

Professional Referrers guide to Safe & Sound

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Introduction

Telecare and Assistive Technology are provided by the Safe and Sound services in Bradford . We are part of Bradford Council's Adult & Community Services. The service is available to anyone over 18, living in the Bradford district.

This guide explains

- what Telecare and Assistive Technology is
- the types of equipment available, and the benefits of using them
- how to refer people to the service
- what services we provide
- how much the service costs.

What is Telecare?

Telecare is equipment and systems that support people to live safely and independently. Using sensors and timers, the user and/or a carer is alerted to a potential health or safety risk. By minimising potential risks the equipment can help people to remain safe, secure and independent in their own home.

Telecare equipment & monitoring arrangements

Basic Telecare system – ‘Careline’

This relies on the service user pressing a button to raise an alarm often through a pendant alarm. A call will then be sent to the contact centre and the service user will be contacted through a speaker and microphone in the lifeline unit. An appropriate practical response will then be arranged, if necessary.

Additional Sensors

Additional sensors can be added to the basic system. These provide 24 hour monitoring in order to manage specific risks that have been identified for the service user. The contact centre is alerted in response to a sensor being activated. Most sensors raise an alarm automatically - the user doesn't need to call for help.

Monitoring

There may be situations where someone would benefit from Telecare, but doesn't need the equipment to be monitored by the contact centre. Where appropriate we can install equipment to be monitored directly by someone else e.g. if a carer lives at the same address and can respond to any alarm raised. Alternatively, if the service user is able to manage independently with the aid of reminder or prompt system we can install a stand alone solution which is not monitored externally.

Benefits of Telecare

Using Telecare can have a positive impact and make a real difference to the service user's life. Some of the benefits include

- accident prevention and promoting safety

- maintaining independence
- increased confidence and quality of life
- reassurance for users and their carer/family
- supporting carers to minimise stress and emotional demands
- reducing the amount of formal care required
- avoiding 24 hour care
- helping to monitor and identify areas where less/more support is required
- reducing length of hospital stay by speeding up hospital discharge
- delaying or removing the need for hospital admission.

Guidelines for referrers

1. Meeting the needs and outcomes of users

Telecare is useful to help manage risks, but it may not work for everyone. It should work alongside and enhance the service user's existing support networks.

This guide will help you to determine if Telecare is suitable to meet the needs and outcomes of the potential user. Please consider Telecare as part of the assessment before looking at care packages or more complex interventions.

2. Referral for Telecare & Assessment

Referrals can be made to us in two ways.

- Self referral – potential users, their carer, family or friends contact us directly.
- Professional referral – a professional contacts us using the Safe & Sound referral form.

When completing the Safe & Sound referral form you should identify the reason for the referral and the risks you have identified and use the further information section to give additional information which you think will help our assessment. You're not expected to know the correct Telecare equipment solution. We'll work with you and the potential user to identify the most appropriate solution through our Safe & Sound assessment. (Please do not raise expectations by promising certain types of equipment. Also please follow the format of the referral form – do not ask for specific equipment but concentrate on the risks.)

We have tried to ensure that we ask for only that information which will help us to take on the referral and speed up the process so the service user receives a speedy assessment – so please ensure you complete all the boxes. Where we feel information is incomplete or unclear we will either return the form or contact the referrer for clarity. Again, this may delay the referral.

If the referral is made for someone in hospital please indicate this clearly on the form and provide further details including the anticipated date of discharge. Where Safe & Sound is intended to support a hospital discharge please give as much notice as possible.

The referral route doesn't affect the service we offer. However professional referrals help us provide the most effective solution, using the detailed information on the referral form.

3. Explanation

Before making a referral, you should explain and discuss the Safe & Sound Telecare with the user and their carer/family. Your discussion should include

- What type of risks we can help them with e.g. falls
- That we install equipment (solutions) to do this
- Many of the solutions require a working phone line and a 240v power socket within 2m of each other in order to come through to the monitoring centre.
- Many of the solutions come through the monitoring centre – this will involve us having contacts that we can get hold of in an emergency to help them. In the event that we cannot get hold of any of the contacts we have mobile responders available to help clients, if appropriate.
- If we need to gain entry, they would be best having a key safe, otherwise in an emergency we may need to get the police to break in.
- How the service may benefit them, also any possible disadvantages or problems.
- Any current charges.

