

Making a difference every day

Making a Difference Every Day Approach

KARA Video

Carephone



Continuity
of care

Benefit 1: Continuity of care

- Care workers are able to work remotely and maintain delivery of care to clients who might otherwise receive a lower level of care during the COVID-19 crisis



Effective
Workforce

Benefit 2: Effective workforce

- The workforce can be more effective in the crisis as they are able to deal with reduced capacity and use staff who are isolating to deliver virtual calls.
- Wellbeing of care workers improved as they are able to still care for their clients even when they are unable to carry out their usual visits.



Increased
Safety

Benefit 3: Staying safe

- Reduced infection risk to both service users and the workforce through a reduction in physical visits, whilst overall standards of care and patient safety maintained.
- Clients, their friends and family and care workers report feeling safer.



Improved
Wellbeing

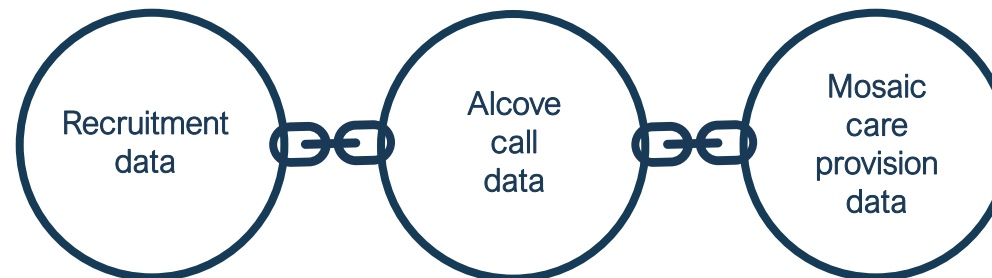
Benefit 4: Improved wellbeing

- Service users are able to maintain contact with friends/family, with care services and arrange deliveries through the concierge service to help counter adverse effects on mental health during isolation, reduce loneliness and increase wellbeing.

Secondary Data Analysis

- To understand the type and extent of usage of the care-phones
- To identify differences in usage patterns and impact on care delivery to contribute to an understanding of individuals most likely to benefit from the service
- Data from May 2020 to Sept 2021

Sources for data analysis



People's Experience

- Qualitative research was undertaken to explore the views of those who had interacted with the video care-phone.
- Mixed methods of data collection including both telephone interviews and the option to provide written feedback to a set of pre-defined questions were used.



Friends and family

- Out of the friends and family contacted, seven provided written feedback. Feedback from this group was from a mixture of those who had used the device to talk to a loved one either in a care home or their own home.



Care homes

- Only four care homes responded to the request to take part in this research, therefore data gathered is extremely limited.

