Dementia Friendly Technology

A charter

- For improving the accessibility and usability of technology for individuals, commissioners and providers

- To enable every person with dementia to have the opportunity to benefit from technology appropriate to their needs
Setting the scene

Helping to manage independence through Dementia Friendly Technology – Case Study from Hull

Rose is diagnosed with dementia and at times her recall is very poor. She has recently moved and loves her new flat in an extra care building and during the day staff are around to prompt Rose in her new surroundings.

There were a few issues during the night when the building is not staffed. If Rose woke up during the night and became disorientated she would start to wander down the corridors, on some occasions would knock on neighbours doors and on another occasion Rose left the building.

Rose agreed to have a bed sensor and door sensor fitted to connect to her telecare home unit. The Door sensor was activated from 10 pm to 7 am and if Rose opened the door and did not return within 5 minutes, the bed sensors would activate if Rose did not return to bed after 15 minutes. Rose does not have any close family members so an agreement was set up with Hull City Council out of hours Team to respond to the alerts.

This solution has allowed Rose to remain safely at home. The out of hours team has been called out 7 times in 4 months. This has provided reassurance to Rose and prevented her from disturbing other residents or leaving the building at unsocial hours. If this solution had not been found there was a real possibility Rose would have been placed in 24 hour care.
Introduction to the Dementia Friendly Technology Charter

Jeremy Hughes, CE, Alzheimer’s Society

Assistive technology offers huge potential benefits for people with dementia. It can enable people to live independently for longer, reduce stress on people with dementia and carers and can potentially enhance the quality of life for both people with dementia and carers, and give them greater choices about their care.

This charter offers an antidote to a common problem: the lack of public awareness relating to assistive technology. People with dementia and carers do not know what to ask for or what is available to them. The charter will also assist professionals working in dementia, allowing them to better inform people with dementia and their carers of products that may assist their care and also signpost them to how they can access assessments for assistive technology.

We know from people with dementia and carers that it is very important that assistive technology is personalised to the individual and not part of a ‘set menu’ or ‘dementia package’. Assuming that every individual with dementia requires, or will benefit from, the same piece of assistive technology is unhelpful. People with dementia experience very different symptoms that require different responses.

Assistive technology should not be seen as a ‘quick fix’ for people with dementia, or used as a replacement for human interaction and care for people with dementia. Rather, assistive technology should be seen in the context of complementing an individual’s care and support to enhance their quality of life. The development of assistive technology should include people with dementia in the design process. With these principles championed by this charter, we can hope to see increases in the appropriate provision and uptake of technologies that will improve quality of life.

Technology Enabled Care Services

Technology Enabled Care Services

It’s about focusing on technology enabled care services that can transform peoples’ lives providing health outcomes and innovations that support people to live more independently.
Alistair Burns, National Clinical Director for Dementia, NHS England

Dementia is the illness most feared by people in England over the age of 55, yet in the past it has not received the attention it needs.

People with dementia and their carers want, and deserve, treatment and care which fits their lifestyles and allows them to access services when it suits them. Assistive technologies can play a key role in empowering patients to live more independently and enable care closer to home.

Our ambition is to create an environment that supports and encourages the use of technology enabled care services to deliver person-centred, convenient and efficient care. This charter will raise awareness among the public and health professionals of how technology enabled care services can support the provision of the best care for people with dementia and their carers.

David Pearson, President of The Association of Directors of Adult Social Services

Two thirds of people with dementia live in their own homes and there are over half a million people drawn from their families and friends who care for them. Technology cannot replace the personal care that a carer provides but it can go somew ay to helping people with dementia feel safer, their carers to manage and reducing worry. It should also complement the provision of home care and other services.

There are a whole range of technologies that can help from alarms to a variety of sensors, to reminders and apps. Technology can be used to help people with dementia keep in touch with their families as well as with prompts and with recording information about themselves to help those that provide care and support understand more about them.

We need to introduce the idea of assistive technology early in someone’s dementia journey, perhaps making it available at the point of diagnosis and we need to get better at explaining how it can help and supporting people in its use.

Councillor Gillian Ford, London Borough of Havering, Deputy Chair of the LGA Community Wellbeing Board and represents the LGA on Integrated Care and Dementia.

We all know about the benefits of the technology we use every day and how helpful being aware of all the options available beforehand can be in improving control and support of everyday tasks in privacy and with dignity.

This charter is about ensuring professionals engaging with the needs of dementia are up to date with new developments, enhancing people’s options on how best to manage their health, safety and other needs. The charter and its principles will ensure people are able to explore the limits of what’s available and to find the right tools to stay in control of their lives.
Aims and objectives of the DFT Charter

As a result of the PM’s Dementia Challenge and Dementia Friendly Communities campaign, we were asked by the Alzheimer’s Society in October 2013 to chair a task and finish group on Dementia Friendly Technology. There was overwhelming consensus that the main task of this group was the production of a Dementia Friendly Technology (DFT) charter in 6 months, covering both assistive technology and consumer electronics.

