

Impact of Regulation on Home Care

Dr Jane Townson

Chief Executive, Somerset Care Group
Vice Chairman, UK Homecare Association



Somerset Care





Outline



- Home care market in the UK
 - Key features
 - Drivers for change
- Impact of regulation on home care
 - Regulatory models
 - Outcomes
 - Issues and future



Outline









- Home care market in the UK
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1. Home care market in UK less than half the value of the residential care market

UK social care market breakdown

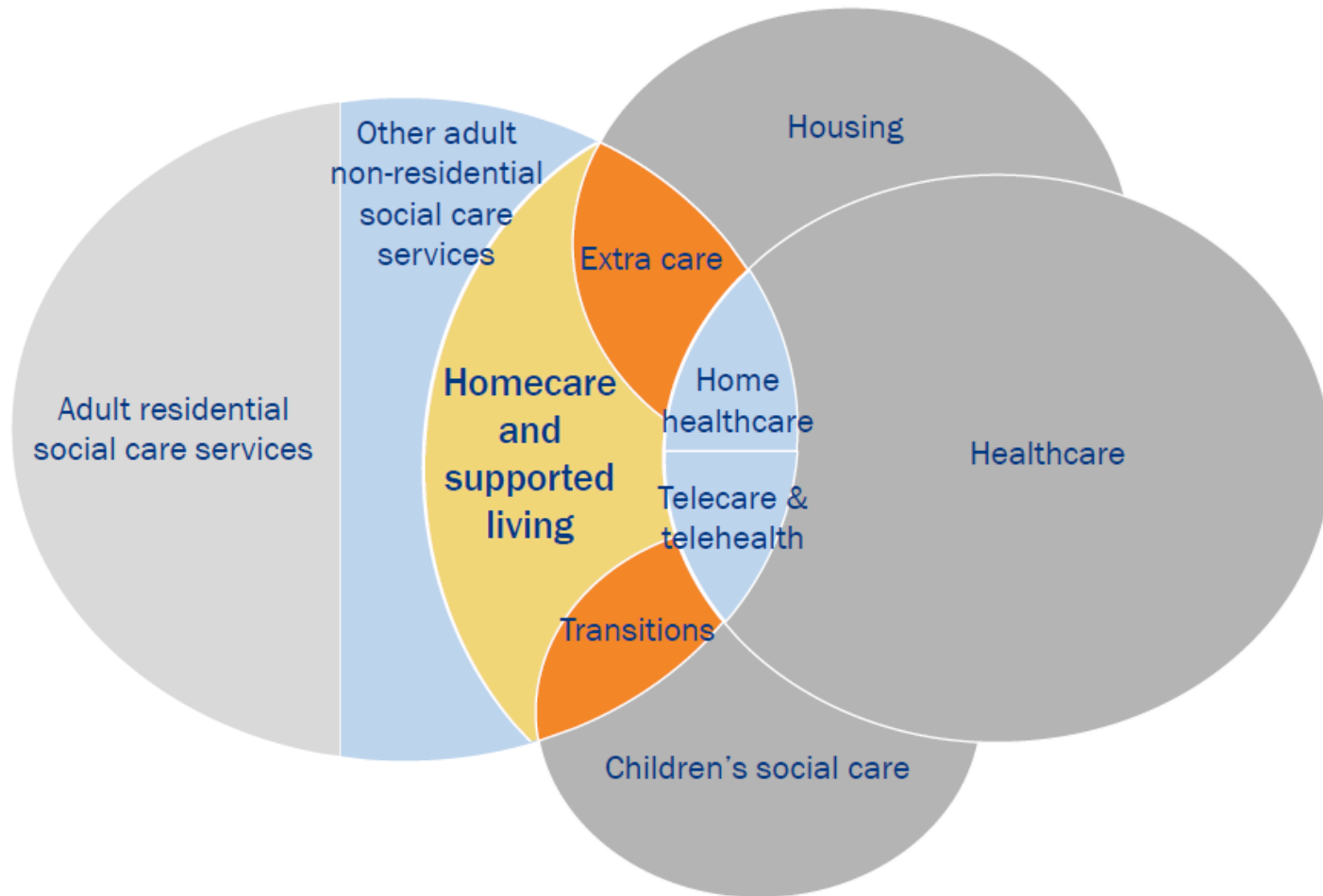
Sub-sector	UK market value £ billion	Independent sector market share %	Public sector market share %
 Care of Older People (Residential Care)	15.7	93 392,400 p	7 28,700 p
 Adult Specialist Care	10.1	94 74,100 p	6 4,800 p
 Homecare, Supported Living and Allied Services	6.5	96	4
 Children's Residential Care	1.4	78 6,400 p	22 1,800 p
 Foster Care	1.9	55 17,400 p	45 33,700 p
 Special Education	4.2	26 24,500 p	74 121,900 p