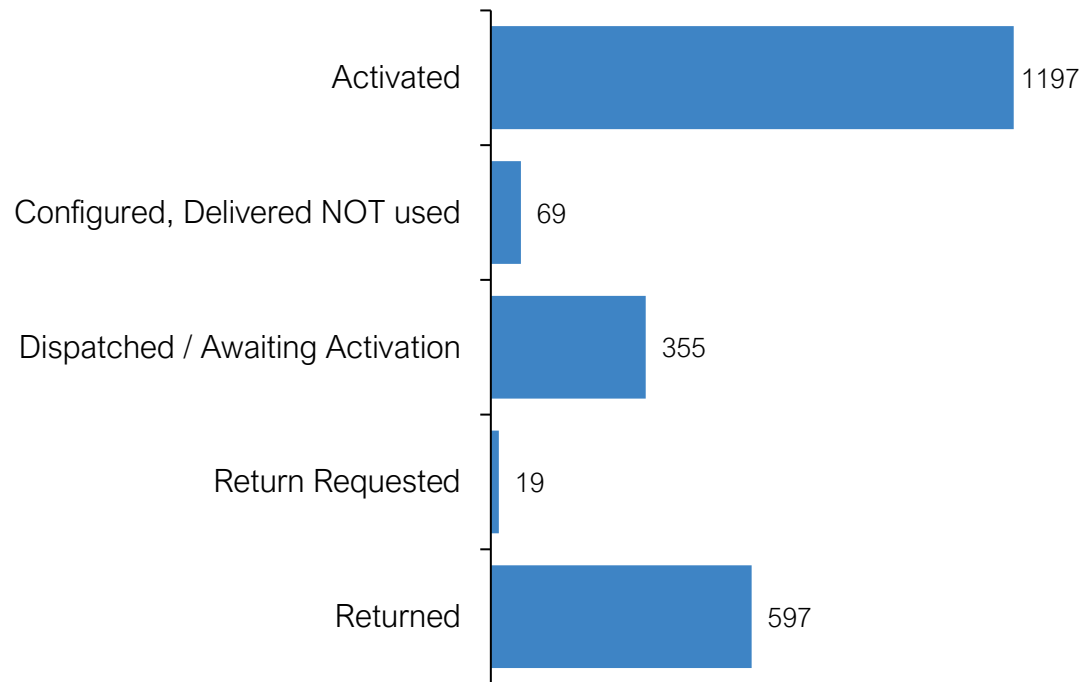


Best Interest Assessors

- Out of the BIAs contacted, one interview took place. Due to this, the following insights should be viewed with caution as it does not represent the whole team of BIAs.

There are currently 1197 active devices...

Device statuses as of October 2021



Of those returned,

- 51% were activated
- 49% were not activated

Reasons included:

- User had died
- Dementia too severe
- Eyesight too severe
- Only needed temporarily (e.g., in hospital)
- Excess stock (from bulk referral)
- No longer in use