The overall aims of the charter are:
- To enable every person with dementia to have the opportunity to benefit from technology appropriate to their needs
- To enable and encourage high level principals and best practice for those organisations providing services to people with dementia

Who is it for?
- Commissioners of services for people with dementia
- People living with dementia and their family and friends
- Providers of technology and services
- Health, housing and social care professionals

In 12 months what do we want to achieve?
- Charter published and communicated across all channels
- All clinical commission groups and local authority commissioners signed up to the charter
- All commissioners of housing, health and social care including the integration pioneers* signed up to the charter
- All service and technology providers signed up to the charter

What does signing up to the charter mean for my organisation? Recommendations for commissioners, providers* and suppliers.
- The statutory right to an assessment should always include a consideration for dementia friendly technology
- A single, simple to use, updated web resource for dementia friendly technology should be developed
- All commissioners/providers should have accessible and easy to find information in their local areas for dementia friendly technology
- Providers should take into account the specific needs of people with dementia when providing technology enabled care services
  * This includes providers of health, care, housing and support services as well as technology service providers

The charter draws on findings from our joint report with the Alzheimer’s Society (Dementia-friendly technology: Delivering the National Dementia Challenge)*. Given the wealth of technological solutions available to care for people affected by dementia at the moment, the group broke these thematically down across three domains aimed at supporting, managing and improving the lives of people affected by dementia:

* Safety – technology aimed at keeping people with dementia safe and providing carers with support

* Health – technology aimed at supporting people with dementia to manage co-morbidities and improve health outcomes

* Enhancing – technology aimed at improving the quality of life for people with dementia

Technology can be invaluable in helping people with dementia remain independent and carry on living their lives as independently as possible.

Whilst not a solution for everyone, technology enabled solutions can manage risks in a cost effective manner, but more importantly they can improve the quality of life for people with dementia and their loved ones.

*See page 27 for a full list of all Hyperlinks and references
Living with Dementia

Many technologies have been developed to improve the quality of life for people with dementia to promote independence, control their environment, aid communication, keep them safe and help those caring for them.

But before choosing a technological solution there is a need to understand the impact of dementia and the specific needs of the person with dementia and of his or her carers. Alzheimer’s is the most common and best known dementia but there are many other different types.

Dementia is an umbrella term used to describe various disorders of the brain. Alzheimer’s is the most common and the best known, but there are many different types of dementia. These disorders all involve a progressive loss of memory and the ability to carry out everyday tasks, with an increasing impact on daily life. Although dementias tend to follow a broadly similar pattern of progressive mental decline, the impact is different for every individual, depending greatly on what the person was like to start with and the particular areas of the brain that are affected.

As a result a particularly individualised approach is needed when choosing technology. Not only is everyone who has dementia unique, with his or her own individual life history, but as the disease progresses, the needs of any particular individual will change. Any technological solution needs to be the right solution for that specific individual at that particular time.

Things to consider

What type of technology might help will depend on the degree of memory loss, the user’s willingness and ability to use the product and, often the level of support that their carers or outside agencies are able to give.

Normal routine
- It is usually best to find solutions that can be integrated into the person’s normal routine with minimal disruption allowing as much self-determination as possible as a harmless, least restrictive intervention that is for their benefit.

Safety
- Where safety begins to become an issue it is important to ensure that appropriate expertise is brought to bear to identify and evaluate safety risks.

Communication and understanding
- Proposed technological solutions need to be explained in a form that is understandable to the person with dementia and any carers. Equally, the person performing the assessment needs to be aware of the issues that the person with dementia may encounter with retaining the information and using the equipment.

Ethics and capacity
- It is important to have clear ethical guidelines. These should cover fair access to technological solutions, avoiding unintentional harm, respecting privacy and confidentiality and ensuring data security. It should be about keeping the person with dementia at the centre of any decisions.
- The views, or where these can’t be articulated a best assessment of the views, of the person with dementia must be kept at the centre of any decisions. His or her consent should be sought and given, where ever this is possible.
- The Mental Capacity Act (2005) provides a legal framework to support decision-making.
- If after assessment it appears that the person with dementia lacks capacity to consent to technological solutions, those making the decisions will have to do so in that person’s best interests, having regard to the person’s previous wishes.

Not a replacement
- Technological solutions are not about replacing human contact or restricting independence. Technology can only be effective when combined with good care. As the dementia progresses, technology is about enabling the person affected to be allowed to live fully with as much independence, choice and self-determination.

Supporting carers
- Technological solutions also need to help support those many unpaid family members and friends who help maintain the well-being of the person with dementia.
## Living well with Dementia - mapping needs to enabling technology

Whilst everyone’s needs are different, here we demonstrate how a variety of circumstances can be supported by technology.