It is essential that you explain the type of service we offer and gain their permission to refer. It is wasting everyone's time if the client doesn't know the basics about the service and rejects the service when we try to contact them.

The solution should provide a positive outcome to the service user, such as promoting safety, well-being or independence and should not replace other things, such as supervision.

You must consider the user's insight and compliance and be aware that some people may be anxious in accepting new technology/equipment.

To make a decision about whether the Safe & Sound equipment is appropriate, the user should be at the centre of the assessment process. People have different needs, functional abilities and preferences. In some circumstances the use of Safe & Sound equipment may not be appropriate, for example if it increases the demands on a carer or would worry or confuse the user. Safe & Sound equipment will often be the least restrictive option available to manage risk, help people to maintain independence and reduce the stress of caring.

To assess the need for Safe & Sound equipment, everyone involved in the user's care should discuss and agree

- the user's needs and level of risk (both actual and perceived)
- the consequences of using or not using Safe & Sound equipment
- the most appropriate solution – discuss alternative options
- whether the user is accepting of the recommended Safe & Sound equipment
- if there's a risk that the user may tamper with the equipment.

4. Consent

You should always get the user's consent when making a Safe & Sound equipment referral. Some people may not understand what the technology will do and how it might impact on their life (positively or negatively). When seeking consent, every effort should be made to help them understand.

When we install the equipment the service user must sign an agreement. If they indicate that they don't want the service, then we won't install the equipment.

The Mental Capacity Act works on the principle that a person has capacity unless proved otherwise. Capacity can be assumed if a person can

- understand and believe the information
- remember it for long enough to consider the information
- make and express a judgement.

If the user lacks capacity, the following three key issues should be considered before any decisions are made.

Is the introduction of Safe & Sound equipment?

- In the user's best interest?
- The least restrictive option available?
- Proportionate to the risk?

If decisions need to be made in the service user's best interest this should be done in consultation with family and/or other professionals.

5. Response

For Safe & Sound equipment to work effectively there needs to be a response when sensors are activated. The type of response will be discussed at assessment, and details recorded for those people who are willing and able to provide a response.

When a call is received by the contact centre we aim to provide an appropriate response. This depends on the type of sensor activated. The response may be to inform a friend, relative, neighbour, or if necessary an emergency service. If necessary we may send one of our mobile wardens, who are professionally trained and equipped support workers.

Arrangements should be made for us to gain access to the user's property, which could be through the provision of a key safe. We do not install key safes but they can be purchased and installed by Age Concern tel 01274 395144. They can also be bought and fitted by a family member or handyman.

A carer, relative or friend may need to agree to respond to some alarm calls, specifically the property exit sensor. They may be contacted at unsociable hours. You must consider that Telecare should not increase carer stress.

6. Equipment and installation

Please see the section on Types of equipment for options available and when and how they should be used.

When we install the equipment, we'll explain how it works, supply user guides, and ask the user to sign an agreement.

7. Charges

Where there is an assessed need for a telecare service, in Bradford currently, there is a charge of £3.00 plus vat (unless vat exempt) per week, this is for the monitoring side, the equipment is on 'loan'. The service is install free of charge for the first 6 weeks, after which service users will have the option to reconsider whether they wish to continue with their telecare service.

If a service user does not have a working landline (ideally a BT line) or a 240v mains plug socket within 2m of this, we are unable to meet the cost of any additional work needed. Under personalisation, if the need for a Telecare service is identified, the service user is responsible for paying for the sockets etc.

All Safe & Sound equipment is provided 'on loan'. If Safe & Sound equipment is lost or damaged whilst in use, a charge will be made for replacement.

Changes in Circumstances

If a service user no longer is able to use the Safe & Sound service, if they are deceased or if they move then the Safe & Sound office should be informed without delay so that collection can be arranged. If equipment is not returned, then a charge will be made.

More information

If you have any questions or would like more information, please contact us at

Safe & Sound, BACES Equipment Store, Station Road, Low Moor, Bradford BD12 0LU.

Tel:01274 437548

Fax:01274 434313




Email: Safe&Sound@bradford.gov.uk

You can also download a leaflet providing information for clients about the service from the Council's website: www.bradford.gov.uk

Other contacts

- Calls Monitoring contact centre – 01274 434994
- Access point for Adult & Community Services – 01274 435400

Types of equipment.

