trusted Assessors (N=7); Documentary analysis of Telecare Reasoning Forms (TRFs) (N=9).

In addition:

- Quantitative survey of users and carers to determine demographic characteristics (N=20)

## Results

### Experiences of user and carers

- Users received quality information at the time of **installation of Telecare equipment**. Few users reported **regular testing of the equipment** either due to forgetfulness or in the belief that this was the responsibility of the Telecare provider.
- Most users had Telecare installed as a result of **actual or a high risk of falls**. On occasion, installation of equipment was a condition of hospital discharge.
- Users and carers were **not confident in knowing who to contact** if they felt there was a fault with the equipment or if they felt they no longer needed it, with some contacting KCC, Centra Pulse or other health and social care providers.
- **All users had used the equipment at least once**, with some describing frequent, and at times, inappropriate use.
- Many users reported **wearing the equipment (pendant/wrist Lifelines and falls detectors) selectively**, either when in the garden, when alone at home or when they felt unwell.
- A number of situations were described when **users choose not to use the equipment to call for help when they perhaps needed to** because they felt they could manage or feared being taken to hospital.

- **Accidentally setting off the equipment was a very common experience.** However, this did not discourage users, mainly because the response they received from Centra Pulse was always understanding.
- Not all users appreciated family or neighbour **responders being called in an emergency.**
- **Mobile phones, as an alternative to Telecare** were described as being difficult to use in an emergency.
- All users valued the Telecare very highly in terms of **increasing independence and safety.** The most significant impact was providing **reassurance and peace of mind.**
- The **speed of the emergency response** through Telecare, was compared favourably to other ways of contacting emergency services.
- For some users, the decision to call for help was made by informal or formal carers, which resulted in dissatisfaction and **loss of control.**
- Some users felt that **ambulance services were called unnecessarily and refused to be taken to hospital.**
- Users praised the Telecare provider **call-handlers for their sympathy, understanding and efficiency.**
- **Few concerns about the equipment were expressed.** When they were, these were around fears that users might not be heard, emergency services not being able to gain access the property, or aesthetic reasons.
- **Telecare equipment has a significant, positive impact on carers** in terms of their ability to leave the house and the reassurance Telecare provided.
- In this evaluation, almost all Telecare was funded by KCC. Although users and carers valued the service, most had **concerns about their ability to pay in the future,** if they had to.

#### Experiences of Trusted Assessors

- All assessors described **initial training courses** provided by KCC and Centra Pulse as comprehensive - addressed the range of equipment, assessment of users, decision-making and the process of ordering.
- **Updates or 'refresher' courses was not seen as systematic activity** and were frequently organised 'on demand' and based around new equipment.
- The recent implementation of a **revised Operational Protocol** has resulted in almost all assessors feeling less confident in their prescribing role.
- All assessors described being **well supported** by KCC and Centra Pulse in terms of being able to ask for help and advice and were also supported by peers, especially in other organisations.
- The **online ordering system** was not seen to be 'user-friendly' by some, and there were difficulties around the sequencing of the submission of the Telecare Reasoning Form (TRF) and on-line ordering.
- Several assessors reported a **significant drop in their level of prescribing** Telecare since the introduction of the revised protocol.
- Assessors described a **holistic and complex approach to decision-making** including past history, physical, emotional, cognitive, social and environmental considerations, financial assessment and consideration of alternatives to Telecare.
- Assessors described Telecare as enabling users to **gain confidence and independence,** which enabled them to stay independent in their own homes for longer.
- Assessors believed that Telecare enabled users to **stay safe at home,** particularly those with dementia, those at high risk of falls or those living in isolated locations.
- Assessors did **not feel under pressure from others** to prescribe, although there were some issues around other professional's lack of awareness of the criteria for funded Telecare.

- Assessors **did not report prescribing on behalf of others**, and always carried out their own assessments.
- Assessors expressed concerns about their **ability to undertake financial assessments** in determining who is able to self-fund.
- **Conversations with users about self-funding** were difficult for assessors, but they developed communication strategies to deal with this.
- Assessors **supported users to self-fund** by checking they were on all the available benefits, helping them apply for benefits, and supporting them in making choices about spending.
- Assessors **provided information about self-funded Telecare services** and provided vital follow-up.
- There was a perception that **users who choose not to or could not afford to self-fund for Telecare were left vulnerable**, which was of concern to many assessors.
- One assessor raised concerns about companies' **cold-calling vulnerable users** and the quality of the service that was being provided.
- The majority of assessors felt comfortable having conversations with users about **future funding**.

## Recommendations

Recommendations relate to the support of users and carers; support for Trusted Assessors in undertaking Telecare prescribing roles and future training needs:

- The need to test the equipment should be made clear to users and carers as there is a common view that testing is the responsibility of the Telecare provider.
- Users and carers should be informed about who to contact if they felt the equipment was not working correctly, or if they felt they no longer needed it.
- When to use wearable equipment should be explored with users and carers to maximise safety.
- Situations in which the user might call for help should be explored with them in order to avoid inappropriate use, but also importantly, to minimise situations when users are at risk. This should include an exploration of the users feelings about hospitalisation, which can prevent calling for help.
- Review the process and/or communication around the sequencing of on-line ordering of equipment and the submission of the TRFs.
- Continue to monitor prescribing levels, especially following the implementation of the revised Operational Protocol.
- Ensure service providers who refer to Trusted Assessors for Telecare are aware of the availability of the service and funding criteria so assessors are not put under pressure to prescribe and users/carers are not given false expectations.
- Consider providing updates/refresher courses as part of a structured programme of training, especially when there are significant changes to the service.
- Include undertaking funding assessments and legal issues e.g Mental Capacity, in the ongoing training available to Trusted Assessors.



## Evaluation Challenges

There were several challenges limiting the scale and scope of this evaluation. Recruitment of users and carers was more difficult than anticipated mainly due to difficulties in engaging elderly, frail and vulnerable people in research. Focus groups were not able to be conducted with Trusted Assessors due to the wide geographical dispersion of staff, many working part-time hours and the timing of the recruitment which was over the summer period. Telephone interviews were therefore, conducted.

In general, users had a limited range of Telecare equipment installed – almost exclusively Lifelines and smoke and CO sensors. Similarly, the sample included few users who had been using Telecare for less than a year.

The implementation of the KCC revised Operational Protocol coincided with the period of evaluation. As a result, this became an unanticipated theme within the analysis. However, it is important to recognise that health and social care policy and practice does not stand still and as a result, it is common for service evaluations to take place within changing economic, political and financial contexts.

## Conclusions

This evaluation has demonstrated that the Telecare service for older adults provided by KCC and delivered through Centra Plus, is highly valued by both users and carers, and enables users to stay independent and safe in their own homes. Support for informal carers, which is so vital in this client group, is also apparent. There is evidence that the overall aim of the service which is to enable people to live at home, reduce risk and provide support in a cost-effective way is broadly being met. Trusted Assessors, external to KCC, generally feel well-supported and have good working relationships with professionals at KCC. There are, of course, significant financial constraints across the health and social care economy which is impacting on the availability of the service, which is of some concern to those prescribing Telecare.

## 2. Introduction

### 2.1 Background and Rationale

Telecare is the remote monitoring of real time emergencies and lifestyle changes over time via sensors, in order to manage the risks associated with independent living (KCC, 2013). Telecare is provided and funded by KCC through Centra Pulse who are contracted to provide the equipment and monitoring service.

Telecare consists of three key elements (KCC Telecare Service Guide, 2013):

- Telecare sensors – these raise an alarm when required
- On-site carer or monitoring centre – to receive alarm calls and generate a response
- Appropriate response to the alarm – the responder may be the service user themselves, family, friends, carers, the KCC response team or the emergency services

There is a range of Telecare sensors within the following categories:

- Personal sensors - pendants, fall detectors and mattress sensors, for example
- Environmental sensors - smoke and carbon monoxide sensors, flood detectors and door exit sensors, for example
- Location devices and/or devices, which support independence outside the persons own home such as mobile phone apps and GPS trackers

This evaluation only considers the use of personal and environmental sensors as it is focused on the user's independence inside the home.

The monitoring centre receives alerts from the installed sensors. Once the alert has arrived at the centre, the unique identifier for the individual is recognised and trained operators are able to determine who has triggered the alert and see details of that person including any medical or other urgent notes. The incoming alerts are reviewed and actioned as appropriate.

KCC provides a response service, which responds to low level alerts. If a client has no emergency contacts, or the individuals named contacts are unavailable, then the KCC response team are contacted and attend as appropriate. The response team provide feedback to the wider social care teams following each visit.

The overall aim of Telecare at KCC is to:

- Provide a service that enables people to live in their chosen environment, reduce risks identified through assessment and provide support in a cost effective way (KCC, Telecare Operational Protocols, v6 2018).

The rationale for Telecare is that it can support people to remain independent in their own homes for longer and has a significant impact on maintaining physical and mental health and emotional wellbeing. The anticipated outcomes for service users are to:

- Maintain/enhance independence
- Delay/avoid care home admission

- Reduce hospital admissions
- Reduce the duration of hospital admission
- Support carers by contributing to reducing anxiety and stress

Although admission data is collected for social care as a whole, there is limited evidence on the extent to which Telecare maintains or enhances independence, from a service users perspective, or the degree to which carers are supported through the use of Telecare.

Telecare is prescribed either:

1. Where the person has needs for care and support that meet the National Eligibility Criteria and these needs can be met wholly or in part through the provision of Telecare  
or
2. Where the provision of Telecare would prevent or delay the development of need for care and support (KCC, 2018)

Application of the National Eligibility Criteria enables practitioners to make relatively consistent and standardised choices about the prescription of Telecare for those who meet the criteria following a needs assessment under section 9 of the Care Act (2014). However, prescription of Telecare is more frequently based on the prevention or delay of needs which is more difficult to determine and is likely to be more subjective. Data on prescribing patterns suggests that the prescription of Telecare as a preventative service varies widely between assessors leading to inequality in the provision of Telecare for users.

As well as Care and Case managers within KCC, an approved Trusted Assessor Model is used for the prescription of Telecare. These practitioners, of which Care Navigators form the largest group, assess users for their need of Telecare and request the equipment using an online Digital Assistive Technology System (DATS). Revised Telecare Operational Protocols (v6) were implemented by KCC in April 2018 and Trusted Assessors are now working to these new protocols. Completion of Telecare Reasoning Forms (TRFs) (KCC, 2015) were also introduced for all Telecare equipment prescribed as a preventative intervention, where previously this was required for GPS tracking devices only. The ongoing need for Telecare is considered as part of regular reviews, following a user's change in circumstances or following an alert from the monitoring team.

Practitioners complete KCCs Telecare Assessor Training Session and the DAT e-learning module in order to access and order Telecare. Assessor refresher sessions are completed every two years.

## 2.2 Centre for Health Services Studies (CHSS), University of Kent

The Centre for Health Services Studies (CHSS) is a well-established and thriving international centre of excellence for health service research and research training. It is one of three major research units within the School of Social Policy, Sociology and Social Research. The centre has a wide range of research and disciplinary experience. It undertakes commissioned research and has a large portfolio of competitively funded studies. CHSS has specialist groups for its research including health psychology, integrated care, health economics, public health, clinical trials, and addictive behaviours.

## 2.3 Evaluation Aims

The aims of this evaluation were to:

1. Conduct an investigation of the extent to which Telecare is perceived to maintain or enhance independence, from a user and carer perspective, and determine the impact on carers
2. Undertake an exploration of the decision-making processes of Trusted Assessors in prescribing Telecare
3. Develop recommendations for practice and identify any further training needs for assessors

## 3. Methods

### 3.1 The Evaluation Design

The evaluation focused on understanding the experiences of users and carers in terms of maintaining or enhancing independence through Telecare, the impact on the wellbeing of carers and the decision-making processes of Trusted Assessors in prescribing Telecare. The approach was qualitative with data sources consisting of interviews with users, carers and Trusted Assessors. Telecare Reasoning Forms (TRFs) were analysed to give further insight into the decision-making processes of assessors, following the roll-out of this form for all preventative Telecare equipment (KCC, Telecare Operational Protocols, 2018).