<table>
<thead>
<tr>
<th>Symptons – Early Stage dementia</th>
<th>Symptons – Middle Stage dementia</th>
<th>Symptons – Late Stage dementia</th>
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</thead>
<tbody>
<tr>
<td>Memory problems</td>
<td>Increased disorientation in time and place with reversal in some cases of daylight cycle so awake at night</td>
<td>Totally dependent on others for all activities of daily living</td>
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<tr>
<td>Difficulty in doing everyday tasks that the person could do before</td>
<td>Further reduction in short term memory</td>
<td>Minimal or no communication</td>
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<td>Reduced attention and concentration</td>
<td>Difficulty in speech (finding words)</td>
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<td></td>
<td>Difficulty in reading/writing</td>
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<td></td>
<td>Problems with performing tasks (apraxia)</td>
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### Need for Technology

**Early identifiation**
- Some automation; safety features; Robotics; voice recognition; medication dispensing; community alarms
- Brain-teaser games/apps; life history exploration and recording tools
- Easy to use telephone; Social media; videocalling, access to helpline

**Compensating loss of abilities**
- Home safety
- Reducing distress caused by disorientation
- Dealing with more severe short-term memory loss

**Stimulating memory and cognition**
- Sensors for environment monitoring ie. heat detectors, falls, gas, medication initiating alarms and data collection
- Bed/chair occupancy, pendant alarms, enuresis alarm, activity monitoring, GPS/GSM for navigation or locating the person outside the home
- Access control systems RFID technology to locate items, reducing crime

**Reducing isolation/depression**
- Key use of technology is to enhance stimulation
- Various apps can provide visual or auditory stimulation
- Others can aid communication
- Inactivity Monitoring
- Door Sensors

**Individual’s distinct and changing needs**

- “It’s such a relief, knowing that mum is taking the right medication at the right time, I’ve even been able to have short holiday for the first time in years.”
- Telecare allowed Barbara to avoid entering residential care for 16 months, despite concerns about her safety.
- “It’s never seems like he is listening to me, with the Talking Mat® I can make him sit down and look at symbols and get him to understand what I am trying to say.”

Safety risks should be assessed at every point in the journey.
How technology services can support people living with dementia and their family and friends

There is now a wealth of technological solutions available aimed at supporting, managing and improving the lives of people affected by dementia, but they can be categorised broadly into three domains:

- **Safety** - technology to enable people with dementia to live as fully as possible without putting themselves and others at risk, and providing carers with support. These include a wide variety of electronic devices such as automated reminders for such tasks as picking up keys, locking the door or not to go out at night. Other examples include smoke alarms, heat detectors, carbon monoxide alarms, domestic fire sprinklers, nuisance phone calls blocking, temperature sensor, flood detectors, pendant alarms, locator devices, falls and medication reminders.

- **Health** - technological solutions aimed at supporting people with dementia to manage other physical health issues such as reminders for medications, and automated or remote preventative health monitoring such as blood pressure checks and vital signs monitoring.

- **Quality of life enhancement** - devices or apps to improve the quality of life for people with dementia such as location prompts or automatic calendar clocks can be helpful for people who forget which day or time of day it is. YouTube clips can enhance reminiscence with photos or musical prompts. A further example applicable at the later stages is a “talking mats” app which facilitates non-verbal communication thorough pictograms. These solutions should be seen as supportive to the involvement of carers rather than a replacement for this or for the numerous social networks and sources of information available.
The components of the customer journey

This chapter outlines the importance of considering assistive technology at each point in the customer journey from before diagnosis to supporting people with complex care needs.

Assistive technology can be an enabler to help people maintain their independence, for example by using equipment and adaptations in their homes or in other settings people can be supported to remain where they live and avoid unnecessary admissions to acute care.

It is clear that people are often not aware of what is available to meet their needs thus it is important that this is presented to them by key professionals and advisors when in contact with them.

Commissioners need to understand how assistive technology can support good outcomes for people and facilitate a commissioning strategy to enable this.

The messages in this chapter focus on putting the person at the centre of the process and outline key actions that should be visible at each point of the customer journey.

We have included good practice advice for commissioners and professionals that would underpin this.

We’ve considered four key stages in the progression of dementia, these are:

- **Before diagnosis – early support**
- **After Diagnosis – a bit more help**
- **Help in a crisis – support for learning/re-learning skills for daily living**
- **More complex needs – coping with multiple needs**
Before diagnosis –
early support

My name is Mary. I’m 67 and sometimes I forget things. I live by myself and want to keep it that way for as long as I can. My daughter and her family is close by and I know she worries about me forgetting things. I have agreed to go see my GP. What can I do to stay independent if my GP says I have dementia?

I need to know where to go to ask for support when I need it

Your GP can provide advice about technologies that can support you and where to go for details

Your local council can tell you about what services is available in your area

How do I know it’s working?

I feel supported safe well and independent

I may not be aware of the risks to my own safety

Your local council can provide a personal assessment which should give you a list of potential risks and how to manage these

I need to know what technology is available and how it can benefit me

Your local council may provide a list of technology they recommend and support

I need to feel confident in using technology

Service providers should provide information about the benefits of using their services. And be able to back their claims up

My family help me a lot, but they have their own lives

Service providers can help you and your family understand how you can gain independence and at the same time provide peace of mind for your family
Before diagnosis - what community and primary care needs to have in place

Local Councils

- Assessments for care and support consider the role that technology can play in promoting independence and managing risk and safety.
- It is clear where to go for advice on technology that can support individuals living with dementia.
- Carers’ assessments support the role and use of technology.

GPs /Health Teams

- GPs and practice staff have an appreciation of the breadth of technology available and know how to signpost to relevant advisers.