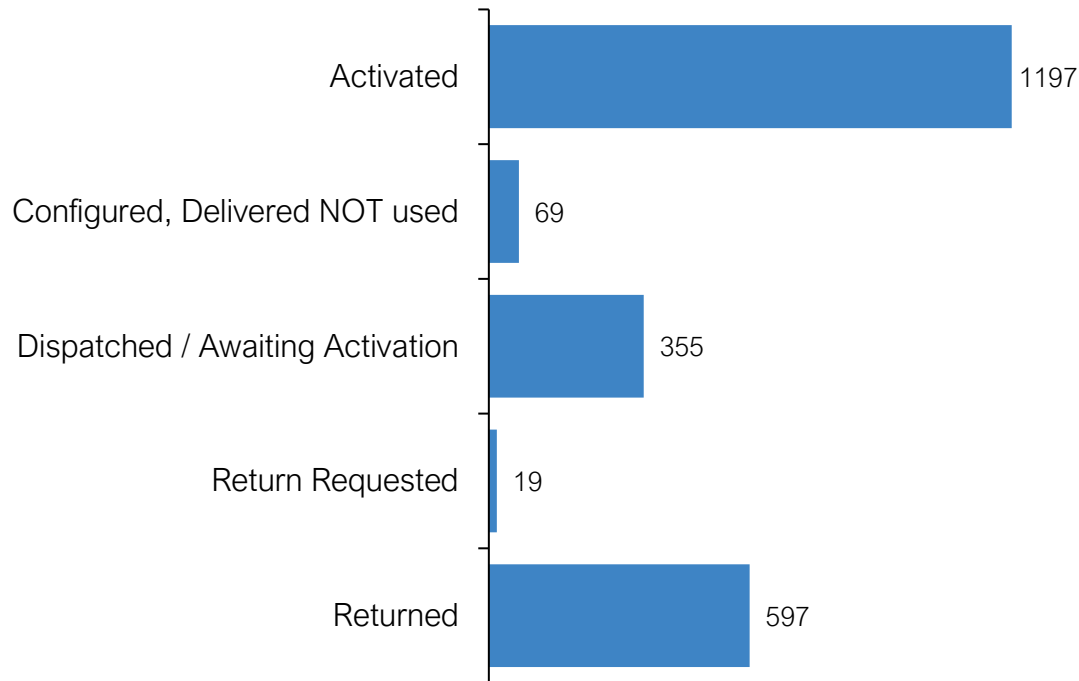
Video care-phone uptake



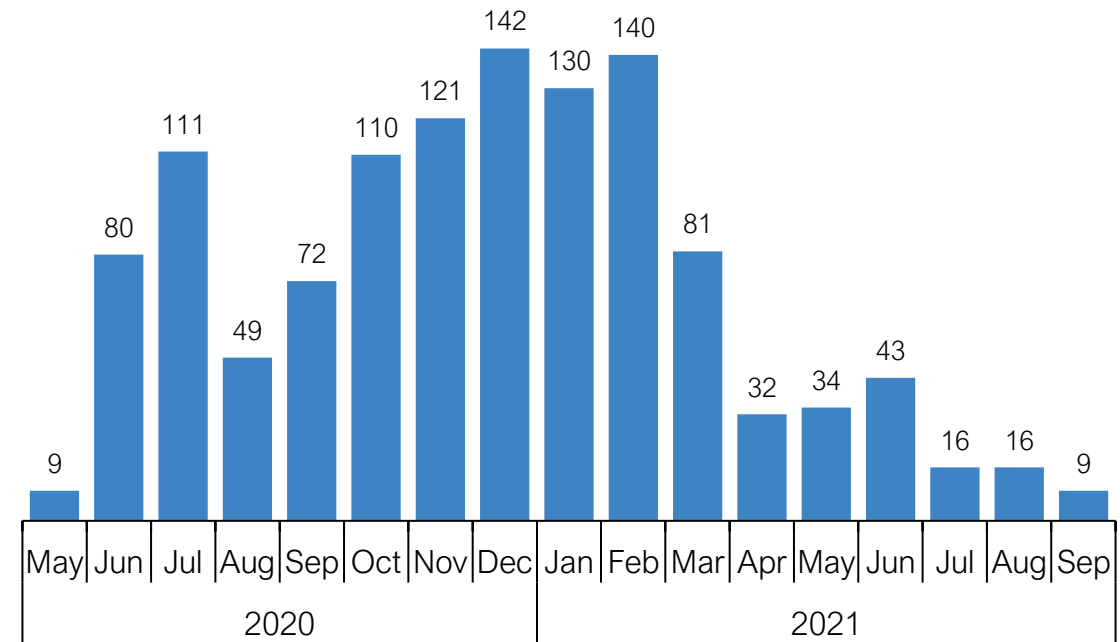
Making a difference every day

...but device activations have slowed in recent months

Device statuses as of October 2021



Number of device activations per month

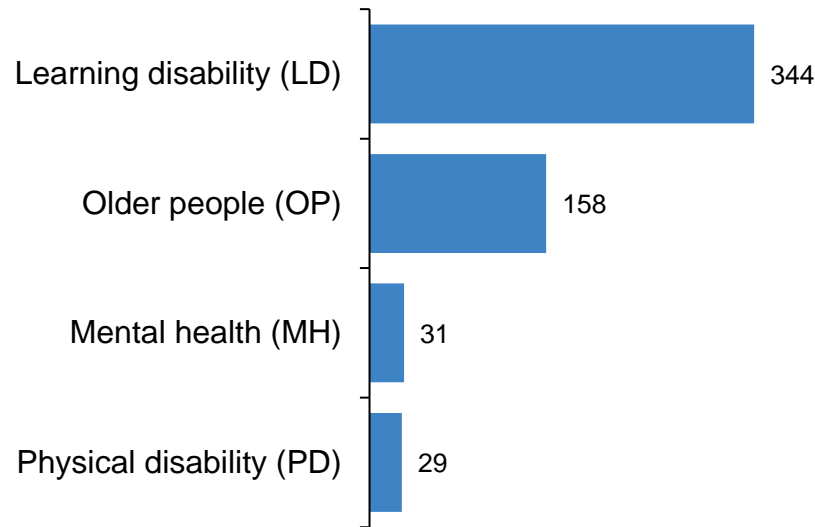


A cause for device activation slowing is due to the professionals being able to deliver care face to face more easily and the easing of government guidelines compared to initial waves of the pandemic. The offer can also meet certain specific needs, however, not all needs – therefore reducing the opportunities for it to be used in certain circumstances