An overview of the methodological approach to each area of the investigation follows:

#### 3.1.1 An investigation of the extent to which Telecare is perceived to maintain or enhance independence, from a user's and carers perspective, and determine the impact on carers

Face-to-face interviews with users or user-carer dyads, were conducted with the researcher. The interviews with users explored their overall experience of Telecare, the extent to which the service has impacted on their independence and confidence at home, the influence of Telecare on safety and perceptions of risk, the ability to use the equipment and experiences of triggering an alarm (Appendix 1). The interviews were audio-recorded with permission. Demographic data was collected by a Demographic Questionnaire.

For the purpose of this evaluation carers were defined as family members, friends, neighbours or other people of significance to users, who provide care on an informal basis. Care may be in the form of practical, physical or emotional support. For the user-carer dyad interviews, the above same themes were explored, as well as the impact Telecare had on carers own well-being (Appendix 2). The interviews were audio-recorded with permission. Demographic data was collected by a Demographic Questionnaire.

Eligibility criteria for users and carers:

For users:

- 65+ years of age
- Cognitively able to participate

- Able to understand and converse in fluent English
- Lives at home (their own home, or sheltered housing)
- In receipt of any form of Telecare as a preventative service
- In receipt of Telecare for a minimum of 4 weeks

For carers:

- Cognitively able to participate
- Able to understand and converse in fluent English
- Lives either with the user or in their own home
- Caring for a user who has been in receipt of Telecare as a preventative service for a minimum of 4 weeks

Recruitment:

The aim was to recruit 20 users of varying demographic profiles and up to 10 carers. Users and carers, meeting the eligibility criteria, were identified from the Centra Pulse database by Centra Pulse staff in collaboration with KCC. Participants were told about the research by KCC staff and asked if they would like to take part. Those expressing interest were sent a Participant Information Sheet and their contact details were sent to the researcher via an encrypted email. The participant was then contacted directly by the researcher to arrange a suitable time to undertake the interview.

### 3.1.2 An exploration of the decision-making processes of Trusted Assessors in prescribing Telecare

This evaluation stage was qualitative in nature, in order to fully explore the decision-making processes that Trusted Assessors use to prescribe Telecare as a preventative service. The intention was to conduct 2 focus groups, each with 8-10 participants. However, due to difficulties with arranging focus groups (see section 6: Evaluation Challenges and Limitations), individual telephone interviews were conducted instead. The interviews explored key themes such as the assessment of users' needs, particularly in relation to independence and user safety, the perceived ability of the service to prevent or delay the need for additional care, the decision-making processes in prescribing Telecare and the selection of specific equipment (Appendix 3). Potential participants were contacted by a member of KCC and invited to take part using a Participant Information Sheet. Additional participants were recruited using a 'snow-balling' method in which Trusted Assessors were asked to suggest colleagues who might be interested in taking part. These individuals were then contacted directly by the researcher and invited to take part. The interviews were audio-recorded with permission.

Telecare Reasoning Forms (TRFs) (Appendix 4) completed since their introduction in April 2018 to the end of the data collection period (August 2018), were accessed anonymously and provided further information to aid understanding of the decision-making processes of Trusted Assessors.

## 3.2 Analysis

The audio-files of the interviews with users, user-carer dyads and Trusted Assessors were transcribed and analysed thematically using Flick's (1998) approach. This required bringing predetermined templates to the data, in this case the interview schedules. Quotes were sorted into categories and

coded according to the origin of the quotes. Each category was then analysed into themes using the quotes to justify interpretation. The qualitative data analysis software, NViVO 11, was used to facilitate this process. Data from users, carers and Trusted Assessors was analysed separately. Narrative data from the TRFs was extracted according to the predetermined themes and triangulated with the data from the Trusted Assessor interviews. Quantitative demographic data was analysed using descriptive statistics, facilitated by SPSS v24 software.

### 3.3 Evaluation Timescale

The evaluation took place over a 10 month period from Jan – November 2018 according to the following schedule.

| <b>Activity</b>  | <b>Month</b>         |
|--|----------------------|
| Develop and co-design the evaluation framework;<br>Obtain university ethics approval;<br>Set up management and monitoring function;<br>Prepare staff to commence recruitment.  | Jan - Feb 2018       |
| Commence recruitment for user and carer interviews;<br>Collate TRFs;<br>Conduct interviews with Trusted Assessors;<br>Contemporaneous data analysis;<br>Monitoring meetings 6 weekly with briefing reports on progress and findings. | March – August 2018  |
| Complete data analysis;<br>Write and deliver report.   | Sept – November 2018 |

### 3.4 Management and Governance

Dr Julie MacInnes, Research Fellow, CHSS, was responsible for the management and execution of the evaluation. Jenny Billings, Professor of Applied Health Research was available to provide any necessary support and guidance. A steering group was set up to support, advise and monitor progress. This consisted of the researcher, Jane Miller-Everest; Melanie Miller; Christopher Wimhurst; Mark Hogan, and Tracy Veasey. Rachel Kennerley was available to provide support from Centra Pulse. The steering group reported to Anne Tidmarsh, Director of Older People and Physical Disability, KCC.

### 3.5 Ethical Considerations

Ethical approval was gained from the University Research Ethics Committee, School of Sociology, Social Policy and Social Research (Reference: SRCEA 199). Ethical principles of anonymity, confidentiality, and non-maleficence were adhered to. All data relating to participants was anonymised using an identification coding system that only the researcher had access to. Written

consent was obtained from users and carers and verbal, audio-recorded consent was obtained from the Trusted Assessors. Data was collected and stored securely according to GDPR regulations and will be destroyed after 5 years. Older adults who are receiving Telecare may be considered vulnerable according to the Care Act (2014). In accordance with this, the researcher has undergone a DBS check.

## 4. Results

### 4.1 Summary of Data

#### 4.1.1 Summary of data sources

| Data collection method            | (N =) |
|-----------------------------------|-------|
| Demographic questionnaire (user)  | 15    |
| Demographic questionnaire (carer) | 5     |
| Interview (user)                  | 10    |
| Interview (user-carer dyad)       | 5     |
| Interview (Trusted Assessor)      | 7     |
| Telecare Reasoning Forms (TRFs)   | 9     |

#### 4.1.2. User demographic characteristics

Nearly half of all users interviewed were over 80 years of age with most living alone. This therefore represents a vulnerable population group. Men and women were equally represented in the sample. The majority of users had Telecare installed for over a year.

| User (N=15)   |            |
|---|------------|
| <b>Age group (years)</b>                            |            |
| 65-70   | 4 (26.7%)  |
| 76-80   | 5 (33.3%)  |
| 81+   | 6 (40.0%)  |
| <b>Gender</b>                                       |            |
| Male  | 7 (46.7%)  |
| Female  | 8 (53.3%)  |
| <b>Living situation</b>                             |            |
| Lives alone   | 8 (53.3%)  |
| Lives with spouse/partner                           | 6 (40.0%)  |
| Lives at home with at least one other family member | 1 (6.7%)   |
| <b>Length of time with Telecare</b>                 |            |
| < 1 year  | 3 (20.0%)  |
| >1 year   | 12 (80.0%) |

#### 4.1.3 Summary of Telecare equipment and other support at home

All users had a Lifeline, often both a pendant and wrist strap. Most also had Smoke and CO sensors. External key pads and falls detectors were also common. Some users had CCTV and one had a flood detector.

Most users had the help of a cleaner whilst some also had help with ironing or gardening. A third of users had carers to deliver personal care. All Telecare equipment was funded by KCC although two out of three users self-funded CCTV.

| <b>User (N=15)</b>           |             |
|------------------------------|-------------|
| <b>Telecare equipment</b>    |             |
| Lifeline                     | 15 (100.0%) |
| Falls detector               | 7 (46.7%)   |
| Smoke and CO sensors         | 14 (93.3%)  |
| CCTV                         | 3 (20.0%)   |
| External keypad              | 10 (66.6%)  |
| Flood detector               | 1 (6.7%)    |
| <b>Other support at home</b> |             |
| Cleaner                      | 9 (60.0%)   |
| Ironing                      | 1 (6.7%)    |
| Gardener                     | 3 (20.0%)   |
| Personal care                | 5 (33.3%)   |
| <b>Funding for Telecare</b>  |             |
| KCC                          | 15 (100.0%) |
| Self-funded - CCTV           | 2 (13.3%)   |

#### 4.1.4 Carer demographic characteristics

Most carers were between 56-70 years of age and the majority lived with the user or nearby. While most were family members – spouses or sons/daughters, one carer was a neighbour. Again, men and women were broadly equally represented.

| <b>Carer (N=5)</b>                      |           |
|---|-----------|
| <b>Age group (years)</b>                |           |
| 41-55                                   | 1 (20.0%) |
| 56-70                                   | 3 (60.0%) |
| 71+                                     | 1 (20.0%) |
| <b>Gender</b>                           |           |
| Male                                    | 3 (60.0%) |
| Female                                  | 2 (40.0%) |
| <b>Living situation</b>                 |           |
| Lives with user                         | 3 (60.0%) |
| < 5 miles away                          | 1 (20.0%) |
| >5 miles away                           | 1 (20.0%) |
| <b>Relationship to user</b>             |           |
| Spouse/partner                          | 3 (60.0%) |
| Son/daughter/son-in-law/daughter-in-law | 1 (20.0%) |
| Friend/neighbour                        | 1 (20.0%) |



#### 4.1.5 Trusted Assessor characteristics

Most Trusted Assessors had been in a Telecare prescribing role for 3 years or less. However, one had been in the role for over 7 years. Most worked for housing and community support organisations or other voluntary sector agencies. Two worked in healthcare settings – primary and secondary care.

| <b>Trusted Assessor (N=7)</b>                   |           |
|---|-----------|
| <b>Years of experience prescribing Telecare</b> |           |
| Less than 1 year                                | 1 (14.3%) |
| 1-3 years                                       | 3 (42.8%) |
| 4-6 year  | 2 (28.6%) |
| 7-9 years                                       | 1 (14.3%) |
| <b>Area of employment</b>                       |           |
| Primary care                                    | 1 (14.3%) |
| Housing and community support organisation      | 4 (57.1%) |
| Voluntary sector agency                         | 1 (14.3%) |
| Acute hospital                                  | 1 (14.3%) |

#### 4.2 User and Carer Data Analysis

##### 4.2.1 Experience with Telecare equipment

###### Experience of installation

Users and carers were satisfied with the information they received at the time of installation:

*“He did a good demonstration when he fitted it all for us” (U5)*

*“[Name] was very good when we first had it put in, our Care Manager, she explained what it was all about before it was put in and then the guy that fitted it, he showed us how everything worked” (U7)*

*“There was a lady came round in the hospital and explained all the things that were relevant to me being at home” (U10)*

One user learnt to deal with the time delay in speaking through experience rather than by being told about it:

*“The only thing that is never really explained to you...is the time delay. When you speak, you have to wait for the person you’re speaking to, to finish talking, and wait for the bleep before you start talking...because I think it’s quite difficult to get half a conversation and it gets mixed...you realise that you can’t talk at the same time they’re talking, because either one of you won’t hear what you’ve just said” (U7)*

###### Reason for installation

The main reasons for the installation of the equipment, particularly Lifelines was a history of falls or risk of falls:

*"Because I fall. If I'm on my own and I fall, I've only got to press the button and I get in touch with them" (U5)*

*"She has fallen before we had this...and she kept having dizzy spells" (C2)*

*"You've had a couple of falls" (C4)*

*"If I have a fall and go on the floor, I've not got the means to get back onto me feet" (U10)*

