



Supported Living for Adults with Learning Disabilities Service Re-design

Main learning points

Warrington has used the Just Checking activity monitoring system to assess needs during the night in 16 supported living houses, and is able to remove sleep-ins from 5 houses.

Night time risks will be managed with a combination of additional telecare devices (smoke alarm, flood detectors, bogus caller) and a response service, set up with reinvestment of around half of the annual cost savings. The pilot had to provide evidence that the service redesign would be viable.

The programme of assessment and redesign has been incremental, carefully managed and linked with social work re-assessments. Warrington initially worked on two houses, then two more and so on. Houses with more able tenants were tackled first. The Just Checking system was in place for at least 8 weeks.

It was important to explain early on to staff and families, that the initiative wasn't only about reducing costs, but also improving the service, and giving individuals more independence and responsibility for their own lives. Staff were naturally concerned about their jobs, and that the tenants might not be properly cared for. Some staff were more co-operative than others; in one or two cases a strong directive about expected behaviour had to be imposed by senior management.

Some of the night staff have joined the new response service. With the setting up of the response service (based in the CareCall Centre), social work teams have flagged other individuals in the area who may also need to buy in to this service. With imminent service redesign in intermediate care and home support, Warrington believes a larger response service could fit in with the reablement model.

Activity monitoring revealed more information about service users during the day and night, and identified other times in the day when they could do separate things and didn't need as much support.



Sharing the charts with the staff enabled them to see that tenants were often more capable than they had thought and that their role could move to teaching them to do more for themselves rather than 'doing' for them.

A better understanding of activity also led to service improvement. For example, one woman was found to be very active some nights, hardly sleeping at all, but because she stayed in her bedroom, this had not been picked up. Putting the activity data together with staff records which had noted when she said she wasn't feeling well, revealed an on-going problem. Staff were able to show this evidence to her GP, who worked on medication to help reduce the problem. Tenants responded well to role play use of telecare devices, and responding to a night time fire/smoke alarms. During night fire drills in which night staff (who were still in place) were instructed to give no assistance, the tenants not only followed procedures to evacuate, but made sure staff were out too. However, tenants in these houses are more able.

There were obstacles, which had an impact on the time it took to conduct the pilot. Careful liaison with staff and the impact on their role; service restructures and changes within the council which put the pilot on hold from time to time.

The Warrington telecare team has learned where best to place sensors to obtain the most meaningful data. Feedback to Just Checking has resulted in a new, larger kit for multi-occupancy homes. There was one incident of interference from another radio device (a piece of equipment which had been made installed some years earlier), although this was overcome.

Real cost savings need time to manifest through well thought through service re-design. Caution that a saving in one area can sometimes lead to more support required elsewhere. It was helpful in Warrington that there was not pressure to produce immediate cost savings, but to allow the pilot to complete its course and produce meaningful and realistic evidence. There is a need to have some flexibility. For example, in one house in which sleep-in staff have been removed, one of the tenants has had a health problem which meant that night support was needed again for a while.

Use of activity monitoring to understand the needs of tenants has been deemed very successful. Warrington started with houses with more able tenants, but is now moving on to houses with tenants with higher needs, not with a view to removing night sleep ins, but in to look at overall best deployment of staff. Warrington anticipates using a wider range of assistive technology and telecare devices, in combination with staff, to manage the more complex needs.

Warrington will also be using activity monitoring with external service providers to help shape service redesign with third party providers.

See David Osbourne and Dawn Dixon speaking at the Telecare Services Association North West Forum, or download the transcript at <u>www.justchecking.co.uk</u>

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