LD have highest uptake of the device

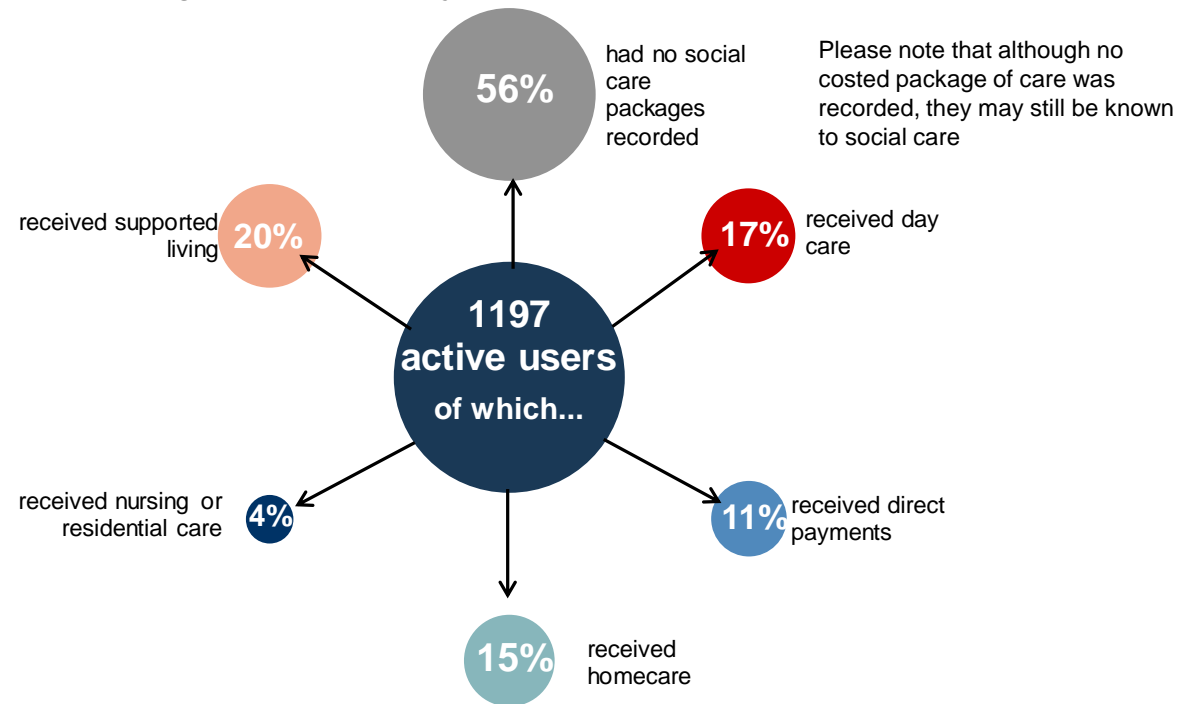
Of the active devices, 527 (44%) had an identifiable ASCH costed care package and 14% were identifiable care home devices