*"I've had a few falls" (U14)*

*"Falls, I'm unbalanced that's why I can't go out on my own" (U15)*

*"I kept having falls" (U1)*

*"I had a couple of minor falls and I get giddy spells, dizzy spells" (U11)*

*"My husband's mobility was very bad...as he stands up his blood pressure goes down and he falls down...and so many times I can't see so I missed the steps and I twist my legs" (U12)*

For others, the equipment was recommended following an acute illness:

*"I had a massive operation on my back...and the wife became very ill and they said about having one and we said, 'well it would be handy being on our own out here'" (U2)*

*"We had a situation and I had to call the nurse in, because he wasn't well, and our Care Manager, she said that there was a new thing coming out, which was this system, and would we be interested in it" (C3)*

For others Telecare was a condition of discharge following a hospital admission:

*"I think that was put in the house whilst I was in hospital and I was in a bad way...they wouldn't release me from hospital until everything was in place" (U10)*

*"I wasn't allowed out the hospital until everything was in place" (U13)*

*"[User] was coming out of the hospital, she came out in a wheelchair, couldn't walk, was totally incontinent and was really struggling and Social Services came round to see what we had...they recommended that we had this system fitted" (C5)*

For one user, the reason they needed the equipment was unclear:

*"I think that's what comes with the package [flood detector]. I don't know. It was nothing that I asked actually personally asked for. They must assess whatever's needed. I suppose it's if you left taps running or the bath overflowed" (U4)*

## Testing the equipment

Some users reported testing the equipment regularly, and used calendar reminders to do this:

*"I press it once a month just to test it...it gives us peace of mind to make sure none of the batteries want replacing" (U5)*

*"I normally check it once a month" (U9)*

*"It's [calendar] by the telephone, so she ticks it off every month. It's getting her into the routine of doing it" (C2)*

*"I've got the reminder of the 1<sup>st</sup> of the month" (U4)*

However, most users reported testing the equipment infrequently or not at all:

*"I've done it once, but I haven't done it on regular basis" (U12)*

*"Semi-regularly these days...it's not quite so regular, when the thought springs to mind" (U1)*

*"I did used to test it but not on a regular basis" (U3)*

*"If and when needs be, I ain't done it lately because my mum died, so I'm a bit down at the minute" (U6)*

*"Testing? No, never been near it" (U15)*

*"I suppose, it's been pressed, and so I should think it's alright" (U14)*

The main reason for not testing the equipment was the belief that this was the responsibility of the Telecare provider:

*"When we first had it there used to be a reminder but I'm not getting those now" (U4)*

*"There's a very good guy that gets in touch occasionally, very helpful man...I haven't heard anything for quite a while" (U11)*

*"They seem to know when something is not working because a while ago...they phoned up to say one of the devices battery had run down" (U4)*

*"They come and do it. The chap was only here a few weeks ago doing it. Every so often they ring us up and say they're going to check it" (U2)*

*"I think they come and tested it once" (U8)*

*"They may have done that before I left the hospital" (U10)*

*"There was somebody had called me when my battery had gone low and that was very kind" (U12)*

For those that did test the equipment, they found this easy to do:

*"I just press it and I wait for them to answer me and I tell them I'm just getting in touch...and they always ask me how I am" (U5)*

*"You just press that or the one over there and they answer and say, 'what's the problem?' I say, 'just testing', and they say, 'okay'" (U1)*

*"It's easy enough to do. I mean you can sit here and push it and they'll answer it...They are always very pleasant and the first thing they say is, 'Hello Mr [Name], can I help you?' and I just say, 'I'm just testing the line', 'Oh, that's okay everything's fine' and off they go" (U4)*

There was a perception from one user, that pressing the Lifeline enabled the Telecare provider to see if the equipment was working:

*"When you press the button and you speak to them to say that you're just testing it, to make sure it's working okay, they look at it, and they say, no, everything's fine, thank you for contacting us" (U7)*

#### Knowing who to contact

Users were asked if they knew who to contact if they felt there was a fault with the equipment or if they no longer needed it. Overall, they were not confident in this. For some, Social Services was the first point of contact:

*"We'd ring our Care Manager" (U7)*

*"I'd phone up the Tele people. No, I would phone up the council because they're the ones that run it as far as I'm aware...I would just phone up the council, 'I want to know about this, can you put me through to somebody to deal with it?' I've probably got the care department's number too" (U4)*

*"I got my Social Worker coming so... I would have a word with him about it" (U6)*

*"Social Services" (U11)*

*"I suppose I'd report it to Social Services" (U14)*

Others would ring another service provider:

*"Would it be worth ringing the doctors up?" (U3)*

*"I would ring [Name] up, the Occupational Therapist" (U12)*

Two users believed they had paperwork with this information, but did not have it to hand.

*"I did have some paperwork when I left the hospital. Where that's gone, God only knows" (U10)*

*"I would have to look it up. Yeah, I'm sure I've got something on it somewhere...I think we must have some pamphlets on that, I wouldn't know. There must be a contact number somewhere" (U1)*

Many would contact the Telecare provider directly:

*"I would presume on the main box there's a telephone number" (U13)*

*"I think the details are there, just to phone their 0800 number. They'd come out" (U5)*

*"There is a number isn't there? If the pendant don't work or something, there is a number you can phone isn't there? Or you can just go and push the button" (U8)*

*"We have a telephone number on the actual machine, if we think there's a problem, we ring that number" (U7)*

One user did not seem to appreciate that the service was more than just the physical equipment:

*"I'd just unplug it" (U6)*

#### Frequency of use

All users reporting using the equipment at least once, with most using it just a few times:

*"I've only had the one fall and I think it's only that that's been a serious sort of thing" (U7)*

*"I think I have once" (U8)*

*"I don't think it could have been any more really than two or three times" (U3)*

Other reported being frequent users:

*"When I first came out of hospital, about six or seven times [for falls]" (U10)*

*"Ten plus!" (U13)*

*"I've used it about, oh I suppose about a dozen times at least" (U14)*

*"Oh yeah, I use it a lot. Most of them know me" (U15)*

#### Wearing the equipment

Many users reported wearing the equipment (pendant/wrist Lifelines and falls detectors) selectively, either in different locations, when alone or when they felt unwell:

*"There's another one in case I fall down. I don't wear that one much because I don't go out hardly ever now" (U8)*

*"Mostly it would be in the garden, but of course I suppose thinking about it, you could fall over anywhere but I think I'm pretty careful" (U4)*

*"I wear that [wristband] to go to bed, in case I fall out of bed" (U5)*

*"I only use it probably, when I'm on my own" (U5)*

*"She normally wears it if I have to go to, like, just get something from the shop or if I'm in the garage" (C5)*

*"I've got the one that I should wear around the neck, but I haven't got it on, but I have easy access there [participant gestures]. I've got one upstairs in the bedroom and one here and then if I feel I'm not very well then I have it on my wrist" (U12)*

One user reporting keeping a Lifeline as a spare:

*"I have got one of them in the safe, in case I lose this one" (U14)*

### Deciding not to use the equipment

A number of users described situations when they decided not to call for help either because they felt they could manage or fear of being taken to the hospital:

*"We were in the garden and [user] had a piece of trellis fall and hit him in the face. My first instinct was, I've got the button I can press that, don't panic, because there's blood, you know, but we managed to get him in here and we sat him down, assessed the situation, and I thought, I don't need to press the button, but that reassurance gave me the confidence to carry on" (C3)*

*"I've had quite a lot of falls, I have my way of getting out of it myself" (U13)*

*"I fell over once badly, but I managed to get up. I didn't use it because otherwise the medics would have come in, paramedics, and off to bloody Medway [hospital] which I hate...I could have pressed the button, but I felt it wasn't necessary and I certainly wasn't going to hospital. I won't go to Medway Hospital" (U11)*

*"When I should've used it I didn't. There was a new carpet there, I sort of sat on it and I couldn't get up, and I was there for hours and I should've rung it...I must've been there for six hours. I sat down and I couldn't get up again, it was too low...I didn't realise it was as long as that because I was trying to get up" (U14)*

### Accidental use

Almost all users (or carers) described setting the equipment off accidentally. However, this was not reported as significant problem and did not discourage them in using Telecare mainly because the response they received from Centra Pulse was always understanding. Most of the time, the response was via the Telecare Provider:

*"I accidentally pulled the red one in there, the lifeline in my bathroom" (U6)*

*"The children, when my son used to bring them round, they used to press it" (U14)*

*"Another night one of the cats, she must have jumped from the window sill and she must have jumped on it and it went off" (U3)*

*"I'd shut the door or lean up against it, then accidentally knock against the door or the side post there and of course it set it off and then they were shouting out at me" (U8)*

*"Sometimes I get a message through, in case I press this accidentally, they say, '[Name], are you alright?'" (U11)*

*"If I'm doing the bacon and it's on the grill, it has set the smoke alarm off a couple of times. It goes to everything in here and it's also linked to another system which is part of the burglar alarm system and all the outside cameras...I'm running round shouting sorry, sorry, it's my fault!" (C5)*

*"Once she hit it on the table...She has to be careful when she does take it off for bed, she doesn't knock it too much...Then they phone straight up and we tell them we're alright" (C2)*

*"Just after we had decorated, I was going round clearing the mess up...and I picked up the machine in the corner, and I accidentally pressed the button. Instantly they were there, 'are you okay [Name]?' and I had to apologise for that" (C3)*

*"I've had a phone call and it will have gone off somehow and then I have to tell them he's fine"* (C4)

On a few occasions, emergency services were deployed if the user or carer did not respond:

*"I went out and when I got back there was a bit of a kerfuffle, you know, I thought, 'what's going on?' 'I don't know what you've done' she said [neighbour] 'there's the Fire Brigade, the Police and Ambulance outside!'...I must have pressed it accidentally"* (U6)

*"We were out in the garden, doing some bits and pieces and all of a sudden a paramedic comes through the back, and he said, 'oh, thank god for that, you're alright, your Lifeline has been contacted and there was no reply', so they automatically sent a paramedic out to make sure we were both all right, which is reassuring. It was a false alarm"* (U7)

#### Family and neighbour responders

Responders were mostly family members living locally, or neighbours:

*"If I fall, I get in touch with them and then they get in touch with the boys [Sons]"* (U5)

*"The operator phoned me and said that your neighbour's having trouble and I tried to get round here, tried to get him up from behind the door, it was virtually impossible"* (C4)

*"The lovely neighbour I've got next door, she volunteered to be my help"* (U10)

However, one user did not seem to understand that the named responder would be contacted in an emergency:

*"She called my son. Roughly about eleven o'clock at night, but what a cheek! he lives at the other end of town which is about 5 miles away, he had three young children and a baby at the time, he had work the next morning...I wasn't happy with that, because they should not have called my son in that situation"* (U6)

#### Alternatives to Telecare

Mobile phones, as an alternative to Telecare were viewed as less easy to use in an emergency:

*"I feel quite content that I've got something like that I must admit, because to use an ordinary phone these days is not quite as simple as it used to be, but just to press a button is good"* (U7)

*"I mean the telephone is fine if you've got one in your pocket, and also of course if you could operate it. Thinking of numbers and pushing buttons might not be in the picture if one needed to use it"* (U4)

*"I know I've got outside contact if I need it, by just pressing a button, I don't have to fiddle about with my phone"* (U6)

*"I didn't panic, but to try and think of pressing 999 on a phone, it was so much easier, just press that button"* (C3)

#### 4.2.2 Effects on independence and safety

Some users described doing more around the house and being more mobile as they had the reassurance of help if they needed it:

*"I think we do more knowing that if something happens we've got help there...we do more than we should do...we will push ourselves that little bit extra, which we wouldn't do, we'd sit round and moan and groan about the job not being done, but it is reassuring knowing that if one of us is injured or anything like that, you've got a button you can press and you can talk to somebody" (U7)*

