Just Checking Options Paper
Dorset County Council – Learning Disability Service

September 2011

- As part of an assistive technology pilot, Dorset County Council evaluated Just Checking as an assessment tool in ensuring value for money was being achieved in Learning Disability care packages.

- Ten assessments (ranging from two to seven weeks) were completed over four months.

- In every assessment the Just Checking data could be used positively. Outcomes were:
    - Improved quality of care
    - Reduced package costs, through support reduction or change in the way support was provided
    - Evidence based practice in risk assessment
    - Where care needs increased, care could be provided at the minimum level in response to the risk evidence provided through Just Checking
    - Supported adult safeguarding investigations

- Actual savings of almost £70,000 and avoidances of £47,000 were made as a direct result of the trial of 10 cases, as well as potential further savings of more than £125,000.

- The trial concluded that Just Checking facilitated good value for money in care cost and quality, and recommended that Dorset County Council made the system permanently available to its Learning Disability Teams.

Introduction

Dorset has been using Assistive Technology for the past 5 years and at many times has been a leader within the south for its service provision. In June 2009 we started to use Assistive Technology in supporting people with learning disabilities to move on from hospital living into the community (campus re-provision). It proved very successful and included general equipment, manual handing equipment and monitoring technologies under the blanket term of Assistive Technology. The predicted avoidances on a total of 51 services were £2.1million per year based on equipment lasting 2 years.

One of the recommendations from the piece of work was to do a pilot of 30 mainstream cases. These cases were to be a mixture of CHC, transition, general reviews and sourced through panel where some packages are being put forward at too high a cost. The aim of the pilot was to ascertain if the principle used during the campus re-provision project could be applied to general practice. The outcome of the pilot was that the same principles can be applied and indeed showed savings, avoidances and increased quality of care.

The pilot was then extended to be a 1 year post for an OT. Aim was to continue to produce outcome based savings/avoidances and increased quality of care for people with learning disabilities. This is being done as part of the value for money project and the term value for money has been applied broadly to the outcomes for each service user. Within this work I have had the opportunity to trial the Just Checking system and have recorded the data to show the outcomes achieved. This paper looks to demonstrate the value to Dorset in owning Just Checking systems and their implementation as a mainstream assessment tool.

Aim

To trial Just Checking systems in relation to their value as an assessment tool in ensuring value for money is being achieved in learning disability packages.

What is Just Checking?

Just Checking is an assessment and care planning tool consisting of several movement and door contact sensors. These sensors are linked using passive infra red to a control box. This control box uses mobile signals to send data to a central system that can be accessed online using a secure login. The system updates every 5 minutes, meaning you get accurate and timely data which can pin point service user routines and possible issues within staff teams.

A comparison of other systems on the market

Just Checking (4 month system trial completed)

Positives

- Does not require phone line to install
- Quick to install
- Can be installed out of reach as is fixed using Velcro
- Multiple sensors (motion and door) to provide optimum amount of data across a property
- Sensors are discreet
- Flexible use in terms of positioning sensors
- Updates info every 5mins as standard

- Collates data on system so that it can be analysed for patterns
- Best suited to clients with 24hr carers or those living independently not at high risk

Negatives

- If system stops working, due to signal or service user/staff switching system off, no alert is raised.
- Easy for staff/service user to switch off

****************** is a similar system providing multiple movement sensors (no trial completed, comparison made through website information)**

Positives

- Quick to install
- Multiple motion sensors to provide movement data across the property
- Raises an alarm through the phone line if system stops working or if there has not been any movement for a long period.
- Collates data on system, so that it can be analysed for patterns
- Suited to both independent living and those supported 24hrs a day

Negatives

- Has to be linked to a phone line and a plug socket (these are not always together)
- Sensors cannot easily be positioned out of reach as they are on suction pads.
- No door contacts, so unable to differentiate for when people are out of property/ or if there is no movement because they have fallen.
- Only updates every 2 hours as standard, although can be adjusted to update more frequently
- Potentially easy for the service user to tamper with sensor, if unable to position out of reach

******************** is a system only using one movement monitor (no trial completed, comparison made through website information)**

Positives

- Quick install
- Does not require a landline
- Provides additional info around room temperature, power cuts and night wandering
- Works on establishing normal routine and reporting issues
- Raises alert to carers within 4 hours.
- Best suited to individuals living alone and at risk of falls

Negatives

- Does not collate data on system, so it can't be analysed for patterns
- Requires a dedicated carer to receive info/ text alarms
- Needs a standard routine to work from, may not be suited to LD or Dementia

Privacy

Due to the nature of the equipment it could be considered as impinging on an individual's privacy. However we have ensured that all assessments have a fixed time scale although these can be extended with justification and we have always had clear objectives for the assessment.
For all assessments permission has been sort, this has been done directly with service users where they have capacity, through deputy's and through best interest decision processes.
We have also made sure that all staff are aware that the assessment is being undertaken.