2. Home care market in UK is complex and made up of different elements



Home Care Market





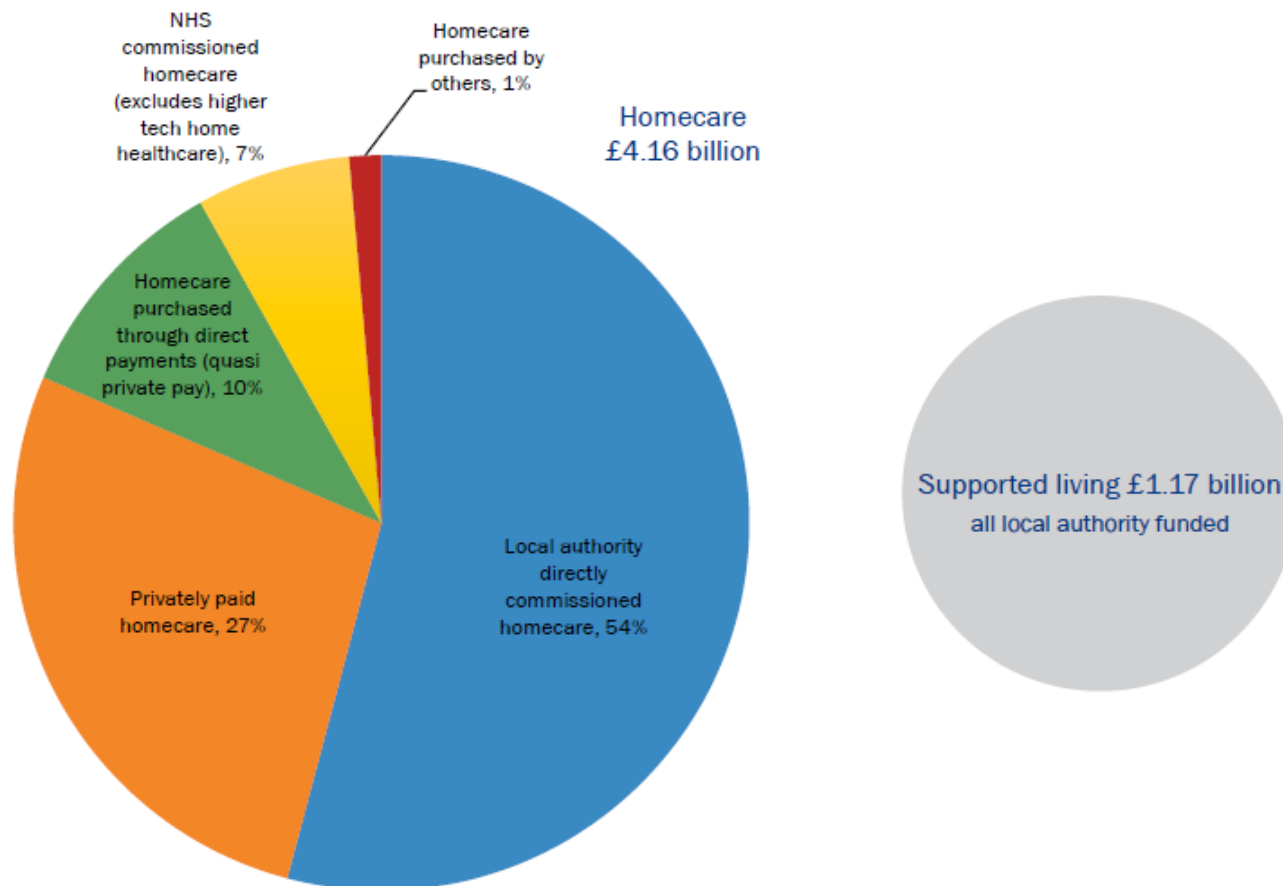
3. Majority of UK home care still funded by local authorities but private market is growing