*"I go to the toilet, say, with the walker, if I didn't have that [Lifeline], I don't know what would happen, because I just wouldn't get about because I'd be frightened of going over" (U10)*

However, one user attempted to minimise any risks:

*"I keep the movements down to a minimum to save any accidents" (U12)*

Lifelines, in particular made users feel safe:

*"It's making me live because if I didn't have it on my wrist and I fell, and I couldn't contact anybody, then I would die in the end. I could have a fall and that would be it, so really, to me it's a lifesaver" (U14)*

*"Knowing that I can get in contact with somebody makes me feel safe" (U6)*

Other equipment, CCTV and CO sensors, offered additional security:

*"I suppose generally it makes me feel more secure, for as I say, people coming to the door" (U4)*

*"That makes me feel safe because I nearly died of carbon monoxide" (U6)*

However, for all users (or carers), the most significant impact of Telecare was that is provided reassurance and general peace of mind. Telecare was described as like having another person in the house, a 'safety net', a 'guardian angel' and a 'silent sentry':

*"I can't really explain it, it's just I know there's somebody at the other end...knowing that if I need help I can get it" (U6)*

*"It's like having a third person there, another person being there to help. Even though it's a machine, it is someone there...I know the help is available whenever I want it" (U12)*

*"You feel better for it. You feel more convinced that somebody is going to help whatever is wrong with you" (U2)*

*"I think it gives him peace of mind, like if he falls down he can get help straightaway...if you've fallen down, and you can't crawl to the phone, you know, you can push that and you're going to get help" (C4)*



*"I've got that security of someone coming to pick me up, I'm not going to be on the floor for three hours...It's a safety net for me, because I worry sometimes...its gives our mind a rest" (U5)*

*"You know you are secure, you're not on your own and that's quite crucial" (U13)*

*"If I've got it on I know that if I get into trouble, I can get help" (U10)*

*"In a sense that is an actual physical guardian angel looking over us" (U7)*

Some users described feeling more confident:

*"Although you don't think about it, you know it's there and subconsciously I think, it gives you confidence" (C4)*

*"It gives you a bit of confidence, if I fall down I can't get up" (U11)*

*"If you can press a button, buzzer, at least you've got that confidence" (U13)*

#### 4.2.3 Experience of calling for help

##### Speed of response

Although not directly under the control of the Telecare service, most, although not all users were satisfied with the speed of response from the emergency services:

*"It's amazing how quick they get an ambulance to you...when she [Centra Pulse] called that ambulance for me, they rung back and said it's on its way and the paramedic was here seven or eight minutes later" (U2)*

*"Most of the time it's not too bad. It's usually within an hour" (C1)*

*"When the wife has been ill my daughters have picked that up straight away and we've had an ambulance up here within minutes" (U3)*

*"Sometimes you could wait an hour and a half because, unfortunately, you are not top of the Ambulance Service's priorities. There's nothing they [Centra Pulse] can do, they're on the phone and then when you say, 'The ambulance is still not here', they have to contact them again" (U10)*

*"They send someone along as quick as possible. Sometimes it's a long wait...I think the last one was a busy day for the paramedics. I think they have an awful lot of calls. It's just awful waiting" (C1)*

This carer and another user described getting other help and needing to cancel the emergency call:

*"I had to ask next door because the paramedics said, 'we don't know how long we're going to be' they could be on the floor for a few hours, so I went next door and they lifted him on one occasion, and then I had to cancel the paramedic call" (C1)*

*“The other time was upstairs when I had a fall but I had friends coming then, and we rung it and they helped me and I didn’t have any further assistance like ambulances and all that, and they managed to get me up from the floor” (U14)*

The speed of the emergency response through Telecare, was favourably compared to other ways of contacting the emergency services. There was a perception by some that using Telecare put them at the front of the queue:

*“[Carer] used the buzzer then and within 10-15 minutes the ambulance was here, which is a lot quicker than if you had to press 999” (U7)*

*“When I went in an ambulance with [Name] we dialled 111, 20 minutes it took, whereas this, they deal with it straightaway” (C5)*

*“When the doctor come and rung an ambulance they were about six hours before they got here. So this is brilliant. I would say it’s brilliant for getting you an ambulance very quick” (U2)*

#### Reasons for calling for help

Most users (or carers) reported calling for help as a result of a fall:

*“When he’s stuck behind the door and you try lifting someone up with one arm, it’s virtually impossible. That’s all it was, he had a like funny turn and fell down and he was stuck behind the door” (C4)*

*“The machine they got me up with was like a little flat board...I mean I can lift myself a little bit, so they got that underneath me and they just press a button and up you come” (U7)*

*“We asked for the paramedics just to lift him up. I tell them he’s on the floor and to send someone to get him up and they use this cushion thing to put under him and lift him up, and make sure he’s alright and no bones broken” (C1)*

*“Just to put something in the microwave or something like that. As I’ve come out [of the kitchen], the wheel’s nicked the corner of the door, put me off balance and I’ve gone over” (U10)*

*“We had to call. He’d fell” (U1)*

However, some users and carers described situations when the decision to call for help was made by informal or formal carers, which resulted in dissatisfaction and loss of control for users:

*“I have had the situation...but my husband gets very angry and he will not even let us phone 999 to even ask for advice and I was told that because in that state he’s unable to make decisions, I have to decide. I have made two or three calls on the alarm, but I have made decisions against his wishes” (U12 acting as carer)*

*“I’ve had quite a lot of falls. I have my way of getting out of it myself but you see, when carers come in, they’re not allowed to lift you so you’re not left in peace and quiet to recuperate yourself, you get taken to hospital” (U13)*

*“You’ve got carers interrupting. It’s very good if you’re on your own but everybody puts their... you lose control of it” (U6)*

Two users described situations when they felt the Ambulance Service was called unnecessarily or were advised to go to hospital against their wishes:

*“I don’t think it’s a good idea to be tied up to the Ambulance Service in my situation, because I would go on the floor, and one of the reasons the ambulance is involved is because you incur an injury falling, so I can understand that, but most times, I’ve had the sense to hold onto a wall and slide down...Most of the time the ambulance get here, they’ve got the gear and then they would have air bags, things like that, which in my situation was a bit overkill because I needed a hand and just some strength to get me back on me feet...they’d go through all the different tests to make sure, for their paperwork...a lot of the time I was taking the Ambulance Service away from its proper job” (U10)*

*“They send ambulances! In the end they said to me, ‘we send ambulances and you send it back’. I don’t want it. I’m not going to the hospital. You can’t get it through to them, you can’t. They say you’ve got to have an ambulance and this bloke said to me, and some of them can be quite insulting you know, he said to me, ‘every time we send an ambulance it’s a thousand pounds’. I said, ‘I can’t help that, how can I help that?’” (U15)*

This user also described using Telecare inappropriately to pass on messages to other service providers:

*“I spoke to her [call handler], and asked her if the doctor calls, and I know he does call into the council offices if he’s up that way...I wondered if she’d be good enough to pass a message on...and she said to me ‘I would remind you that we do not take messages here. We are here solely for getting an ambulance or an emergency’ (U15)*

Interestingly, this user described herself as a frequent user of the Lifeline and ‘was known personally’ to the Centra Pulse team, suggesting perhaps a lack of understanding of the purpose of the service or a need for social contact.

#### Communication

Overwhelmingly, users and carers felt they were treated with dignity and respect by the Telecare team:

*“The people they have on the other end are really, proper human beings I would call them. I’ve never had a grumpy one, I’ve never had anybody who sounds as though they don’t want to be there...always very helpful and polite” (U7)*

*“There’s somebody at the other end of the line, somebody there you can talk to, it’s not a machine, it’s a human being...they are all very, very nice people” (U12)*

*“Very helpful and supportive and sympathetic” (C1)*

*“They are so good, so polite. They seem to be marvellous staff...and they always ring up after to see how we are, always” (U3)*

*“You get so much of a good service from this line and being polite as well” (U3)*

However, one user described a situation where they had been a lack of communication with the call handler, which resulted in the user being verbally abusive:

*“Not just a drip, really bad [flood]. Anyway, the lights went off, the electrics went off, it was dangerous. That is when I rung, pressed this thing and that’s when I wasn’t very happy with the outcome because I asked for the police and the woman said, ‘Calm down, go and turn the stop-cock off’ and I said, ‘I would if I could get through’, I might’ve even swore at her, ‘silly bitch’...and she said, ‘Oh, don’t worry about a little drip’. I should’ve asked for the fire brigade I made a mistake...you just have to make sure that you get the right information to the people at the other end and they understand properly...sometimes I think they don’t give me enough time to put over what I’m meaning to put over, I reckon it’s my fault...some of them don’t listen” (U14)*

#### Concerns about Telecare

A number of users expressed fears about the not being able to talk to or hear the call handler if they were not near the monitor. One user worried about emergency services not being able to gain access to the property:

*“The only problem I’ve got is, it all depends where I can hear them, I’m worried because if I’m in the bedroom I can’t hear nothing” (U6)*

*“If I’m upstairs and it happens, and this is downstairs, hopefully, you can hear them, if you’re in the bedroom upstairs” (U13)*

*“If I press it up there [upstairs] they can’t hear me” (U1)*

*“I’ve got a key meter outside my front door, but they’ve got to get through that door [external door to the block of flats] first before they can get to me, and if I’m on the floor, how can I let them in?” (U6)*

Other concerns were aesthetic:

*“Because that chain’s only a cheap one, it makes my neck itch, so that’s the reason I’ve got it in my pocket” (U6)*

*“I can’t say I like the jewellery” (U13)*

*“I don’t think I’ve got the smallest model, I think I’ve got the largest you could come across, on my wrist. I mean, you can’t miss it, can you?” (U13)*

*“They should provide replacement straps... breakfast, lunch and tea on it for the last 10 years, it’s not very nice when you go out” (U13)*

*“Sometimes they get too tight” (U14)*

For one user, the falls detector was not fit for purpose and did not prevent falls:

*“I kept on having falls, I used to slide down everything, so what they’ve decided to do is have one of these [fall detector] put in, I still slide down the door!” (U6)*

#### 4.2.4 Effects on carers

Carers (and users) viewed the use of Telecare positively in terms of enabling carers to leave the house which gave both users and carers’ greater independence:

*"I've been able to go out, do things without worrying and it's like having somebody there to take care of things if things go wrong...I can just go out and walk. Sometimes I have left [Name] to go to my blind club for two hours, put the alarm next to him so if he needs it, he can ring. I've done that about two or three times" (U12)*

*"I can go out for an hour or so provided he stays put where I've put him...As long as he's got the phone in the bedroom, he's got the button, then I'm okay about going out just for a bit...I can go out for an hour or so and not worry because I know he can press that" (C1)*

*"When I went out and I knew that he'd got that there, I felt reassured that he would be all right. I knew he wouldn't do anything stupid, you know, but accidents happen. But the fact that it was there and he'd got that round his neck, and even if he was in the bathroom, they can still hear him, they can send somebody out...I would imagine it's given us both that bit of independence" (C3)*

*"She'll [user] put it on if I'm going to pop to the shop or anything like that and just for me it's peace of mind because she does attempt to try and do things when I'm not here and that's when things go wrong" (C5)*

However, the greatest impact on carers was emotional reassurance:

*"You've got no contact, she [could be] on the floor for three hours...It's put my mind at rest...Before I was always worrying that she's going to fall over and no one will be there, and now, if she does fall over, she's got that and someone will be on the phone straightaway, straight to mum" (C2)*

*"I know he's got it, which is good because even if he accidentally sets it off, they will phone me and then I can come round and check, then it gives me peace of mind that he's okay...I do worry about the poor old boy, because if he falls down and he can't get up, I know he'll push it and they'll try to talk to him and then they'll ring me" (C4)*

This was echoed by users who also felt family members were re-assured that they had Telecare:

*"The youngest daughter, [Name], I think it gives her reassurance that we've got it...I think she's glad we've got it" (U7)*