Numbers of active devices by ASCH client group



Note: users can fall under more than one category

Care packages received by active video care-phone users

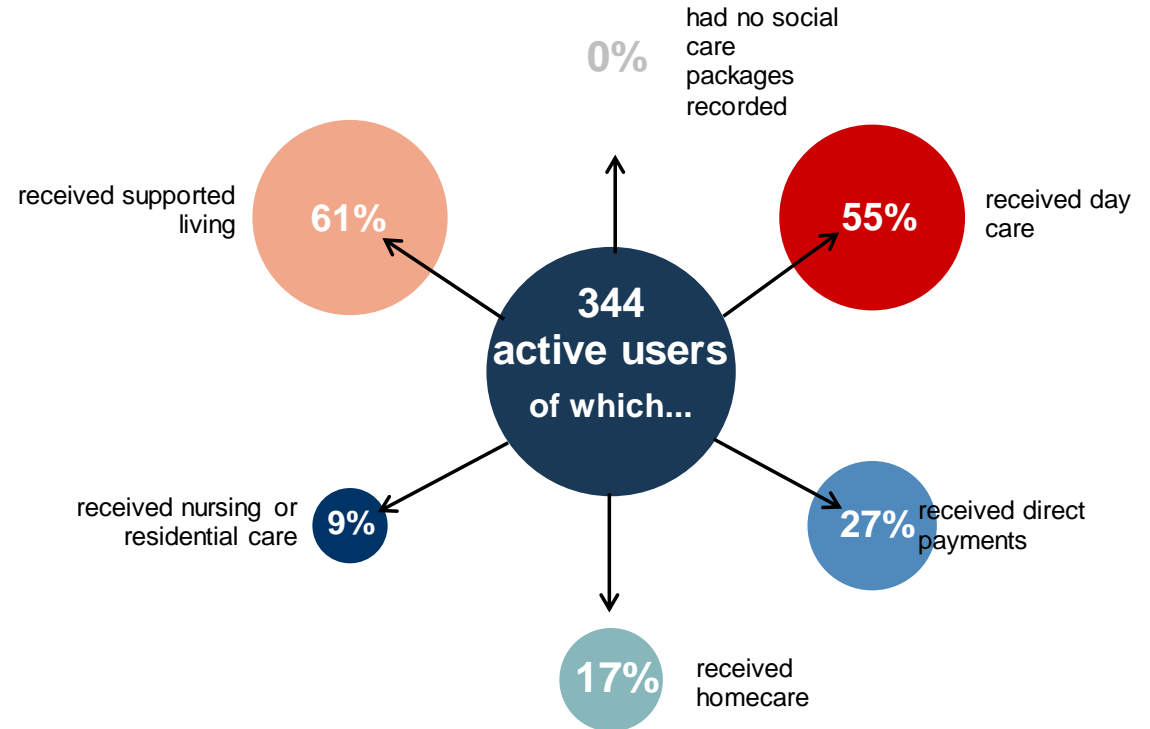
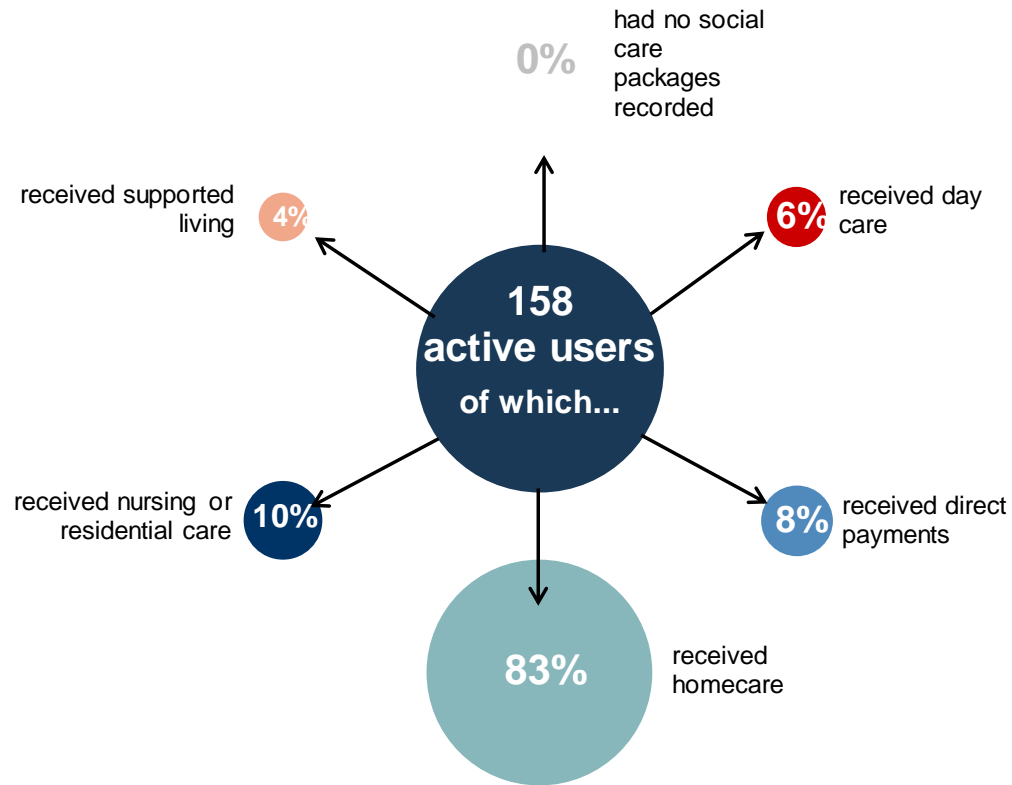


Note: 2020, 2021, or 2022 financial year

Type of care package received differs by client group

Older People

Learning Disability



Note: care package received 2020, 2021, or 2022 financial year, active users only

One friend or family member went as far as describing the care phone device as a 'lifeline' for people supported by ASCH who would have otherwise been cut off from their support networks.

