## Telecare Case Study 1

### Risk of falls and medication management

<table>
<thead>
<tr>
<th>Age at time of referral</th>
<th>86</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Equipment Installation Date</td>
<td>31/3/2011</td>
</tr>
<tr>
<td>Equipment Removal Date</td>
<td>12/12/2013</td>
</tr>
<tr>
<td>Reason For Removal of equipment</td>
<td>Moved to Long Term Care</td>
</tr>
<tr>
<td>Number of Days equipment Installed</td>
<td>987 (2 years 257 days)</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Adult Social Care Team Social Work Assistant</td>
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</tbody>
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| Referral Form indicators | • Admission to Residential Care/Nursing home  
• Risk of Hospital Admission.  
• Prolonged delay in being found if in crisis |
| Likely outcome without Telecare intervention | • Minimise risk of falling  
• Enable independent living  
• Support for Carers/Family |
| Telecare Objectives | • Parkinson’s,  
• High Blood Pressure |
| General Health History | Margaret had been widowed for two years and was living alone in the family home where she had lived with her late husband for over 50 years.  
Since the death of her husband Margaret had been receiving care from a local care agency and had good family support. |
| **Background** | Margaret's mobility was identified as a cause for concern she used a zimmer frame to aid her mobility but often had falls. On one occasion she had fallen and laid undiscovered for several hours until her family visited and found her on the floor. Margaret also had three dogs which were considered to be an additional trip hazard.  
Although family members occasionally stayed overnight they did not always hear Margaret getting out of bed, they were also aware that at times she slept in her armchair at night and were concerned that she wasn't getting sufficient rest.  
Falls often occur at night time as people get up to use the bathroom and may not be fully awake. Mobility aids or alarm call pendants are often left in the bedroom which adds to the risk of a fall happening with no means of summoning help and the possibility of remaining on the floor for several hours without a means of raising an alarm. |
| Medication Management | Margaret was prescribed medication three times a day, but her family were concerned that she may be missing doses, or taking her medication erratically. |
The potential mismanagement of medication can impact hugely on an individual’s ability to function during the day particularly if like Margaret the person has Parkinsons Disease where regular medication times are key to managing the condition.

**EQUIPMENT SOLUTION**

Following a referral for Telecare and a subsequent assessment a solution was agreed.

To manage the risk of potential falls a Fall Detector and a Bed Sensor were installed. The bed sensor was set up with specific times to match Margaret’s normal routine. If she got up at night but did not return to bed within an agreed time the sensor would send an alert to the Alarm Centre. The Control Operator who received the alert would initially attempt to speak to Margaret and establish her wellbeing, if help was needed a family member would be contacted or a mobile warden would attend.

To manage the risk of missed medication a medication dispenser alert system was installed. The family were provided with training on how to fill the dispenser and were issued with a spare cartridge to use as a backup/refill. Each day at the times when the medication was due the dispenser would generate an audible alarm, if ignored the dispenser would then send an alert to the Alarm Centre, a control room operator would remind Margaret to take her medication.

If medication is routinely missed a pattern of the missed doses can be present as a record on the alarm system for that individual and at review times this can provide valuable information particularly when completing carer support plans.

A Smoke Alarm was installed to risk manage environmental concerns in the home due to Margaret’s poor mobility.

**Installation History**

Margaret’s first review was carried out 6 weeks after telecare had been installed. This visit helps to identify any changes that may have occurred since the assessment, any concerns about the telecare equipment and general maintenance of the equipment including testing and battery changes.

Feedback from the service user and family members—Margaret and her family said that they were very happy with all the equipment. Margaret was managing the medication dispenser well and the daughter had no problems with regularly filling it up for her. There were occasions when Margaret forgot to take her tablets despite being alerted by the medication dispenser but within a few minutes she received a call from a member of staff in the Control Centre who would reminded her it was time to take her tablets.

The family also reported that at times Margaret had slipped out of her armchair. The fall detector issued to Margaret was unable to detect a slump or slip type fall as it required a very definite type of movement a change of direction and an impact in order for it to activate. To help to support Margaret with this risk it was agreed that a chair sensor would be installed on Margaret’s favourite chair, the sensor would automatically alert should Margaret be absent from her chair for longer than 20 minutes during the day and early evening before her normal bedtime.

**Outcomes**

Margaret’s family felt that the equipment had taken a lot of worry away from them and had reduced the time they needed to spend at the house just in case something should happen, they were confident in trusting that the equipment would alert if a problem was detected. They were also reassured that Margaret was managing well with the equipment and had accepted that it was there to support her should the need arise.
During the time the telecare equipment was installed Margaret had several falls the equipment alerted to the control centre who responded by informing family members or by sending a mobile warden who was able to use lifting equipment to assist Margaret up off the floor. The medication dispenser alerted the control centre over twenty times and the Control Centre responded by reminding Margaret to take her medication. Regular telecare reviews were carried out and both Margaret and her family stated that the service was very supportive.

The telecare equipment was installed for almost three years during this time Margaret’s condition continued to deteriorate and her mobility decrease. Following a serious fall and her declining health in Dec 2013 Margaret moved into residential care.

Although the Telecare equipment worked well, alerting at the time of each crisis, Margaret suffered a significant fall and it was at this time that the family and Margaret felt that although the equipment had served Margaret well that the time had come for Margaret to move into Residential Care.