*"From our daughter's point of view there's a certain peace of mind knowing that if I pushed a button then whoever answered would contact them and let them know" (U4)*

*"At least he [Son] is able to leave us and go...he was trying to be here for 24 hours...he had to be there at night and he used to have disturbed nights, at least now he feels at ease" (U12)*

#### 4.2.5 Funding

All users had equipment currently funded by Social Services. When asked if they would consider paying for the service in future, while most believed it to be of significant value to them, they had concerns about their ability to pay:

*"If we had to pay for it, yes" (U5)*

*"Yeah, I would think it important, essential" (U11)*

*"I think I would because I think it's a necessity" (U3)*

*"I wouldn't be able to afford it. I would pay for it if I had the money" (U6)*

*"We would seriously consider how much we would pay, there is a limit that we could afford, but yes, if they said, we'd have to contribute something towards it, I would consider it, yes" (U7)*

*"All depends on how much it is really, if it's exorbitant then, you know, you can't but if it was a few quid then we would, yeah, sure" (U9)*

*"It's another worry, financially" (U13)*

*"Yeah, I would pay for it but not a lot, you know" (U14)*

*"Probably if I couldn't afford it my daughter or son-in-law would help" (U4)*

*"It's a lot of money, quite a lot of money. I don't think we would be able to afford it actually, no, it's a lot of money" (U2)*

## 4.3 Trusted Assessor Data Analysis

### 4.3.1 Preparation for prescribing Telecare

#### Initial training

Assessor described initial training courses provided by KCC and Centra Pulse. The training was seen as comprehensive and addressed the range of equipment, assessment of users, decision-making and the process of ordering:

*"I went for a course that was run by Kent County Council, it was quite a few years ago now" (P4)*

*"I had to go on the training day, one day I think it was...I think we had to do some online learning as well to be able to get the PIN and things like that, it was through Centra" (P1)*

*"I went through a training course with Centra Pulse that was paid for by Age UK in order to be able to order it...it was quite good actually, it was someone from Centra Pulse telling you all about the equipment and everything that it does and then running through the ordering process on the computer...they told you the bits of equipment and how it worked and what it would be best for and they handed out some pieces of paper that had a scenario on it and it was like, 'what would you choose for this person?'" (P2)*

*"It was kind of back in the day when the scheme was first started up. I undertook my training in my previous role...The training ran through the equipment, the ordering process and obviously how an assessment would be done...It was from the provider, Centra" (P7)*

For one assessor, on-site engineers were also helpful in understanding the use of the equipment.

*“We had training but to be honest when you get out and do it, there’s always questions that are never covered in training, and I think going out with one of the engineers, he was really helpful, I think I probably learnt as much from him as I did from the training” (P5)*

#### Updates

For some, an update or ‘refresher’ training was also provided:

*“Quite recently...probably about six months or so ago, I had the refresher training so that went over all of the newest equipment and everything” (P6)*

*“The only refresher training has been around what equipment’s available. That’s been very good” (P7)*

*“About six months ago, through the company I work with, we had someone that came in and was talking to us about all the equipment” (P1)*

*“Probably about 2 maybe 3 years ago” (P2)*

*“We have had Centra out to talk to us as an organisation about what’s out there and what’s available” (P3)*

However, this did not seem to be a systematic activity and was frequently organised ‘on demand’ and based around new equipment:

*“[Update training] was asked for by my manager, she arranged that for me and that was run by Centra...I had the refresher training because it’s always good to keep up to date with the paperwork and everything else” (P6)*

*“I did a refresher course because I felt we were a little bit out of touch so I contacted Kent County Council and asked if we could have a refresher course and I think we probably had that about a year ago” (P4)*

*“It was part of the Care Navigator role. To be perfectly honest I can’t remember if I approached them or if they approached me because it was quite a long time ago, I can’t honestly remember” (P4)*

One assessor was not aware of refreshers:

*“I don’t know whether I’m meant to be having refreshers, I haven’t had any sort of emails or anything but I’m regularly prescribing, I guess if there was anything new then I would be told” (P1)*

#### Confidence in prescribing Telecare

While some assessors felt adequately prepared to undertake the role in terms of the equipment, recent changes to protocols and procedures has resulted in almost all assessors feeling less confident:

*“I think I’ve got a fairly good knowledge of what’s out there...It’s getting easier to be honest now that we’ve got information on various different Telecare providers” (P4)*

*“I feel pretty confident. I would hope that Centra would let me know if there was a new piece of equipment, or it would come up on the actual online system when we were ordering equipment” (P1)*

Revisions to protocols and procedures were communicated by KCC via email which was a little overwhelming for some. A number of assessors reported that they would have liked an opportunity to discuss how these changes were to be operationalised:

*“It was an email that we received saying [about] the changes...I feel a bit stale about it at the moment because of all the changes that have happened because it’s just an email that you get through saying, ‘this happens, that happens’, so even if it’s just a quarter-day course or something, just to remind you of all the products that are out there and the things that can help people and just remind you what you are able to order, and put in some scenarios” (P2)*

*“We receive emails with every update. Generally, KCC emails a ton through with the changes, to keep us in the loop, but like so many of these things, there’s quite a lot of reading behind the assessment process...it’s just keeping on top of it all” (P6)*

*“I would really like another refresher course, just for half a day or something so that we can go through some different scenarios just to see, what they [KCC] feel...we’ve got new protocols, it’s very difficult when you’re reading something because it is so diverse when you go out...I’m not finding the guidelines particularly easy to follow now” (P4)*

*“Recently though they have brought in changes to the assessment process and I think that has led to some confusion...I probably [felt] more confident a while back before they put in the new assessment criteria” (P7)*

However, support was available from KCC when this was asked for:

*“We get the odd email that says, ‘this is how the criteria’s changed’, and we printed it off from an email but I have to be honest, until I asked [Name] to come out and talk to us as a group, we’d had no update” (P3)*

For one assessor, there were specific learning needs in relation to the installation of GPS trackers:

*“The first time I did the GPS tracker, I hadn’t particularly realised that it was all then around the Mental Capacity Act. We’re not trained to assess people under that Act and the deprivation of liberty...so that was a lot more complicated, and then there had to be carers involved and I hadn’t realised that at the time of prescribing it” (P7)*

#### 4.3.2 Support in undertaking a prescribing role

##### Support from KCC and Centra Pulse

All assessors described being well supported by KCC and Centra Pulse and were able to contact individuals for help and advice:

*“I will ring and get advice. I never assume something, I will ring and say, ‘What about this? What about that? I think I need to do this referral, can we talk about it?’” (P3)*

*“I could go directly to [KCC, Name] she’s always happy to take emails and queries” (P6)*

*“We follow the procedure and try and work with the KCC team. I think it’s working with them... If I’ve got a query, I’ll ring one of the occupational therapists so I’ll ring [Name] or I’ll ring someone in the team at Social Services” (P3)*



*“You may not know how to order it on their system but again, you can phone them and get round that so that’s not really a big problem” (P7)*

#### Support from peers

Assessors described having the support of others in the same role, either within or outside their employing organisations:

*“I have the support of the OTs, the Social Workers, and all the team where I work...There’s one lady here that can prescribe as well, but she’s in Social Services, so I can talk to her” (P7)*

*“We talk to each other and we support each other as peers, we’re a small team, but also in the wider team with Social Services” (P3)*

*“I do a job-share so there is back-up there. We do talk to the Care Navigators in other areas as well, so there is help available” (P7)*

*“I am the only person that can do it [prescribe Telecare] but I do know other people who I work closely with in other organisations that would support me if I needed that” (P2)*

*“I work quite closely with the Care Navigator in the hospital. She’s also Telecare trained so if I were to have a query, we can always talk to each other or I can talk to somebody else within my organisation who’s Telecare trained” (P6)*

*“There is my manager, she’s Telecare trained, she’s not based here she’s in a different hospital, so I could talk to her if I needed to” (P1)*

#### 4.3.3 Process of ordering Telecare

There were difficulties reported in relation to the use of the online ordering system, sequencing in terms of submission of the Telecare Reasoning Form (TRF) and ordering and the Telecare Agreeing paperwork, for users.

*“From a personal point of view, the website was always a complete and utter nightmare...a horrendous system...you would get part of the way through then it boots you off so you’d have to start again, and it’d tell you, ‘you’ve already got this client on the system’. Then you wouldn’t find the products had changed until you went to order it, so then you’d have to go back to the client and it would ask you to replicate the information so many times instead of having autosave, you had to put the clients name and address in about three times”(P5)*

*“I don’t know whether on the actual system online, whether there’s any kind of leeway with giving access to see whether someone has already got that Telecare rather than having to ring up to find out” (P1)*

However, for some the system was not difficult to use:

*“The actual process is quite simple to follow, once you input their form and everything, you get all of the information, you get all of the items listed that are recommended for them” (P6)*

One specific difficulty, described by two assessors, was the cancelling of the equipment order whilst waiting for approval following submission of the TRF, and the perceived inflexibility of the system:

*“The online system doesn’t allow for any free text so, for example, I’ve just tried to order a pressure pad for somebody, it’s immediately come back, they’ve cancelled the order saying, ‘This is a standard issue’ and I wanted to actually say, ‘I’ve already put in the reasoning for wanting it, please just hold the order until I’ve got a yes or no?’ so it’s quite regimented in its style and doesn’t allow for any explanation” (P7)*

*“I order it but then because of the reasoning form, it automatically gets cancelled. I have to fill out a reasoning form, send that to whoever it says to send it to, and then someone else as well, and then wait for that to then be authorised, so that can just take a little bit of time. I think if there was a process where I could fill out the reasoning form at the same time as doing the ordering online or something like that to quicken the process” (P1)*

*“If, for example, there’s a couple, things like the base unit and a key-safe, you would only need one, but you have to order a lot for one and a little bit for the other partner and then send an email to explain that they are actually together. So it’s just a bit restrictive...I just wanted a text box to say, ‘This is one order, this is for Mr, this is for Mrs’, so from that point of view it’s a little bit regimented” (P7)*

Finally, the paperwork that users were required to complete was not deemed to be ‘user-friendly’:

*“From a client point of view, the agreement form is about six pages. I do stress to people to read it, I’ll say, ‘I’m happy to wait while you read through it’, it’s not the easiest reading, and bearing in mind we’re dealing with vulnerable adults, it isn’t the easiest to read. And there’s also a bit in there about the building insurance, I’ve no idea why they need to let their building insurance companies know, it’s a question I’ve asked but I don’t think anyone really got to the bottom of it. So, that form in itself isn’t particularly client, user-friendly and you’re asking them to sign it” (P7)*

#### 4.3.4 Changes to prescribing patterns

Several respondents reported a significant drop in their level of prescribing Telecare since the introduction of the revised protocol:

*“I’ve only had one since they changed the protocol, I’ve only put in one order...they’ve now tightened up on it so that I do virtually none now because they’ve made the criteria so tight, which is a shame...It’s only free for those that have blackouts...It’s gone through the floor” (P5)*

*“The criteria has changed so much in the last few months, in my opinion it’s not really worth ordering it for anybody now because you’ve got to be pretty much sat in a chair and have really bad dementia in order to get it now because everything is questioned and you’re only allowed to order so much without being questioned and having to give reasons why. So it’s very different now, there’s not many people that I actually order it for now” (P2)*

*“To be honest I haven’t actually ordered anything... I’ve tried as much as possible to get people to have their own equipment because I don’t think they’re really prescribing much at the moment... I just feel it’s all very complicated” (P4)*

For this assessor, this was possibly related to the fact the requests for Telecare had been declined for funding:

*“I felt that a falls detector would be really good for her that could alert the daughter...but they chucked that back, said that she could possibly use a mobile phone but she didn’t have a mobile phone, she was quite an elderly lady and people of that age don’t” (P4)*

*“I visited a family who the daughter had to move in with her mum, her mum had dementia and she kept wandering, she kept going outside of the house...the problem was the daughter was living in the upstairs of the house and the mum was downstairs and she needed to be alerted when her mum left the property because she kept going out. They used to lock her in but there was a bit of a safety issue with that, but Kent County Council wouldn’t prescribe it because there wasn’t a falls detector in it” (P4)*

As a result, this assessor described ordering equipment that was not needed in order to satisfy the criteria:

*“This lady, she used to go into the kitchen, they’d had to have the gas cut off but she would go into the kitchen and she would try to attempt to cook stuff and she’d cut herself, so we needed door sensors to know that she was going into the kitchen but they [KCC] wouldn’t let me have it because they said, ‘that’s standard equipment’, so I had to order a falls detector even though I didn’t need it” (P4)*

#### 4.3.5 User and carer assessment and the decision-making process

##### Assessing the needs of users

Assessors described a holistic and complex approach to decision-making including past history, physical, emotional, cognitive, social and environmental considerations, as well as a financial assessment.