Service Providers

- Service providers are up to date with technology and what is appropriate to meet a person’s needs. They understand the benefits of using technology and can call on evidence of where it has helped.
- Service providers work with councils to showcase equipment, and make it available to try.

Technology that could help Mary

- Because Mary takes a mixture of pills, a Medication Reminder will prompt her to take the right one at the right time.
- A monitored Smoke Detector will ensure Mary receives an immediate response should there be a fire in her property.

See case studies on pages 22-24
**After Diagnosis – a bit more help**

My name is Joseph. I’m 75 and I’m starting to need help with everyday tasks. My family tell me that my memory is getting worse, and I’m often becoming frustrated, but I don’t know why. I can’t drive anymore, but I still want to be able to live my life. My daughter helps me a lot, but she has her children to think about as well. How can technology help me and my family?

**I need to know who to ask for support, but how will I know they are properly trained?**

- Your GP will signpost you to support services that are skilled and knowledgeable about technology
- Your local council will provide advice and guidance to you and offer support from people that are skilled in understanding your needs

**There’s lots of information and I find it confusing**

- Your local council and health teams will help you understand what is available for you and what the best solutions are for your needs

**I may not be aware of the risks to my own safety**

- Your local council will talk with you and your family about these risks and look at ways that they can be minimised

**I don’t want strangers, e.g. Engineers coming into my home**

- Providers will give you information about who is coming to visit you and when they will come. Staff working with you will be aware of your needs and understand your condition. The relevant checks will be taken to ensure your safety

**My family help me a lot, but they have their own lives**

- Service providers have information and advice available each step

**What happens if I go into hospital?**

- You will receive a discharge plan that covers all your needs. You will be advised about what short term options are available to help you stay at home

**What if my family need to go on holiday?**

- You will be given information about the short term support available to you to help you live at home safely

**Your G P will signpost you to support services that are skilled and knowledgeable about technology.**

**Your local council and health teams will help you understand what is available for you and what the best solutions are for your needs.**

**Your local council will provide advice and guidance to you and offer support from people that are skilled in understanding your needs.**

**Service providers will work with you to help you understand the product and how it works and who maintains it.**
After diagnosis - what community and primary care needs to have in place

Local Councils

- Dementia advisers are trained in the range of technology and have regular updates, or know where to signpost people.
- Universal services such as dementia cafes, day services, Citizens Advice Bureau and solicitors are aware of technology services and know where to signpost people.
- Assessments for care and support always include the role that technology can play in promoting independence and managing risk and safety.
- Technology is an integral part of living well, well-being and public health agendas.
- Hospital discharge plans include the use of technology to help people once they are back home.
- Respite or short term support services make use of relevant technology to enable people with dementia stay in the familiarity of their home.

GPs /Health Teams

- GPs have an appreciation of the technology available and know how to signpost to relevant advisers.
- GPs expect technology to be included in the home support which is offered after hospital discharge.
- Memory clinics or memory management services, and community mental health teams are aware of technology services and actively signpost people to them.

Service Providers

- Staff who advise on or install technology and show individuals and their family how to use it, have an understanding of dementia and know how to communicate appropriately.

Technology that could help Joseph

- A Dementia Clock provides a simple visual aid to differentiate day from night.
- Apps on a tablet provide Joseph with key tools to keep busy and stay in touch with friends and families.
- An Activity Monitoring System shows the daily routine and reassures the family that all is well.

See case studies on pages 22-24
My name is Sahid and I’m 83. I live with my wife. I’ve just been in hospital following a fall while everyone else was at work. It got my wife really worried, and I know she wonders how we’ll cope when I get home. I don’t like being in hospital and want to get home as soon as possible. I know I will need help when I get home, can technology help?

I’ve had a spell in hospital – what can I do to prevent having to go back?

- Your GP will signpost you to equipment that can help prevent you from falling at home.
- Your local council will provide you with support to help you settle back at home – this will involve assessing your needs and providing the equipment to enable you to live well.

I need to go home as soon as I’m well enough

- Your local council will plan your discharge look at your needs and provide short term support to help you get back home.
- I’d like to continue to do things I’m used to, but still feel safe

- Your local council will work with you and your family to identify risks and work with you to deliver safe solutions.
- Your GP will provide follow up on discharge to ensure your plan is working to meet your needs.

My family need to know what is available to support me to remain at home

- Your local council can provide a personal assessment which should give you a list of potential risks and how to manage these.

As a self funder I’d like the option to rent equipment

- Providers will advise you of what is available for you to purchase directly from them – this will be clear and understandable. Contracts will include what you should expect from the equipment and what to do if it isn’t working for you.

Your local council will provide you with support to help you settle back at home – this will involve assessing your needs and providing the equipment to enable you to live well.
Help in a crisis - what community and primary care needs to have in place

Local Councils
- Home intervention or reablement teams make use of technology in their services.
- Home intervention or reablement teams can advise on technology that offers individuals greater independence or manages risk at the end of the intervention period. They know where to signpost people to make purchases for themselves.

GPs / Health Teams
- GPs expect technology to be included in the home support which is offered after hospital discharge.
- GPs who identify social care needs and make a referral, have an expectation that technology will be part of the support that is offered.