Basic Telecare System	
	<p>Lifeline unit Application - This unit is connected to a landline phone and is required for all additional monitored sensors. When a device is triggered it sends a radio signal to the base unit and puts a call through to the contact centre. The contact centre can identify which sensor has been activated. The contact centre can speak to the user when a call is received to establish the type of response required.</p> <p>The unit has a memory jogger function that can play reminder messages to the user. The user must press a button to acknowledge the message.</p> <p>The unit can also be used to ring a mobile phone for response by a carer.</p> <p>A mobile alarm button is also supplied. This can be worn as a pendant or on a wrist strap and is used to raise an alarm if away from the base unit (range is limited to between 20 – 50 metres).</p>
Risk – Falls	
	<p>Fall detector Worn on the waistband via a clip or pouch and belt.</p> <p>Application – A fall is detected by impact or jolting and tilt (a change from a vertical to horizontal position).</p> <p>Referral considerations</p> <ul style="list-style-type: none"> • The sensor must be removed when the user lies down or goes to bed. • There is potential for false calls if the user doesn't understand how the device works and doesn't remove it as required. • The fastenings to attach the device can be slipped on and off • If a prompt or assistance is needed to wear the falls detector is there someone who can provide this help? eg an informal carer or home care staff
	<p>Bed occupancy sensor (type may vary from the photo) A pressure pad fitted under the mattress or bed sheet.</p> <p>Application - For people who get up in the night and fail to return to bed after a specified period of time. This maybe useful if the user is at risk of falling. It may also indicate if the user is wandering or not going to bed.</p> <p>A separate unit can be used with this sensor. It will automatically turn on a lamp when the user gets out of bed, minimising the risk of falls during the night (lamp not provided).</p> <p>Referral considerations</p> <ul style="list-style-type: none"> • Bed sensors may not be reliable if the mattress/base is very

	<p>soft. The sensor can't be used with an airflow mattress.</p> <ul style="list-style-type: none"> • The sensor may not be reliable for users weighing less than six stone. • If the user doesn't have a regular night routine, there may be false calls to the contact centre. <p>If you're aware of night-time activity, state the following:</p> <ul style="list-style-type: none"> • How long the user spends out of bed for example, to use the toilet. • What time the user goes to bed and gets up (start and end times such as 10pm to 7am).
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	<p>Chair occupancy sensor A pressure pad fitted under the cushion.</p> <p>Application - Alerts when the user leaves a chair and doesn't return within a specified period of time. This maybe useful if the user is at risk of falling or to indicate if the person is wandering.</p> <p>Referral considerations – The sensor relies on a time setting, and a mat located on a particular chair. It is therefore only suitable if the user has a set routine.</p>
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Risk – Fire








	<p>Smoke detector</p> <p>Application – Where the user needs assistance if smoke is detected. An alarm sounds in the property and a call is raised to the contact centre.</p> <p>Referral considerations – Smoke detectors are very sensitive, and may trigger false alarms if the user is prone to burning food, such as toast. If the user can't explain why the alarm is sounding, the fire brigade is called. Consider a referral for a fire safety check by West Yorkshire Fire Service.</p>
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Risk – Flood



	<p>Flood detector</p> <p>Application – Used in the kitchen or bathroom, to detect if a sink or bath has over-run. If the detector senses water it sounds an alarm and activates a call to the contact centre.</p> <p>The sensor isn't fixed so requires careful positioning to avoid the user stepping on the sensor, or removing it in error.</p> <p>Referral considerations – Would a 'Magi-plug' be more appropriate for the user to prevent flooding? Magi-plugs replace ordinary plugs and can prevent baths and sinks overflowing. These are available through Disability Equipment Bradford or Nottingham Rehab Supplies. We can help you to determine whether this is a suitable alternative.</p>
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Risk – Natural Gas	
	<p>Natural gas detector</p> <p>Application – If there's concern that gas is left on but not lit, such as a gas cooker or fire. When gas is detected, an alarm sounds and a call is raised with the contact centre. They will advise the user to turn off the gas and open windows and if required will contact National Gas Emergency Service and a local relative or friend.</p>
Risk – Carbon Monoxide	
	<p>Carbon monoxide detector</p> <p>Application – Alerts when carbon monoxide emissions have been detected due to a blocked flue or a fault in a fuel burning appliance. If carbon monoxide is detected, a call is raised with the contact centre.</p>
Risk – High or Low Temperature	
	<p>Extreme temperature sensor</p> <p>Application – If there's concern about the user's ability to maintain an adequate temperature in their property.</p> <p>The sensor detects excessively low or high temperatures, or detects a rise in temperature. It may be used in the kitchen to monitor for pans left on a lit stove, where a smoke detector would be too sensitive, or to alert for possible onset of hypothermia.</p>
Risk – Security	
	<p>Fixed alarm/panic button</p> <p>Application – Can be used anywhere in the property. Common uses are by the front door for users who have been the victim of a bogus caller, or are concerned about this risk, or in the bathroom in case of falls at night.</p> <p>A panic alarm may be able to be supplied in cases of potential domestic abuse. Contact Staying Put Bradford 01274 667104 for further information.</p>
Risk – Vulnerable if leaving the property	
	<p>Property exit sensor</p> <p>Magnetic door contacts and a motion sensor.</p> <p>Application – If there's a risk that the user may exit the property at an unusual time of day or night and they would be vulnerable. It is set on a timer and alerts if the user leaves their home and does not return in a short period of time. It also alerts if a main exit door has been left open.</p> <p>An over-ride switch can be fitted for use if carers/family visit whilst the sensor is activated.</p>