Trial Outcomes

In 4 months I have completed 10 assessments. There has never been a down time where the equipment wasn't used and in fact I am continually highlighting other packages that may benefit from this type of assessment/review. These assessments have ranged from 2–7 weeks. The variation in time scales has been relative to the assessment aim (Please see case study summaries Appendix1).

	Actual savings	Avoidances	other
S&M			Potential saving of £30,230.00
B	£30,230.00		
C and A			Increased quality of care, VFM
J, JH and T			Potential saving of between £20,000 and £30,000
J and S	£38,755.08		
P		£47,298.16	
J			Potential saving of £27,300 per year minus £90 for bed sensor
K and J			Potential saving of £47,298.16 per year
M, P and S			Assured value for money and increased care quality around day time activities.
C			Potential saving approx. £1800 per year (dependent on amount of respite
TOTALS	£68,985.08	£47,298.16	Potential of £126,628.16

The system has been quick and easy to install. I have found the Just Checking support centre very helpful and approachable. As you can see the system alone has demonstrated significant savings and facilitated improved quality of care.

Conclusion

Having used the Just Checking system and compared it to other similar systems on the market I am happy that it offers the greatest flexibility and service. Although I admit that the outcome of the comparison may be different if appraised in relation to other service user groups, I believe that Just Checking would be most appropriate when placed in the homes of people with a learning disability. The main reasons for this conclusion are that it doesn't require a phone line and can be placed using the Velcro well out of reach or line of sight.

Recommendations

The outcomes of this trial demonstrate the value of the system as a service to Dorset's Learning Disability packages. This is in terms of facilitating good value for money in relation to cost and care quality. Below I will outline several options to mainstream the service and making it permanently accessible to Learning Disability Services.

Options

For the purpose of this exercise the assessor cost is based on data gather by Kent University. It relates to hourly rate, on costs for pensions/training and mileage allowance

Option 1:

DCC Purchase 4x just checking units - 1 for OT/VFM officer and 1 for each LD locality. This would require having a champion in each locality team who would carry out install and analysis of assessment. LD admin would need to check daily that the system is still working.

Cost - £11,652.00 for 4x multi-person kits with a 3 year web/ service bundle.
Champion – 2x 30mins for install/removal plus 2hr travel time at £60 p/hr = £180 per assessment
Admin – 5 mins per day, 5 days a week. 3 week assessment = 1.25 hours = ???admin cost per assessment
Champion Assessor to analysis results and write report – 2 hours - £120 per assessment

Total assessment cost - £300 plus admin cost

Option 2:

DCC Purchase 3x Just Checking units. These could be managed by Careline. They could install and monitor as per existing careline arrangements.

Cost - £7,819.00 for 2x multi person kits and 1x individual kit all with 3 year web/ service bundle.
Install costs - £104.02 for install and £3.50 per week monitoring charge.
Specialist Assessor to analysis results and write report – 2 hours - £120 per assessment

Total assessment cost = £235.52 based on a 3 week assessment
Option 3:

Careline purchase equipment and we hire this from them. No one off payments required.

Install costs - £104.02 for install and approx £7 per week monitoring charge.
Specialist Assessor to analysis results and write report – 2 hours - £120 per assessment

Total assessment cost = £245.02 based on a 3 week assessment

Option 4:

DCC Purchase 1x Just Checking unit. OT/VFM officer to continue managing these assessments, to install, monitor and analyse data.

Cost - £2913.00 for 1x multi person kit with 3 year web/ service bundle.
Cost of OT time - 2x 30mins for install/removal plus 2hr travel time at £60 p/hr = £180 per assessment
Specialist Assessor to analysis results and write report – 2 hours - £120 per assessment

Total assessment cost = £300, plus monitoring time

My recommendation would be to pursue option 2 with Careline and agree time scales for installs and quality of monitoring with them. I believe it is important to maintain ownership of the equipment to ensure maximum availability and overall control to develop this as a Learning Disability service. Although I can identify the benefits of having a joint provision across all Adult Services, further work should be done to identify the numbers of additional systems required for other service user groups.