Service Providers
- Service providers offer people the opportunity to test out technology by renting before buying.

Technology that could help Sahid
- A **Fall Detector** will give Sahid more confidence by sending an alert to his wife or a 24 hour response centre should he fall.
- A **Pager Solution** will notify Sahid’s wife if he needs help at any time.
- A **Bed sensor** will alert Sahid’s wife, if he leaves the bed at night and not return within a short period because he has fallen.

See case studies on pages 22-24
My name is Su. And I’m 89. I live with my husband. I have professional carers who come by once a day to help out. As well as dementia I have heart disease and diabetes so I also get regular visit from a nurse. I like to keep busy, but find that I forget what I’m doing and move on to something else. My husband is scared that I’ll forget to turn the gas off or burn myself when cooking. But I have always cooked meals for us, and I want to keep doing it.

How can I better manage my diabetes and my heart condition?

Your GP will advise you of the local support to help you manage your health conditions including telecare and telehealth devices

Your local council will advise you of the local support to help you manage your health conditions including telecare and telehealth devices

I had a problem whilst cooking, but I’d like to keep doing it as long as I can. What can I do to keep safe?

Your local council will provide you with information and guidance about the range of equipment that is available for you to manage to cook independently. They can also provide a skilled person to help show you how to use the equipment safely

Will my nurses and carers be aware of the technology options for me?

Your local council and health teams should be aware of the range of support available to you and provide you and your family with information about the choices available

I don’t like beeping sounds. Will the technology beep at me?

Service providers will be able to show you the equipment and how it can or cannot be adapted to meet your individual needs and who to contact if there is a problem

My husband really needs support

Each local area will have a carers support service that can provide advice and assistance to people about the range of options available to them

Service providers will provide information about the different equipment and options available and will explain the benefits of and limitations of each

My continence needs to be managed in a more dignified way

Your local council and health teams will provide you with support that addresses your personal care needs respecting your need for dignity
More complex needs - what community and primary care needs to have in place

**Local Councils**
- Carers’ assessments support the role and use of technology.
- Carers are encouraged to help their family member make use of telehealth devices to manage other health conditions and reduce appointments.

**GPs / Health Teams**
- Telehealth devices are used to take routine measurements in the familiarity of home; a spouse or family member is trained to help individuals with dementia use the devices.
- Community nurses encourage people with dementia and their family supporters to manage their conditions, making use of telehealth.

**Service Providers**
- Service providers leave clear, easy read instructions and/or train a spouse or family member to help the individual with dementia to use a telehealth device.

Technology that could help Su
- A **Telehealth System** would support Su by checking her vital signs at home, enabling any deterioration of her heart failure to be picked up quickly by her doctor.
- A **Gas Detector** installed in the kitchen will ensure an alert is sent should Su forget to turn off the gas.
- A **Property Exit Sensor** will warn her husband should Su leave the home inappropriately or during the night.

See case studies on pages 22-24
Components of a good quality technology service

1. Service Blueprint
Clear understanding by organisations who could refer and who commission these services of:
- What is available*
- Where and how to access
- Organisations that deliver these services*
Consider outcomes

2. Standards
Appropriate service, ethical and technical standards must be adhered to when commissioning, referring and implementing any technology enabled care service. The standard covering for the service elements is the Telecare Services Association Integrated Code of Practice*.
Technical standards include BS8521 and Ethics and consent (see section 5)
Data confidentiality

3. Timely Referral
Have clarity on the potential referral points for Jim’s care
Ensure information about the latest technology enabled care services is available.

4. Timely Assessment
The starting point for the individual is the assessment of their wants and needs - both physical and emotional and any risks associated.
What is the capacity of the individual to give informed consent?
From the assessment a specialist technology plan for the individual will be developed.

5. Ethics and Consent
Any service offered is subject to informed consent.
The Social Care Institute for Excellence* has useful guidance.
Also, refer to the Deprivation of Liberty Safeguards* (DOLS)
Details relating to personal wishes including power of attorney – related to health must be obtained, if applicable

6. Service set up
The service should be set up to meet the needs of the individual in line with the assessment.
The service set up and installation will comply with service standards set out in the Telecare Services Association Integrated Code and be mindful of ethical principles and consent.

7. Monitoring*
A 24/7 monitoring service is a central part of the package. The service user will be assured that:
- All elements of their technology enabled care services should be able to work with each other.
- Each individual will receive a seamless service that is monitored by one centre. The monitoring is water tight – an alert from his equipment should get through to his monitoring centre.
*where appropriate

8. Response
This is the provision of routine and emergency responder services to the service users home (or external if responding to GPS services)
The response to any alarms raised must be appropriate to meet the ongoing needs of the individual.
The response should take into account the physical and mental ability of the individual concerned.
Ensure information about the latest technology enabled care services is available.

9. Re-evaluation
Clear understanding by organisations who could refer and who commission these services of:
- What is available
- Where and how to access
- Organisations that deliver these services
- Assessment of outcomes

Jim’s Story

“I’m getting more forgetful. I left the gas on yesterday luckily Jayne, my daughter, came round and switched it off before I blew the place up! I want to feel safe and secure in my own home. I also want to remember to take my pills on time. My blood pressure has been all over the place lately.”