"It has been a godsend, a lifeline to my housebound Mum."

"The Alcove device has been a real asset for my Mum as we are able to see each other when chatting especially as I live 200 miles away."

"This system gives us peace of mind knowing she is okay."

"I just wanted to keep in visual contact with her through lockdown whilst she was housebound... we were able to visually see that Mum was OK."

Care homes acknowledged that this or something similar would be useful in the future.

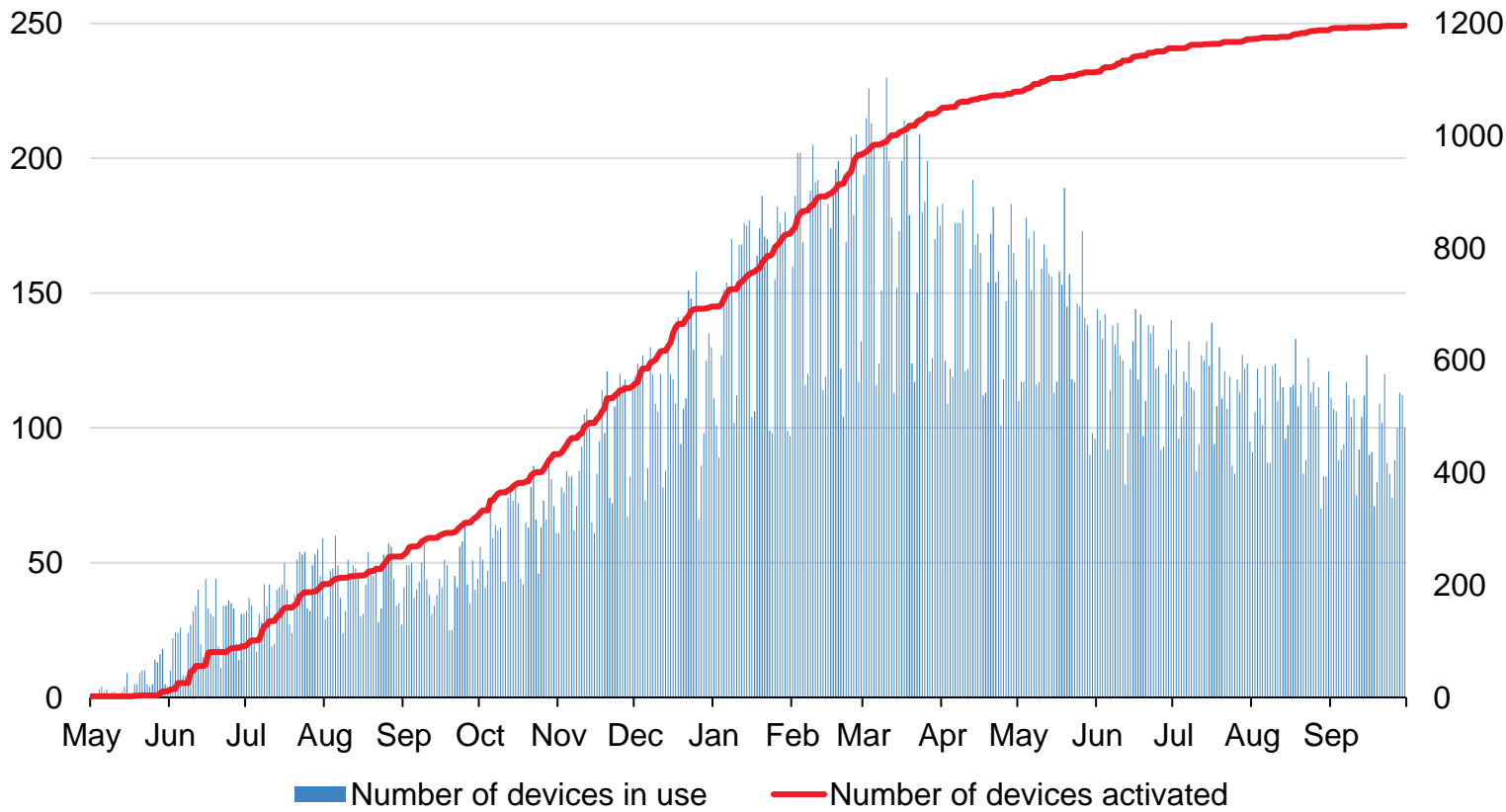
Video care-phone usage



Making a difference every day

Device usage has not kept up with number of active devices

Total number of devices in use per day and total active devices



On average, 602 devices were used per month between January and April this year.