	<p>Referral considerations</p> <ul style="list-style-type: none"> • If the intended user leaves the property the mobile wardens would not respond. • A carer, relative or other contact must agree to respond to these alarm calls. They should live nearby to the user to ensure a prompt response. • The implications of receiving alarm calls at night should be discussed carefully with the carer/relative to make sure they are willing and able to respond. Consider how frequent the calls may be. • State the required times for equipment to be set, such as 9pm to 8am • State which door requires the sensors to be fitted. • Would the user benefit from a recorded voice prompt to play a message before they reach the door, such as “Go back to bed dad, it’s not morning yet”?
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Risk – Epilepsy



Epilepsy sensor

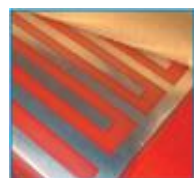
Sensor pad fitted above the mattress

Application – A sensor is fitted on top of the mattress and generates an alarm call if a tonic-clonic seizure is detected.

Referral considerations – Consider what response is required if a call is received.

Risk – Enuresis

(Incontinence)



Enuresis sensor

Sensor pad fitted above the mattress

Application – A sensor is fitted on top of the mattress and generates an alarm call if incontinence is detected.

Referral considerations – Consider what response is required if a call is received.

Risk – Missed Medication



Medication dispenser

Application – If there’s concern about the user’s memory or ability to take correct dosage of medication. The dispenser is set on a timer and gives a visual and audible alert to prompt the user to take their medication. If required a call can be raised to the contact centre if the user fails to access the dose. An optional lock can prevent user access to the dispenser.

Referral considerations

- Will a carer/relative agree to fill the dispenser? If not, it may be possible to make an arrangement with a pharmacist. This needs to be a local arrangement on an individual basis. We will not be responsible for arranging this, it is up to the referrer.

- Assessors should have no concerns about the user's insight and compliance with a regular medication regime.
- Consider whether the user requires a medication review.

Stand Alone Items ie these do not go through the monitoring centre



Carer assist/pager

Application – A portable alert to immediately notify a carer if an incident occurs. Especially useful for carers who have disturbed sleep due to night-time risks.

If one of the sensors mentioned above, such as bed or door sensor is activated, an alarm will sound on the unit. Optional - vibrate function

Referral considerations

- Involve the carer fully in the assessment, to make sure they understand and agree to the equipment proposed and are aware they would be required to provide the response.
- Discuss the option of the monitored service if there are concerns about providing response 24 hours a day 365 days a year.