“I’m not going out as much, as I’m worried I’ll forget where I live. That happened to my friend and the police had to bring her back. I’d be mortified if that happened to me. Jayne wants to speak to me about power of attorney. Not sure I’m ready for that yet but maybe I need to just sort it out just in case.”

Jim’s service will be introduced to him by Carol, his district nurse. Jayne, Jim’s daughter will also be there. Once set up Carol will check to see how Jim is getting on with the new service. It will be new for him – and new things can be difficult to get to grips with for someone with dementia.

Jim’s service includes smoke detectors linked to 24/7 monitoring, a gas shut off device and a GPS location service for when he goes out and about to provide him with reassurance, safety and security.

*See page 27 for a full list of all Hyperlinks and references
### Key questions to ask - commissioners and service providers

#### Recommendations for commissioners, providers and suppliers

- The statutory right to an assessment should always include a consideration for dementia friendly technology
- A single, simple to use, updated web resource for dementia friendly technology should be developed
- All commissioners/providers should have accessible and easy to find information in their local areas for dementia friendly technology
- Providers should take into account the specific needs of people with dementia when providing technology enabled care services

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<thead>
<tr>
<th>Question</th>
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<th>No</th>
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<tr>
<td><strong>As a commissioner of Dementia Friendly Technology and Telecare Services are you able to answer positively to the following questions?</strong></td>
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<tr>
<td><strong>Do you:</strong> Promote and provide easy to access information, advice and demonstrations on the use and provision of dementia friendly technology and telecare services?</td>
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<td><strong>Do you:</strong> Have a procedure in place for clients with dementia to receive an assessment for technology-enabled care appropriate to their needs?</td>
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<td><strong>Do you:</strong> Have appropriate assessment tools to identify risk both in and away from the home, while also fully assessing both the client &amp; carer’s needs, including capacity, best interests and least restrictive options?</td>
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<td><strong>Do you:</strong> Have a process to ensure your installation service for dementia friendly technology and telecare services are fully appropriate to the needs of people with dementia and their carers?</td>
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<td><strong>Do you:</strong> Have an ongoing development programme for your dementia technology assessment teams to ensure they keep abreast of the ever changing dementia friendly technology market for people with dementia and their carers?</td>
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<td><strong>Do you:</strong> Have procedures in place, post installation to ensure as appropriate the ongoing management of dementia friendly technology which includes:</td>
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<td>- Monitoring centre with dementia aware staff</td>
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<tr>
<td>- Client centred local emergency response services</td>
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<tr>
<td>- Ongoing monitoring of equipment call alerts</td>
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<tr>
<td>- Client centred protocols prepared for monitoring centre</td>
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<tr>
<td><strong>Do you:</strong> Provide Dementia Friendly Technology and Telecare Services that promotes the quality of life for people with dementia and their carers by supporting them to remain independent and have more choice and control over their lives?</td>
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<tr>
<td><strong>Do you:</strong> Have a process in place that supports self-funding clients to access Dementia Friendly Technology and Telecare Services?</td>
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<tr>
<td><strong>Do you:</strong> Have a data governance policy in place for your Dementia Friendly Technology and Telecare Services?</td>
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<tr>
<td><strong>Do you:</strong> ensure that technology is always used in the context of a wider care and support plan for an individual so that the technology offered complements and enhances other arrangements for care and support?</td>
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The range of Assisted Technology available is constantly changing. New suppliers are being identified with increasing regularity, and each can vary in their understanding of what the market requires.
Key questions to ask - assessment teams

The following questions are provided for the consideration of assessment teams providing Dementia Friendly Technology and Telecare services.

- Who will benefit from the Technology, the user, carer or service provider?
- Has a full assessment been completed and all the risks identified?
- What are the risks and what would the technology do to reduce the risks?
- Is safety more important than privacy, what are the ethical considerations?
- What are the limitations of the technology to be used?
- Does the technology connect to other devices, if so is compatibility an issue?
- Have you obtained the consent of the person or their family?
- Does the technology product match the manufacturer’s expectations?
- Is battery life an issue, who will be responsible for battery management?
- Is the product required to be waterproof?
- What can go wrong with the selected technology?
- If the technology fails, what are the associated risks of the failure?
- What are the maintenance arrangements and product warranty?
- Who is responsible for equipment testing and how often will this be done?
- Who we be responsible for equipment and case reviews?
- How does technology fit into the wider care and support plan for an individual?
- Will the care and support plan have to be changed in any way if technology is introduced?