*“It has to go on an individual basis. What their history is, also some of the patients that are referred to me, they don’t always have family, friends or any support network around them and [they] may have been admitted [to hospital] from previous falls, have a very extensive history of falls, and they are not always in the best living conditions” (P6)*

*“It would depend on whether or not they have the ability to either phone on a mobile or whether they have the ability to fund it themselves, if they’re happy with that...what sort of support they’ve got, somebody that gets carers coming in 3 times a day might not necessarily need something as much as somebody who suffers from blackouts but doesn’t necessarily have anybody coming in every day. So it varies really from case to case” (P4)*

*“It’s just trying to find that balance as to when [Telecare] is appropriate and when not ...to be honest it’s a lot more on your judgement and working out people’s capacity and cognition” (P1)*

*“The first thing is in regards to the button itself, can they press that? Do they need to have an actual falls detector or could they just press that, have the button to press themselves and privately fund? If cognition’s fine, capacity’s fine, they can press that button” (P1)*

*“When you do a home visit and you knock on someone’s front door, you can actually see their mobility so you can make that assessment visually, so you’re able to see how someone is managing, but also you can see whether they live on their own with no neighbours nearby” (P3)*

*“If they don’t receive attendance allowance, what I like to do is to apply for it and fill in the form so you get a whole picture of what someone’s able to do, so by doing an application for attendance allowance you get a whole picture of someone, so you see them two or three times...you do get to build a bit of a picture about them” (P3)*

*“ it’s just looking at the whole, an holistic approach, What’s their living situation, what are their vulnerabilities, do they have family nearby, is there Telecare equipment that could prevent them falling? the way I tend to look at it is to prevent hospitalisation or having further injury because they’ve gone out on the street and they don’t know where they are” (P7)*

The TRFs also described assessments taking medical history and social and environmental conditions into account:

*[Arthralgia of multiple joints (hips/knees/neck/shoulders). Severe sciatica, chronic regional pain legs syndrome, incontinence, seizures and fits, severe depression/anxiety and panic attacks] (TRF1)*

*[Currently in hospital after a fall at home. Blind in one eye, left eye removed after cancer. Awaiting as package of care before discharge date can be set. Numerous falls which have all been admitted to hospital] (TRF5)*

*[High risk of falls at home, multiple mats/rugs, patient has refused to have these removed. Lives alone will be supported by package of care on discharge with personal care] (TRF4)*

*[Patient used to live with husband who has passed away (June 2018). Lives alone in a bungalow – nieces live far away – currently having KEaH 3 x day] (TRF6)*

Installation at a practical level was also considered:

*“Whether they have any sockets, they have any lines plugged into the socket, how far the socket is to the electric socket...” (P5)*

Alternatives to Telecare equipment were also assessed:

*“I would have a look to see if there’s any alternatives, like if it was somebody that was prone to falling a little bit or had an illness, whether they could have a mobile phone that they could just keep with them, so there’s different alternatives” (P4)*

Alternatives were sometimes stated in the TRFs and described as disadvantages:

*[Basic pendant alarm. No advantages. She is unable to initiate the thought process to press a pendant] (TRF7)*

*[Being discharged home with no equipment. No advantages. Following previous falls, patient has had to wait for the next care call for assistance. Mrs (Name) will benefit from having a falls-sensor for her own safety between calls] (TRF8)*

However, one assessor felt disempowered with regard to the decision-making following the introduction of the revised protocol:

*“I don’t determine it, they [KCC] determine it, basically if they don’t have blackouts they’re not going to get it” (P5)*

## Effects on independence

Assessors were committed to Telecare being used to gain confidence and independence which enabled users to stay independent in their own homes for longer:

*“The lady wanted something for when she walked her dog, because when she was indoors she was fairly confident but she didn’t have a lot of confidence outside, she’d had a couple of falls outside and that really knocked her confidence but she wanted to maintain that independence of getting out. So for her it [Pebble] was perfect because she could have it on charge and then just take it out with her, she knew she could be located, she knew she could talk to somebody if she’d had a fall outside” (P4)*

*“A lot of the time it’s their confidence as well, and they’re saying that they’re worried that they could fall, and it’s whether that will boost their confidence as well as keeping them independent” (P1)*

*“If they’re a high-risk of falls then that will definitely help keep them independent at home” (P1)*

*“As for dementia, if somebody can stay safe at home then that’s helping them to be independent and stay at home, so that’s definitely the best thing” (P2)*

*“It’s obviously helping people feel confident in their own home, then they’re happy to stay in their own home which gives them their independence” (P2)*

*“Nine times out of ten it is always good to support people in their homes with assisted technology. To stay in their homes for longer because that’s what the aim is now, isn’t it? Rather than scooping people up and putting them into care, it’s trying to keep them in their homes” (P6)*

Barriers to independence and level of risk were described in the TRFs:

*[(Name) requires assistance to mobilise and needs a frame to steady herself. Due to attention deficit, (Name) tends to make spontaneous decisions to get up without help] (TRF9)*

*[Blackouts occur suddenly and Mrs (Name) has no recollection as to what has happened. These can result in hospital admission] (TRF1)*

## Effects on safety

Similarly, assessors believed that Telecare enabled users to stay safe at home, particularly those with dementia, those at high risk of falls or those living in isolated locations:

*“It would be someone that’s got dementia that is potentially wandering or forgetting to take medication or forgetting to do things, it’s to try and keep someone with dementia safe in their own home” (P2)*

*“They keep forgetting to turn the taps off or, they keep leaving the rings on in the kitchen and things like that... my brain starts ticking and I think do you know what, Telecare is the best thing for this person because it alerts someone if something goes wrong” (P2)*

*“I go in and I see folk that are fairly vulnerable, that I have concerns about falls or their safety and their general wellbeing...we look at how do we keep people safe?” (P2)*

*“It’s the ones where perhaps there are hoist transfers, bed to chair, and then it’s things like, ‘do they need a falls detector for that? Are they likely to fall out of bed or fall out of their chair?’” (P1)*

*“I’ve always felt that Telecare will help someone, whether they’ve got a pendent or on their wrist, if they go down and they live alone in an isolated area where they can’t knock on the wall for a neighbour or something, they are able to gain help” (P3)*

*“We do have properties that are in fairly remote locations, like one gentleman, it was a fire alarm that tied into his Telecare because if there was a fire in the property no one would actually see it until it had got quite a hold” (P7)*

#### Assessing the needs of carers

An assessment of the needs of carers was also a consideration:

*“Do they have a carer in place and perhaps there’s equipment that the carer would benefit from?”(P7)*

*“I had a lady that lives with her mum who lacks total capacity. She has bought an alert that if her mum got out of bed at night, she would be woken, but the problem is the screen is always alight, so she [mum] wasn’t sleeping because the light was keeping her awake, so I put her forward for a pressure mat and an under-pillow sensor so the buzzing would wake her rather than a light keeping her awake all night” (P3)*

*“A family that I was supporting...the wife was just burnt out really... she didn’t feel she could sleep properly because she was worried that the daughter would have a fit during the night, she was worried about her husband falling when she went out to get the shopping. So I put in Telecare equipment for them, a falls detector for him, a pendant so that he could summon help if he needed it, and I had an epilepsy mat put in for the daughter in the bed...so although the Telecare was for her husband and her daughter, it was actually really for her because it just made the whole set-up not quite so stressful (P4)*

*“There is a massive strain on anyone that they live, with. What you have is a wife or someone that’s frightened to leave them on their own, because if they fall...families are committed 24 hours a day...they’re too afraid to leave them alone, because if they go and have their hair done and they’re gone for two hours, they could come back and find them on the floor” (P3)*

*“The gentleman had a live-in carer but was still feeling that he could get up and walk around on his own and then falling...so the pressure mat now allows her to wake up”(P5)*

#### 4.3.6 Selection and justification of equipment

Assessors were able to rationalise their decisions about the choice of equipment:

*“It’s getting easier to be honest now that we’ve got information on various different Telecare providers, but it really depends on the person. I visited a gentleman the other day who’s got this fantastic pebble pendant that he can take out with him.... so if he has a fall when he’s out it’s got a GPS tracker on it, they can talk to him. I gave that information to a lady who likes to walk but she’s had quite a lot of falls while she’s been walking her dog, so I did mention that to her because it was quite good, but the only thing with that is it has to be charged like a mobile phone...and for some people that isn’t a good idea because they need something on them 24/7 so it’s not going to do the job because they need it all the time” (P4)*

*[Fall detector – to alert family/emergency services as soon as possible should Mrs (Name) fall as a result of a blackout] (TRF1)*

*[Linked smoke alarm – would initiate alarm in the event of a fire. (Name) is unable to initiate pressing a regular care line or use a telephone due to speech. Having falls alarm and smoke sensor will trigger alarm if (Name) is unable to tell the operator] (TRF5)*

*[Lifeline unit. Falls sensor (neck worn). Patient has a past history of falls and lives alone. She would benefit from a falls sensor as previously she has laid on the floor until carers arrive at the next care call] (TRF7)*

#### 4.3.7 Examples of delaying the need for care

The role of the assessors was not to provide continuous or long-term support. As a result, they could give few examples where, in their view, the need for acute or continuing care was avoided or delayed. However, there were a few examples:

*“I have a lady out in an isolated farm house and she had had a hip replacement but it wasn't going well, and I felt she was at risk, it was an old farm building with no central heating and I know that she hit the alarm” (P3)*

*“I had a guy recently that I thought was coming to the end of his life, and I felt that if he went down he wouldn't be able to reach for the call button, and I arranged for a Lifeline [to be] installed that afternoon, and the next day when he fell he actually hit it, there was a visit to hospital. I think he would have been dead on the floor to be honest if we hadn't done that” (P3)*

#### 4.3.8 Pressure to prescribe

##### From other professionals

Whilst no prescribers felt under significant pressure from others to prescribe, there was some issues around other professional's lack of awareness of the criteria for funded Telecare although this was thought to be improving:

*“The occupational therapists, they quite automatically say, ‘This person needs a Lifeline’, and they might not, or I think they're unsure with regards to the process...they think automatically that things are funded” (P4)*

*“So people were saying, ‘oh, you need a pendant, you need Telecare equipment, you can get that, the Care Navigators can do that’ and we were having to have the conversation, ‘no actually you can't have that’. So I did go back to Kent County Council...because this lady in particular was really, really angry about that she had been told that she could have it” (P4)*

*“It's the carers in particular, we have a lot of referrals through from the Hilton nurses...They know that they're only going to be there for 6 weeks and then when they're gone they feel that this person needs Telecare and a lot of the time it's not complex enough for them to warrant that. So there is that pressure. I think Kent County Council are trying to address this but I have felt pressure because the carers have said to somebody, ‘oh you need Telecare, you don't need to pay for it’ and it's not the case. But I think what they're trying to get across that you might be eligible for Telecare but people don't always hear that” (P4)*