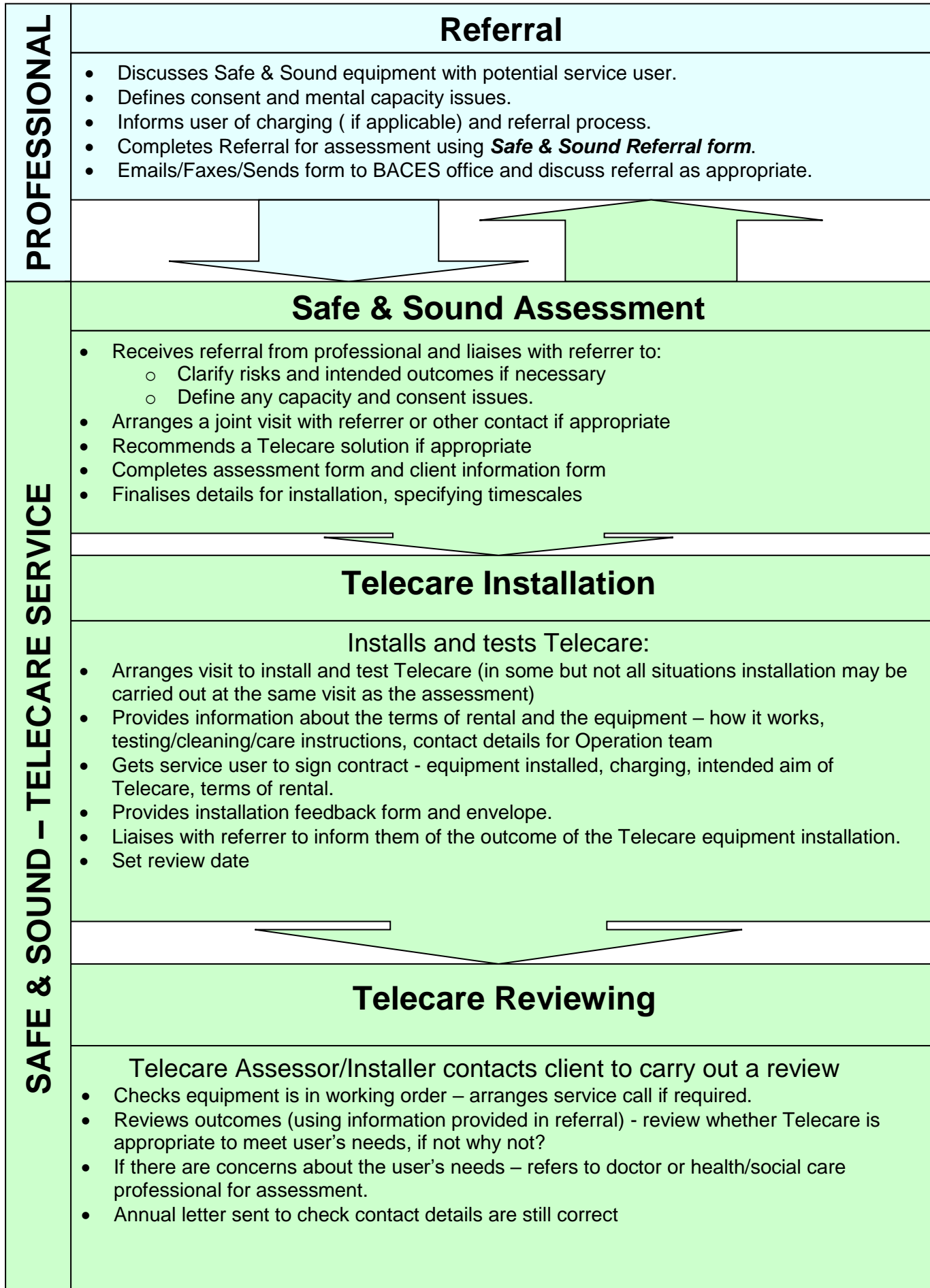


Audible reminder/voice prompt (standalone only)

Application - This device can be used to record a message or instruction to the user. A sensor activates the device and the message is played.

Some people, particularly with early dementia, respond well to familiar sounds and voices (also see the memory jogger function on the base unit).

Referral & Assessment pathway for professionals



ALL DETAILS MUST BE COMPLETED TO ENABLE THE REQUEST TO BE PROCESSED

Service User Name		Title		D.O.B.			
Address				Referral Date			
				NHS Number			
Post Code		Land Line Number					
G.P. Practice				Ethnicity			
Contact Details (if different from above) Carer or family member							
1 st Contact Name		Relationship		Tel No.			
2 nd Contact Name		Relationship		Tel No.			
Does the Contact person need to be present at the assessment?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the service user aware that there is a cost for the service?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the service user have a working landline? (required for the system to work)				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is there a power socket within 2 meters of the landline? (Power socket must be on the same side of the room as the land line)				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Health and function of the service user							
What are the risks associated with the service users current position?							
Is the request to facilitate		Date of		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Hospital Discharge	discharge				
Referrer Details Please PRINT		Contact No. Office			
Job Title		Contact No. Mobile			
Email Address		Date			

NOTES