Key questions to ask - people with dementia, family and carers

The following questions are provided for consideration before buying or using dementia friendly technology

- How will dementia friendly technology help me?
- How does it work, who will show me how to use it, are the instructions easy?
- Do I need a phone line or internet connection to use the technology?
- How much will it cost, is there an initial cost or an ongoing charge?
- Who do I contact if something breaks or if I have a problem?
- Do I need to charge or change batteries or charge them and how often?
- Who will install the equipment and will there be any disruption?
- If my needs change will the technology support me as my dementia advances?
- What happens if I move home?
- What evidence or information is there to help me decide what I need?
- Is my dementia too advanced for a dementia friendly technology product?
- Would it help to install dementia friendly technology before I need it?
- Is there a 24-hour response service to support me in an emergency?
- Is there a helpline I can call if I have any concerns?
- Is there a response service that will come out if I fall or if particular alarms are triggered?
- What would trigger a response and how long would it take for someone to come?
Appendix A: Best Practice case studies

Blocking Nuisance Calls

- **Concerns**
  Anne has dementia and lives on her own. She has been a victim of several scams and has willingly given her credit card details to cold callers and sales people resulting in multiple insurance policies to cover household appliances, as well as buying inappropriate health products. It has been distressing for Anne when she discovers this is the case as often she has no recollection of it and feels vulnerable and that she has been taken advantage of.

- **Solutions**
  A call blocker allows through known and trusted numbers, but intercepts unrecognised numbers. Nuisance calls have been eliminated.

- **Outcomes**
  There has been a direct impact on Anne’s well-being. She is more confident and positive, and less worried about being able to cope in her home.

Managing falls (case study from Hertfordshire)

- **Concerns**
  Edith has rheumatoid arthritis, as well as memory and eyesight problems. Occasional falls have become more frequent as her condition has worsened. Edith’s husband was increasingly worried about her and was even considering moving from their home of forty years into sheltered or residential care.

- **Solutions**
  Edith and her husband already had a telecare home unit, so it was simple to add a fall detector. If Edith falls, the monitoring centre is alerted and will check if help is needed. A bed occupancy sensor has been fitted so that if Edith gets out of bed in the night and doesn’t return within a pre-set time, an alert is sent to the monitoring centre who speak to Edith and her husband to check everything is OK.

- **Outcomes**
  Edith’s family are relieved that this system is in place. It gives them peace of mind and allows Edith’s husband to get a good night’s sleep.
Best Practice case studies

Managing Dignity – (case study from Hull)

- **Concerns**
  Gary had a mild stroke and was then diagnosed with vascular dementia. He lives alone and made it clear that he wanted to be as self managing as possible. Over time Gary started to have continence problems during the night. This did not happen every night but when it did he found it difficult to change the bedding and his night clothes so he lay in the wet bed until the morning. This was very uncomfortable and also carried the risk on his skin breaking down.

- **Solutions**
  Because this problem did not occur every night and therefore a pop in call would have been disturbing for Gary it was agreed to trial an Enuresis sensor on Gary’s bed to alert the Hull out of hours service when he had been incontinent.

- **Outcomes**
  This solution worked really well, the response time from the Hull out of hours telecare service team was very fast and this enabled Gary to be assisted to get changed and settled back into bed with the minimal of disturbance. This helped to maintain Gary’s dignity and independence; it also prevented expensive unnecessary nightly pop in calls.

Managing risk (case study from London Fire Brigade)

- **Concerns**
  96 year old Mrs B lived alone, and although living with dementia, she maintained her independence as much as possible, and still did her own cooking. One summer evening she left the grill pan on and forgot about it. Some oil in the pan overheated and caught fire. Alarmed, Mrs B tried to put out the fire with a damp mop. She also tried to turn the grill off, but in doing so, possibly through panic, she turned on three of the cooker top gas rings. At this point Mrs B retreated to her living room and was overcome by fumes.

- **Solutions**
  A smoke alarm linked to her telecare system activated, and immediately sent a signal to the alarm remote monitoring centre, who contacted the Fire Brigade, triggering a swift emergency response. In short time, fire fighters using breathing apparatus forced entry into Mrs B’s home and found her unconscious on a living room armchair. The crew removed her from the smoke logged room, brought her round and helped her into the care of the ambulance service. They turned off the gas rings, damped down the remains of the fire and ventilated the house. Mrs B suffered from smoke inhalation and was kept in hospital overnight for observation, but was otherwise fine.

- **Outcomes**
  It is very unlikely that the outcome would have been positive without the smoke detector linked to telecare. Mrs B is still cooking.
Best Practice case studies

Managing the care – (case study from Warwickshire)

• Concerns
  Hannah, who has vascular dementia, has 2 homecare visits a day, and support from her
dughter who lives locally. Recently she walked to her local shops, but then forgot how to get
home again. A passer-by helped her home, and knocked on the neighbour’s door to check he
had brought Hannah back to the right house. The neighbour rang the daughter and
complained that Hannah was often ‘wandering’, and suggested she now needed to be in a care home.

• Solutions
  An activity monitoring system was installed to see how often and for how long Hannah went out. It showed she
went out 2 or 3 times a week for just under an hour – the time it takes to walk to the shops, do a little shopping and
walk back. Hannah’s daughter used the system to manage her mother’s care, logging on from work to see that care
visits and her mother’s weekly visit to a lunch club were taking place as planned, and that she went to bed as normal
each night. Hannah’s son logged on from New Zealand where he lives, so he was able to back up his sister from the
other side of the world.

• Outcomes
  Hannah stayed in her own home for a further 25 months.