*“A lot of the referrals come through the ARMS team at Kent County Council, I think that when they’re doing their initial assessment now before they send their referrals through, I think they are now saying there’s a possibility that you might be able to get Telecare” (P4)*

*“I still get a lot of referrals from other agencies like paramedics attached to the surgeries ,and OTs, that just don’t understand that I can’t order it much anymore now...I’ve told them so many times but they’re just not grasping the idea” (P5)*

*“I receive referrals from the occupational therapist saying this person may, or this person definitely needs Telecare to go home with, they use the phrase ‘discharge dependent’ and they need it to actually be discharged sometimes. They’re not trained in Telecare, sometimes it can be a case of this won’t actually benefit the person, particularly if they have no awareness around pushing a button, sometimes it might not be the correct thing to do” (P6)*

*“There’s been some misunderstanding I think, from hospitals and from people on discharge teams, ‘Oh they need Telecare, can you go out and put it in?’ it’s not understanding that actually it may be something that they have to pay for” (P7)*

At times, this came from the users themselves:

*“They [users] know somebody that has the Telecare and they haven’t had to pay for it and then they’re like, ‘well such-and-such hasn’t had to pay for it, why have I got to pay for it?’” (P4)*

#### Prescribing on behalf of others

Assessors did not report prescribing on behalf of others and reported always carrying out their own assessments:

*“Someone might say to me, ‘I think this person might need Telecare’ but I would go out and do the assessment” (P2)*

*“I would do my own assessment” (P5)*

*“I have been quite ruthless about it in as much as I won’t give it to just anyone, and if someone rings me and asks me for Telecare, just because they’ve asked me for Telecare doesn’t mean they’re necessarily...I’ve got this mantra - everyone’s entitled to an assessment of needs, not everyone’s entitled to a service” (P3)*

#### 4.3.9 Support for self-funding

##### Confidence in directing users to self-fund

Assessors expressed concerns about their ability to undertake financial assessments in determining who is able to self-fund:

*“We’re not trained to do financial assessments, so you’re making a call on information that may not be correct, just because somebody’s in a big house and looks like they have a lot of money they may not have a lot of disposable income” (P7)*

*“If someone’s saying that they can’t fund...how are you supposed to know whether someone can or can’t fund? They could be saying they can’t but they have loads of money” (P1)*



Assessors also described having difficult conversations with users about self-funding, but with experience had developed communication strategies to make this easier:

*"I hate it because I think when you're old and you're frail, I think you've done your time and you should be looked after a little bit more" (P2)*

*"It is difficult but it's finding the way to say it I suppose, and talk about it diplomatically...obviously you can't ask someone, 'Do you have some money or not'? (P1)*

*"I tend to kind of pre-warn them when I phone to make an appointment to say, 'this is potentially something you're going to have to pay for, but we'll come out and have a look at everything" (P7)*

*"Sometimes it can be difficult having them conversations with people because sometimes you know, from the onset, that this person is never going to agree to pay to fund this themselves, you get that feeling ...so sometimes it can be a little bit tricky" (P6)*

#### Supporting users in making funding decisions about Telecare

For users who are required to self-fund, assessors described supporting this process by checking users are on all the available benefits, helping users apply for benefits, and supporting users in making choices about spending:

*"I will look at whether or not they're getting all the benefits that they need. So it might be that they could claim attendance allowance so then I'll go through that with them and if they can claim attendance allowance then I will say, you know, if you get the attendance allowance then that money's there then for you to be able to provide your own Telecare equipment" (P4)*

*"It's like, 'Are you on benefits? Are you on all the right benefits'? And I suppose I say, 'Can you afford this amount each month?'" (P1)*

*"If someone gets attendance allowance and they get the high rate for instance, that's £84 a week, and they say, 'well, I have to pay the gardener and I have to pay for someone to do the shopping...', a Lifeline is £40 every three months. You do not have a gardener the whole year. If you live in a small flat, you only have a cleaner for an hour, and I sit with them and in a very nice way say, 'Look, this is how much you're getting a week, this is how much a Lifeline costs, this is how much a gardener costs, you've still got all this money left', and it's actually talking to them about what they use their attendance allowance for" (P3)*

Assessors also provided information about Telecare services and provided follow-up:

*"If they're happy and they're confident in looking through it [Telecare provider catalogue] themselves or they've got family that will do it with them, I will send the information out in the post and then do a follow-up call to say, 'did you find the information helpful, did you get that put in place?'" (P4)*

*"If people just want a Lifeline or a falls monitor which used to come under Telecare, it's a paid-for service so I can give them details but it's something that they have to organise themselves" (P2)*

*"I have to say to them, 'have you thought about a Lifeline, would you like me to give you the information', and then I will give them the information of all the different companies that*

*provide it and help them the best I can, but ultimately it's their decision when they're paying"* (P2)

*"I normally try to take 3 different Telecare providers, because obviously I can't tell them which one they should be going with, but I give them that support to look at the information and decide which one might be better"* (P4)

Helping users to decide which Telecare company to choose was recognised as time-consuming:

*"We can't direct people just to one company, so from a workload point of view that increases our work because there are a lot of people who don't use the internet so you've then got to give them various options and we tend to use Centra, Age UK, Saga...and also on their websites it's not 'like for like' pricing so it's quite difficult to get a direct comparison, so you've got to do them things...then sometimes they need you to help actually order the equipment"* (P7)

#### Concerns about users who decline to self-fund

There was a perception that users who choose not to or could not afford to self-fund for Telecare were left vulnerable, which was of concern to many assessors:

*"Given the age of the majority of people we're prescribing this for, a lot of them, as soon as you mention to them that they've got to pay for it, they don't want it and they actually need it. It's not that they don't want it, they don't want to pay for it and they do actually need this equipment. So at times it can be a little bit difficult in that respect"* (P6)

*"We're now saying to them, 'Well actually it is something you're going to have to pay for', and they're not going to do it, so it's almost left a little bit of a gap I suppose"* (P7)

*"Unfortunately for the Lifeline, if they decline it then there's nothing"* (P4)

*"When people say, 'I just really can't afford it' and you have to come away knowing that that person could really do with it but they're not going to get it"* (P2)

*"Elderly people sometimes they're quite stubborn and they don't want to pay for these extra things, even given the fact that they would greatly benefit from it"* (P6)

*"Sometimes they're not in that position financially to be paying out that extra money and they can genuinely need this equipment"* (P6)

*"There are a lot of people that say, 'I think I'll be alright at the moment, it seems quite a lot of money', and you know in your heart they're not going to put anything in, where I felt that it could probably save them laying on the floor, those people now are probably not going to have that equipment"* (P7)

*"It is their choice, but sometimes it doesn't sit overly comfortably, especially with very old, vulnerable people and they're like, 'Oh I can't really afford that' and you think, 'but you're on those stairs and just watching you walk up and down them is a nightmare'"* (P7)

*"Some clients who don't get attendance allowance because they are looking after themselves, like one lady in particular, she doesn't get attendance allowance, but she's had one bad fall and one heart attack, she lives alone and she's paying for everything, she cannot afford Telecare. Now, if she had another heart attack..."* (P5)

*“What’s missing is, it’s not taking into account that sometimes people can’t afford it. I feel that we have got a lot of people that are falling through the net with this and we’re kind of walking away, knowing that they haven’t got this equipment and they genuinely could benefit from it” (P6)*

#### Use of external companies

One assessor raised concerns about companies’ cold-calling vulnerable users directly and the quality of the service that was provided:

*“There’s some right dodgy Telecare people out there, you know. I visited a couple that wanted Telecare and they didn’t qualify at all, they just felt they needed it. But they had been approached by somebody who had phoned up and it was horrendous the amount that this company were going to charge. I can’t remember what company it was but it was absolutely horrendous and I said, ‘no, you really don’t need to pay that sort of money’...that does worry me a little bit” (P4)*

*“When I first visited him, I talked to him about getting Telecare and he said, ‘oh yeah, I’ve got something’...it was still in the box, he’d been paying for it for 6 months and it’s still sitting brand new in the box. He hadn’t even got it out the box because he didn’t know how to set it up because they’d just sent it through the post...and I did phone them up and I said, ‘do you not do a follow-up call here just to make sure?’” (P4)*

#### Conversations about future funding

The majority of assessors were comfortable with this conversation, especially as it was part of the Telecare Agreement:

*“That’s a conversation that I’ve always had because when you do the Telecare paperwork you have to get an agreement signed and in the agreement it says that it’s free at the moment but there is always the possibility that they might charge for it” (P4)*

*“What we’ve been told is if they [KCC] decide not to fund it then they will send a letter and advise that they can’t fund anymore and let them know whether they want to cancel or not, so I always say that” (P1)*

*“I’ve not really ever led people to think that this is going to be free forever, so hopefully they would remember that conversation” (P7)*

*“I do say to them that at the moment it’s funded by KCC but at any point KCC might come out and have a look at the equipment, see how appropriate it still is. I always say to them that you won’t be charged anything unless you agree to it, if you choose not to have it anymore...because I don’t want people to feel badgered into it” (P2)*

*“I haven’t had that conversation with many people, but most people do understand the restraints that KCC, along with everybody else, are under financially” (P6)*

## 5. Recommendations

The extent to which Telecare is perceived to maintain or enhance independence, and the impact on carers

- The need to test the equipment should be made clear to users and carers as there is a common view that testing is the responsibility of the Telecare provider.
- Users and carers should be informed about who to contact if they felt the equipment was not working correctly, or if they felt they no longer needed it.
- When to use wearable equipment should be explored with users and carers to maximise safety.
- Situations in which the user might call for help should be explored with them in order to avoid inappropriate use, but also importantly, to minimise situations when users are at risk. This should include an exploration of the users feelings about hospitalisation, which can prevent calling for help.

The decision-making processes of Trusted Assessors in prescribing Telecare

- Review the process and/or communication around the sequencing of on-line ordering of equipment and the submission of the TRFs.
- Continue to monitor prescribing levels, especially following the implementation of the revised Operational Protocol.
- Ensure service providers who refer to Trusted Assessors for Telecare are aware of the availability of the service and funding criteria so assessors are not put under pressure to prescribe and users/carers are not given false expectations.

Further training needs for Trusted Assessors

- Consider providing updates/refresher courses as part of a structured programme of training, especially when there are significant changes to the service.
- Include undertaking funding assessments and legal issues e.g Mental Capacity in the ongoing training available to Trusted Assessors.

## 6. Evaluation Challenges and Limitations

There were a number of challenges limiting the scale and scope of this evaluation.

Recruitment of users, carers and Trusted Assessors

Recruitment of users and carers was more difficult than anticipated. Even though the population of Telecare users who met the eligibility criteria was large, many users are elderly, frail and vulnerable and so are a difficult population to engage with, in research terms. However, the eventual sample size of 15 users and 5 carers was sufficient to answer the evaluation questions and represented a reasonably large sample size in qualitative research.

The intention, in the proposal, was to carry out 2 focus groups, each with 8-10 Trusted Assessors. However, focus groups proved to be impossible to arrange with staff who were geographically dispersed with many working part-time hours. In addition, recruitment was carried out in June – August which meant that staff availability was further limited. As a result of these challenges, individual telephone interviews were conducted with 7 Trusted Assessors, which was below the recruitment target. The characteristics of the sample in terms of range of employment and experience prescribing Telecare was reasonably diverse which goes some way to mitigate against a reduced sample size.

### Range of Telecare equipment and demographic characteristics of users

In general, users had a limited range of Telecare equipment installed – almost exclusively Lifelines and smoke and CO sensors, although a minority had falls detectors or other equipment. As a result, the findings of this evaluation may only reliably relate to the use of basic or standard Telecare equipment. Similarly, the sample included few users who had been using Telecare for less than a year so again, results may be most applicable to those who have been living with Telecare for a long period of time.