OUTCOMES

- Improved quality of care
- Reduced package costs, through support reduction or change in the way we provide support
- Evidence based practice in regards to risk assessment.
- Can ensure that if care needs to be increased, it can be provided at the minimum level in response to the risk evidence provided through Just Checking
- Can support in adult safeguarding investigations

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APPENDIX 1

Case summaries from Just Checking trial(JC)

All initials have been changed. All care provider identities have been removed.

S and M
Multi person kit Installed – 18th May 2011
6 week assessment

Aim – Expected following social work assessment to be supporting with sleep in night, but the care agency do not believe it is safe to do so, due to amount of night disturbances and expressed their belief that it should remain a waking night. Just Checking put in place to ascertain any patterns or causes to disturbed night.

Analysis – JC identified that only M was having disturbances at night and not S. Staff were checking hourly and at times causing the disturbance. Periods identified of staff sleeping. System also identified that there was infrequent day time activity where they left the house. Checks reduced to 2 hourly and day time activities outside of the flat increased. This resulted in less night time disturbances.

Action – these outcomes have highlighted that the predominant concern is in fact around epilepsy monitoring. This was an issue not raised in previous home and appears to be more severe currently or better documented. Agreed with team leader if epilepsy can be detected we could move to sleep in night based on evidence.

Outcome - OT assessment currently ongoing with epilepsy monitors. OT looking to evidence working value and move to sleep in night support.

Potential saving of £30, 230.20 per year across joint package.
AT funded through housing service charge so no cost to DCC.

B
Single person kit Installed – 20th May 2011
3 week assessment

Aim – To reduce waking night support to sleeping night support. Current inconsistencies identified by care provider in night time recording in relation to level of need.

Analysis – Just Checking evidenced that B slept well at night from 10pm till 8pm. Occasionally gets up to use toilet and would need support to do so.

Action – OT to provide bed occupancy sensor on immediate alert. Carers to move over to sleeping nights.

Outcome - Actual saving £30, 230.20 per year
Equipment cost - £90 over 2 years

C and A,
Single person kit installed 14th June 2011
6 week assessment

Aim – Risk to tenancy agreement, due to reports from neighbours of excessive noise at night. Just Checking put in to ascertain if service users were awake for large portions of the night or if staff were spending large amounts of time in central lounge during the night. Aim to ensure tenancy, waking night needed to stay due to unmanageable epilepsy.

Analysis – Service users in bed by 9.30-10pm not waking until 6am. There was evidence of excessive activity by night staff in central lounge (only attached room to other property) and large periods of no activity. Evidence demonstrated of a lack of toileting routine for A and no checks re seizure activity for A (protocol in place for 30 min obs and 2 toileting periods each night) Carers facilitated a meet and greet with neighbours and this appears to have helped with community support and acceptance. Night staff given more structure to reduce activity in central lounge (cleaning tasks). Safe guarding issues raised following a night time fall. Just Checking was used to evidence further what happened, question carer testimony and to highlight additional issues of lack of checks following fall.

Actions – Night time support was sub contracted. Care provider terminated this contract immediately. Sub contracted care agency have since been in contact with OT and have advised that they have used Just Checking evidence in the disciplinary proceedings for staff and have ended their employment where appropriate. Care provider contracted to a new agency for night support and they evidenced better practice in regards to protocols outlined by team leader.

Outcome - NO savings achieved, however invaluable input in regards to safeguarding incident and quality of care in relation to night support and malpractice.

J, JH and T
Multi person kit installed 16th June 2011
7 week assessment

Aim – Social worker highlighted that he believed waking night support was not necessary, but care agency were saying that nights were highly disturbed and would not be appropriate as sleep in nights.

Analysis – Just Checking showed that J was independent at night and needed no support over the assessment period. JH had 9 episodes of unsettled nights where staff were required to support. T regularly awake by 5am. However both JH and T are in bed by 9pm the majority of the time. There is also a query around the lack of day time activity when may be causing/reinforcing such early mornings.

Action – Social worker to attempt to negotiate a sleep in night with contingency as follows. Sleeping night from 9-5, with agreement that night shifts were not to be followed by a morning shift in case sleeping became waking night. Occasional excessive disturbed nights would be billed as one offs. Further assessment required by health colleges in regards to constipation as some unsettled nights have been ended following access to toilet. Care provider to increase day time activities.

Outcome - Potential savings of between £20,000 and £30,000 per year dependent on the social workers negotiations across the 3 joint packages.

J and S
Single Person kit installed 26th July 2011
2 week assessment

Aim – To reduce waking night support to sleeping night support. Current inconsistencies identified by care provider in night time recording in relation to level of need.