Managing memory loss – medication (case study from Hertfordshire)

• Concerns
  Lucy cares for her mum, Val, who has early onset dementia with rapid deterioration of
memory. Val takes lots of medication and due to her memory problems, was either over-
dosing or not taking her medication at the right time. Lucy was so worried that she took away
the medication and delivered it herself at the correct time. Val also needed weekly hospital
visits due to changes in her condition.

• Solutions
  Val was provided with a medication dispenser, linked to a telecare home unit which dispenses her tablets. The unit
flashes and sounds an alert each time Val needs to take her medication. If Val doesn’t remove the medication, an
alert is raised to Lucy or the monitoring centre to let her know.

• Outcomes
  Since the medication dispenser was installed, Val’s condition has stabilised and she only needs monthly hospital
visits. Lucy has now been able to go on holiday for the first time in many years, safe in the knowledge her mum’s
medication is being monitored whilst she is away.
Best Practice case studies

Making the most of local support (case study from London Borough of Ealing.)

• Concerns

82 year old Graham lives in sheltered accommodation, and has no family in the UK. He has Alzheimer’s disease, and diabetes. He was receiving a care visit in the morning, lunchtime and early evening, but was often not in when carers called. He was looking more ‘unkempt’, and seemed to be deteriorating mentally. Residential care was being considered.

• Solutions

An activity monitoring system was installed to check out Graham’s routine. Graham went out each day at lunchtime, sometimes not returning until after 6pm. It turned out he went to a local café where he was welcomed and encouraged to stay and chat. In fact, the café staff would come and call for him if he did not turn up. Throughout the night, he was getting up and using the bathroom every 2 hours, which meant his sleep was interrupted, and affecting his mental functioning.

A support worker accompanied him to his GP, who diagnosed that Graham was probably not taking his medication regularly, and had an enlarged prostate which was pressing on his bladder. A medication dispenser now prompts Graham to take his medication. Care visits were changed to two a day, with the morning visit focusing on personal care, and a later evening visit, after he comes home, to check general well-being.

• Outcomes

Graham is still making the most of his local café.
Appendix B: 
Links to further advice and support

Links to further advice and support

- Telecare LIN newsletter – a summary of all that’s happening in the work of Dementia and telecare/telehealth
  www.telecarelin.org.uk/Jan2014_newsletter

- Link to telecare pages on Hertfordshire e-marketplace
  www.hertsdirect.org/services/healthsoc/supportforadults/manageathome/washdressstoileting/
  stayindequip/telecare/

- Dementia Gateway www.scie.org.uk/publications/dementia/index.asp
  This website is for anyone who wants to understand dementia better: what it is, what it means for daily life, and what we can do to better support those living with dementia, including family and friends. The Dementia Gateway is just that - it’s a gateway to an enormous range of helpful resources: written information, films, activities, e-learning and so much more. It’s been developed by a wide range of experts in dementia - including people living with dementia and family carers. We are updating the Dementia Gateway. New sections are being added on regular basis.

Reference documents for commissioners and providers

- TSA integrated telecare and telehealth code of practice matrix

- Governance Institute quality standard for telehealthcare
  www.goodgovernance.org.uk/Downloads/Telehealthcare%20quality%20standard%20final%20consultation%20draft%202010.05.13.pdf
Acknowledgements

We are very grateful to colleagues from the following organisations that have helped create this charter.

ADASS West Midlands Telehealthcare Network
Advanced Digital Institute
Alzheimer’s Society
Bournemouth University, Dementia Studies Unit
British Assistive Technology Association
BT
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Children’s Charities’ Coalition
City University London – especially the design students (tireless work on section 3)
Design Council
Halton Borough Council (work across whole charter) - particularly Richard Harding
Hertfordshire County Council
Just Checking
Liverpool Museums
London Borough of Croydon
London Fire Brigade
Mid Cheshire Hospitals NHS Foundation Trust
NHS England
NIHR Dementias and Neurodegenerative Diseases Research Network (DeNDRoN)
One Voice for Accessible ICT Coalition
Public Health England
Registered Nursing Home Association
Sanctuary Supported Living
South London and the Maudsley NHS Foundation Trust (especially section 2)
Stockport Council (especially section 3)
Telecare Services Association (especially tireless work on section 4)
truCall Nuisance phone call blocking
Tunstall Healthcare (Chair of the working group)

References

P5. 14 Integration Pioneers
www.england.nhs.uk/2013/11/01/interg-care-pioneers/
P5. Dementia Friendly Technology Joint Report
http://bit.ly/1jwdvQk
P18. What is available?
www.telecare.org.uk/consumer-services/telecare-and-telehealth
P18. Organisations that deliver these services
www.telecare.org.uk/service-provider-directory
P18. Telecare Services Association Integrated Code of Practice
www.telecare.org.uk/standards/telecare-code-of-practice
P18. Social Care Institute for Excellence
P19. The Deprivation of Liberty Safeguards
Alzheimer’s Society is the UK’s leading support and research charity for people with dementia, their families and carers. We provide information and support to people with any form of dementia and their carers through our publications, National Dementia Helpline, website, and more than 2,000 local services. We campaign for better quality of life for people with dementia and greater understanding of dementia. We also fund an innovative programme of medical and social research into the cause, cure and prevention of dementia and the care people receive.

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