This has dropped to 446 devices used per month between May and September.

A cause for device usage reduction is people feeling more confident to meet face to face following vaccinations and the increased risk of cold and flu symptoms over the winter months

Note: device in use defined as a call successfully made (duration of 10 seconds or more)

Video care-phone usage



Making a
difference
every day

Family and friends noted the importance of the care phone during the pandemic in terms of maintaining contact with loved ones when visiting was challenging, to ensure that they did not feel alone or isolated.

“To enable them to remain in touch with the family. Without this, they would become totally isolated and feel cut off. By having the alcove, she can see her family who do not live near.”

“To improve connections with family and friends...especially during periods of lockdown.”

When it comes to the use of the device in the care home setting, two respondents highlighted how not only was the device used to keep residents in contact with friends and family but was also used for other purposes, such as GP or hospital appointments during the lockdown period. It should be noted, however, that once GPs could return to site visits the main use of the device was to keep clients in contact with friends and family.

“To help through lockdown, so residents can see their family, for hospital appointments.”

“Used a variety of ways, GP appointments and calls between residents and relatives.”

Feedback - the portal app was originally loaded onto laptops but didn't work - *"it never worked sufficiently... our laptops are not good enough for the job"*.

Issues Experienced - KCC devices cannot access the Alcove Portal to make calls

Mitigation – Work with Infrastructure and Cantium Business Solutions to resolve firewall and security issues. This was completed in early 2021 after attempting a number of options since 2020.

Feedback – Technology was difficult to setup and use - *"it was often not really embraced by the homes, some of the homes didn't even know they had one, they hadn't set it up, they weren't connected..."*

Issues Experienced – Some care homes are not technology enabled and have a low level of confidence, skills and/or knowledge on how to utilise technology. NHSX also deployed iPad's to care homes that already had care phones which caused confusion.

Mitigation – Following changes to government guidelines, staff now attend care homes to undertake setup and demonstrate how to use on site where possible.

Feedback – Contacting outside of the UK *“We have family in Australia, so it would be good if they could use it.”*

Issues Experienced – Some people were unable to contact their friends and family whom are aboard

Mitigation – People who are living abroad are able to interact with the devices via the internet and Alcove will support the process to make this happen. There are a number of people already interacting with the products across the world so we know this is possible.

Feedback – Limited functionality - *“...can I put anything else on it?”*

Issues Experienced – Some people wanted more functionality with the devices and some also requested to play games or browse the internet. This is not what the project was initially designed to achieve.

Mitigation – Alcove have designed a group call function on the devices since the start of the project and are open to ideas and suggestions to improve their products. This feedback has been provided to them and they are looking at incorporating access to restricted internet access (for compliant sites only) and text messaging service. This can be configurable per individual as needed as there will be some that still prefer the simplicity of a one-touch video calling device.

Feedback – Internet connection is inconsistent in some areas - *“When it worked it was really good...however it cut out a lot...”*

Issues Experienced – The quality of the 3G, 4G and 5G connections across Kent vary and is particularly poor in rural and coastal areas. This resulted in the calls not connecting or ending mid-call.

Mitigation – Change SIM card in the device to a more appropriate one for the area, where possible. Link to existing internet connections in the building the person is in.

Future – work with KCC colleagues (GET, Infrastructure etc.) and local boroughs and districts to support on Digital Inclusion initiative This is looking at ways to close the digital exclusion gap through targeted initiatives – wi-fi hotspots, device loan schemes, broadband grants etc. A lot of the digital exclusion issues are widely known across Kent. This cannot be solved by social care alone and requires a continued cross-organisation / directorate approach and strategy with greater funding streams from central government.