Analysis – Both service users sleep well at night. Initially slept from 12/1am to 7am, but apparent this is as likely as a result of learnt night behaviours with waking night staff. 2 weeks in sleep pattern is now 11.30pm to 7am. Sleep in night was introduced in the 1st few days of the trial following clarification around minimal risk. This has supported that late night routines were related to having waking night support.

Action – Care agency to stay with sleep in nights. Agency are happy that the 11 till 7 sleep in is acceptable for their staff team.

Outcome – Actual saving of £38,755.08 per year. No equipment required.

GM,
Multi-occupancy kit installed 5th August 2011
2 week assessment

Aim – Currently has sleep in night staff, but manager has requested increase to waking night. This is due to unsettled behaviour and staff not getting enough sleep and causing issues in regards to shift patterns. JC installed to corroborate night staff case recordings.

Analysis – G does have some disturbed nights, but in general sleeps for more than 7 hours, however these timings can vary. e.g. if he goes to bed at 7.30pm he will wake up at 5am, if he goes to bed at 9 he will wake up between 6.30 and 7.30.

Action – Recommendation is that a creative sleep in night is used as follows..
Sleep in night should be independent from other shifts (not tagged on to evening or morning) but would be a longer shift i.e. 7pm till 7am. This would allow night staff to sleep when G sleeps and achieve a minimum of 7hrs. It would also mean if G had an unsettled night, this could be treated as a waking night without affecting other shifts.

Outcome – avoidance of £47,298.16 per year, no additional equipment required. Bed occupancy sensor previously in place

P
Single person Kit installed 18th August 2011
3 week assessment

Aim – To assess safety of reducing waking night to sleep in night. Currently not going to bed until 1/2am and waking several times for toilet and then waking at 7.30. Need to ascertain if this is because of staff being around and whether actual hours of sleep are appropriate to a sleep in night.

Analysis – No clear routines for staff or P. Night shifts start at 10 or 11. Handovers last from 5 - 60mins. Evidence that P will not sleep if a night shift change over doesn't occur. P doesn't appear to participate in evening activities. On unsettled nights P will regularly use the toilet for long periods.

Action – Further investigation to be undertaken in regards to P's potential bowel problems, participation in evening activities to tire P out. Night shift change over should always occur at 10pm with a 15min handover. This should be made rigid for P and reinforced with staff re its importance.

Outcome – If routine can be established more solidly, P should be supported by sleep in night support and a bed occupancy sensor on 15min delay.

Potential saving £27,300 per year minus £90 for bed sensor

K and J
Multi-occupancy kit – install 22nd August 2011
2 weeks

Aim – To assess J's use of kitchen during night, as he has PWS and staff suspect he is taking food at night. For K, to understand night time needs and sleep routines and to ensure VFM in relation to waking night support.

Analysis – J accessed the kitchen 8 out of 15 nights. K regularly sleeps 8 till 5, this is 9 hours so a sleep in night, very rarely gets up at nights and if so returns to bed promptly after using toilet. This issue comes in that 8 till 5 is not an average sleep in time. Several incidents of front door not being shut at night, which is a concern in regards to security. Just Checking has also evidenced minimal activity from some staff during the night.

Action – Staff to look at reducing amount of free access to food available to J. Therefore making night time kitchen visits less attractive. Recommendation for K to have an individual sleep in night that is not connected to evening or morning shifts. Shift to last from 7 till 7 - staff should sleep when K sleeps.

Outcome – Potential saving of £47,298.16 per year, no additional equipment required. Bed occupancy sensor previously in place.

C
Single Person Kit – Install 12th September 2011
4 day assessment – respite

Aim – To assess night support needs. Currently has waking night support, social worker identified possible ability to move to sleep in nights

Analysis – C sleeps well. Waking up time is determined by the time he goes to bed. C does get up in the night to use the bathroom and can take 15-20 mins to resettle, but this happens no more than twice per night.

Action – C can be supported by sleep in night staff with a bed occupancy sensor on immediate response. Social worker to advise on purchase of additional equipment.

Outcome – Potential saving identified of £34.88 per night, potential saving of £1800 per year dependent on amount of respite.

M, P and S
Multi occupancy kit – Install 12th September 2011
3 week assessment

Aim – to justify the need for waking night support across the 2 flats. Currently 2 waking night staff between 3 people.

Analysis – Just Checking showed high levels of nocturnal activity, a lack of day time activities and periods of sleeping during the day.

Outcome – Waking night support will need to continue due to the high level of nocturnal activity. However a further Just Checking assessment would be beneficial in 6 months as circle of support believe that the lack of day time activities may be linked to poor sleeping patterns. Care provider to increase day time activities.