### Implementation of the KCC revised Telecare Operational Protocol

In April 2018, the revised Telecare Operational Protocol was introduced, with Trusted Assessors interviewed between 2-4 months later. At times, this experience still felt quite ‘raw’ for many interviewees and many talked extensively about the introduction of the revised protocol, how it was being operationalized and the effects it has had on their prescribing behaviour. As a result, this became an unanticipated theme within the analysis. It should be mentioned here that had the evaluation taken place before or after a longer time period following the introduction of the revised protocol, findings would likely be different. However, it is important to recognise that health and social care policy and practice does not stand still and as a result, it is common for service evaluations to take place within changing economic, political and financial contexts. Recommendations therefore, also include reference to the implementation of the revised Telecare Operational Protocol.

## 7. Conclusions

This evaluation has demonstrated that the Telecare service for older adults provided by KCC and delivered through Centra Plus, is highly valued by both users and carers, and enables users to stay independent and safe in their own homes. Support for informal carers, which is so vital in this client group, is also apparent. There is evidence that the overall aim of the service which is to enable people to live at home, reduce risk and provide support in a cost-effective way is broadly being met. Trusted Assessors, external to KCC, generally feel well-supported and have good working relationships with professionals at KCC. There are, of course, significant financial constraints across the health and social care economy which is impacting on the availability of the service, which is of some concern to those prescribing Telecare.

## 8. References

The Care Act (2014) Available at:

[http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf) (Accessed 20/11/2018)

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Kent County Council (2017) *Telecare Operational Protocols Draft v6* (Unpublished)

Kent County Council (2013) *KCC Telecare Service Guide*. (Unpublished)

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## 9. Appendices

### Appendix 1:

## User Interview Schedule v1

### Evaluation of the Telecare service

You are currently receiving a Telecare service which involves the use of electronic equipment to support you at home. The aim of these questions is to find out your experience of using this service.

#### 1. Experience with using the equipment

These first few questions ask you about how you use your Telecare equipment

- a) *What equipment do you currently have installed at home?*
- b) *Can you describe what it's for?*
- c) *Have you been advised to test the equipment? If so, which piece(s) of equipment have you been asked to test? (if more than one installed). Have you tested it (them)? If not, why not? How easy or difficult was it for you to do?*
- d) *How frequently do you use the equipment?*
- e) *How confident do you feel in using this?*
- f) *Did you have equipment in the past that you no longer have? What was this? Why was it removed?*
- g) *What other support do you have at home? e.g meals on wheels, carer*

#### 2. Effects on independence

These next questions ask about whether the Telecare service has helped you to maintain or has enhanced your independence

- a) *Overall, what difference does Telecare make to your day to day life? (physical or emotional)*
- b) *Is there anything you do now that you didn't do before having the Telecare? If so, what?*
- c) *confident do you feel about looking after yourself at home? Has having Telecare made a difference to how confident you feel?*
- d) *Is there anything about having the equipment that is not helpful to you? e.g noise, fear/anxiety about triggering the alarm*
- e) *How do you think you would manage if you did not have your Telecare?*
- f) *Do you think the equipment has helped you stay independent? How?*

- g) Do you think the equipment has enabled you to stay living in your own home? Why?*
- h) Does having Telecare made a difference, do you think, to your family or friends? If so, what?*

### **3. Effects on safety**

The next questions ask you about safety at home

- a) Overall, how safe do you feel at home? (such as risk of falls, fire safety, intruders).*
- b) Has Telecare made a difference to how safe you feel? How?*
- c) What might make you feel safer?*

### **4. Response to calling for help**

These next questions ask you about your experience if you have used Telecare in an emergency.

- a) Have you ever had to use the Telecare equipment in an emergency? Can you describe what happened?*
- b) Do you think the response was appropriate? Would you have liked anything to have happened differently?*
- c) Has the need to call for help changed how you feel about having Telecare? If yes, In what way?*

### **5. The need for further support**

The following questions ask you about the support you have in using Telecare

- a) Would you know who to contact if you thought the equipment wasn't working properly or was broken? Have you ever had to do this? Was the situation resolved to your satisfaction?*
- b) Do you think you have enough support from social care staff in using Telecare? If not, what further support do you need?*
- c) Would you know who to contact if you felt you no longer needed the equipment?*
- d) Do you think you might benefit from additional Telecare equipment? What? Why?*
- e) Is your Telecare funded by yourself or social services?*
- f) Would you continue to use the Telecare service if you had to pay for this or other Telecare equipment, or contribute to the cost? [reassure the user that they are not being asked to pay]*

**Final question:** Is there anything else you would like to add?

**Thank you for your time**



## Carer Interview Schedule v1

### Evaluation of the Telecare service

Someone you care for is currently using electronic equipment or Telecare. The aim of these questions is to find out the effect Telecare has on both you and the Telecare user.

- a) *Firstly, can you describe what you do to care for [insert specific relationship your Mum, Dad]? (e.g cooking, cleaning, personal care, shopping, telephone call support)*
- b) *Are you contacted if the Telecare alarm is triggered? Directly or via someone else?*

#### 1. Experience with using the equipment

These first few questions ask you about how [insert specific relationship e.g your mum, dad] uses their Telecare equipment

- a) *What equipment does [user] currently have installed at home?*
- b) *Can you describe what it's for?*
- c) *Have they been advised to test the equipment? If so, which pieces of equipment have they been asked to test? (if more than one installed). Have they tested it (them)? If not, why not? How easy or difficult do you think it was for them to do this?*
- d) *How frequently do they use it?*
- e) *How confident do you think they are in using this equipment?*
- f) *Did they have equipment in the past that they no longer have? Why was it removed?*
- g) *What other support do they have at home? e.g meals on wheels, carer*

#### 2. Effects on independence

These next questions ask about whether the Telecare service has helped to maintain or enhance [users] independence

- a) *Overall, what difference do you think having Telecare makes to their day to day life? (physical or emotional)*
- b) *Is there anything they do now that they didn't do before having the Telecare? If so, what?*
- c) *How confident do you think [user] is in being able to looking after [himself, herself] at home? Do you think the Telecare made a difference to how confident they feel?*
- d) *Has the Telecare made a difference to how confident you feel?*
- e) *Is there anything about having the equipment that is not helpful to either you or them? e.g noise, fear/anxiety about triggering the alarm, being called for false alarms*
- f) *How do you think [user] would manage if they did not have Telecare?*
- g) *Do you think the equipment has helped them to stay independent? How?*
- h) *Do you think the equipment has enabled them to stay living in their own home? Why?*

### 3. Effects on safety

The next questions ask you about safety at home

- a) *Overall, how safe do you think [user] feels at home? (such as risk of falls, fire safety, intruders).*
- b) *Has the Telecare made a difference to how safe they feel, do you think? How?*
- c) *How safe do you think they are at home?*
- d) *Has the Telecare made a difference to how safe you feel they are at home?*

### 4. Response to calling for help

These next questions ask you about your experience if [user] has used Telecare in an emergency.

- a) *Has [user] ever had to use the Telecare equipment in an emergency? Can you describe what happened?*
- b) *Do you think the response was appropriate? Would you have liked anything to have happened differently?*
- c) *What was your involvement in that situation?*

### 5. Carer wellbeing

The next few questions ask about your wellbeing.

- a) *What impact does caring for [user] have on you? (e.g physical, emotional)*
- b) *What difference does it make to you that [user] has Telecare?*
- c) *Does [user] having Telecare have a positive impact on your wellbeing? If so, how?*
- d) *Are there any negative effects on your wellbeing?*

### 6. The need for further support

The following questions ask you about support for using Telecare

- a) *Would you or [user] know who to contact if the equipment wasn't working properly or was broken? Has this ever happened? Was the situation resolved satisfactorily?*
- b) *Do you think [user] has enough support from social care staff in using Telecare? If not, what further support do you think they need?*
- c) *Do you think [user] might benefit from additional Telecare equipment? What? Why?*
- d) *Is the Telecare funded by themselves or social services?*
- e) *Would they continue to use the Telecare service if they had to pay for this or other Telecare equipment, or contribute to the cost? [reassure the carer that they are not being asked to pay]*

**Final question:** Is there anything else you would like to add?

**Thank you for your time**

## Care Navigator Focus Group/Interview Schedule v1

### Evaluation of the Telecare service

#### 1. Preparation for undertaking a Telecare prescribing role

- a) *Can you tell me what preparation you had in order to be able to prescribe Telecare? (assessor training session; e-learning module; refresher training)*
- b) *To what extent do you feel adequately prepared to prescribe Telecare?*
- c) *What support do you have from i) your organization ii) peers in prescribing Telecare?*

#### 2. User assessment

- a) *Can you describe your overall decision-making process in deciding whether or not to prescribe Telecare?*
- b) *How do you assess whether or not the users independence would be maintained or enhanced through Telecare?*
- c) *How do you assess whether or not the users safety would be maintained or enhanced through Telecare?*
- d) *What factors help you determine risk?*
- e) *Do you have any examples of where Telecare has prevented or delayed the need for further care, in your view?*
- f) *What are the barriers to prescribing Telecare?*
- g) *Are there any incentives or pressures to prescribe Telecare?*
- h) *Are you ever asked to prescribe telecare on behalf of someone else? If so, what are the reasons for this?*
- i) *How confident are you in selecting the most appropriate piece of equipment in relation to need?*
- j) *How do you determine whether users should self-fund for basic equipment or have this funded through KCC?*
- k) *How comfortable do you feel in directing people towards self-funding?*
- l) *How comfortable are you in explaining to users that Telecare is currently free of charge but may not be in the future?*

#### 3. Future support

- a) *Is there anything that might support you in further developing your decision-making skills in relation to prescribing Telecare?*

**Final question:** Is there anything else you would like to add?

**Thank you for your time**

Appendix 4:

## Telecare Reasoning Form (TRF)

(KCC Telecare, 2015)

### TELECARE REASONING FORM TO SUPPORT RECOMMENDATIONS FOR TELECARE EQUIPMENT

| <b>Name:</b>   |  | <b>AIS ID:</b>              | <b>DOB:</b>                                      |                 |
|--|--|-----------------------------|--|-----------------|
| <b>Relevant Medical Information/Emotional Wellbeing/Communication:</b>   |  |                             |  |                 |
| <b>Social/Environmental Factors:</b>   |  |                             |  |                 |
| <b>Has the person got mental capacity to make a decision regarding using telecare equipment: Yes/No</b>  |  |                             |  |                 |
| <b>If No, confirm that a mental capacity assessment has been completed and a best interest decision made in line with the requirements of the Mental Capacity Act:</b> |  |                             |  |                 |
| <b>(NB if the assessor is unsure or unable to complete this assessment, this should be referred back to the appropriate community team)</b>                            |  |                             |  |                 |
| <b>Barrier to Independence / Risk</b><br><small>(What is the person having difficulty with/current risk?)</small>  | <b>Options considered prior to requesting KCC Provision of Telecare? (List each below)</b> | <b>Advantages of Option</b> | <b>Disadvantages / potential risks of option</b> | <b>Comments</b> |
|  |  |                             |  |                 |

|  | <b>Telecare Equipment items</b><br>(List each item type individually) | <b>Advantages: Reason for Prescription of telecare item -</b> | <b>Disadvantages/Risks from Prescription that might impact on the person</b> | <b>NOTE FOR ASSESSORS:</b><br>Falls detectors should be prescribed appropriately, considering the following factors which might prevent the person from pressing a basic pendant lifeline: <ul style="list-style-type: none"> <li>- Cognitive and memory problems</li> <li>- Blackouts/seizures</li> <li>- Physical problems e.g. weakness/loss of movement to 1 side of body/both upper limbs</li> </ul><br>Assessors should consider referral to falls services in first instance<br><br>Basic Lifelines will NOT be provided by KCC unless there are exceptional circumstances |
|--|---|---|--|---|
|  |   |   |  |   |

**If you are requesting same or next day delivery please outline rationale:**