UK Home Care Market



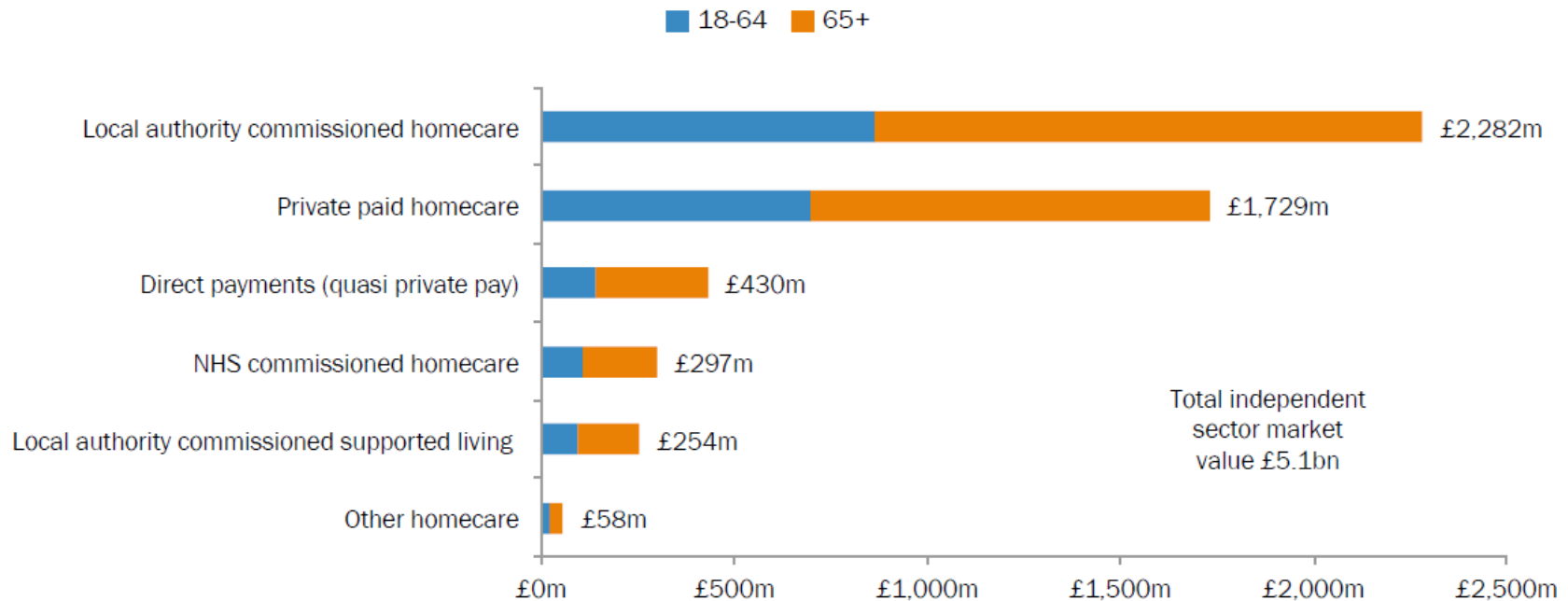
Sources of funding for homecare and supported living, all provider sectors, England 2014/15 (%)





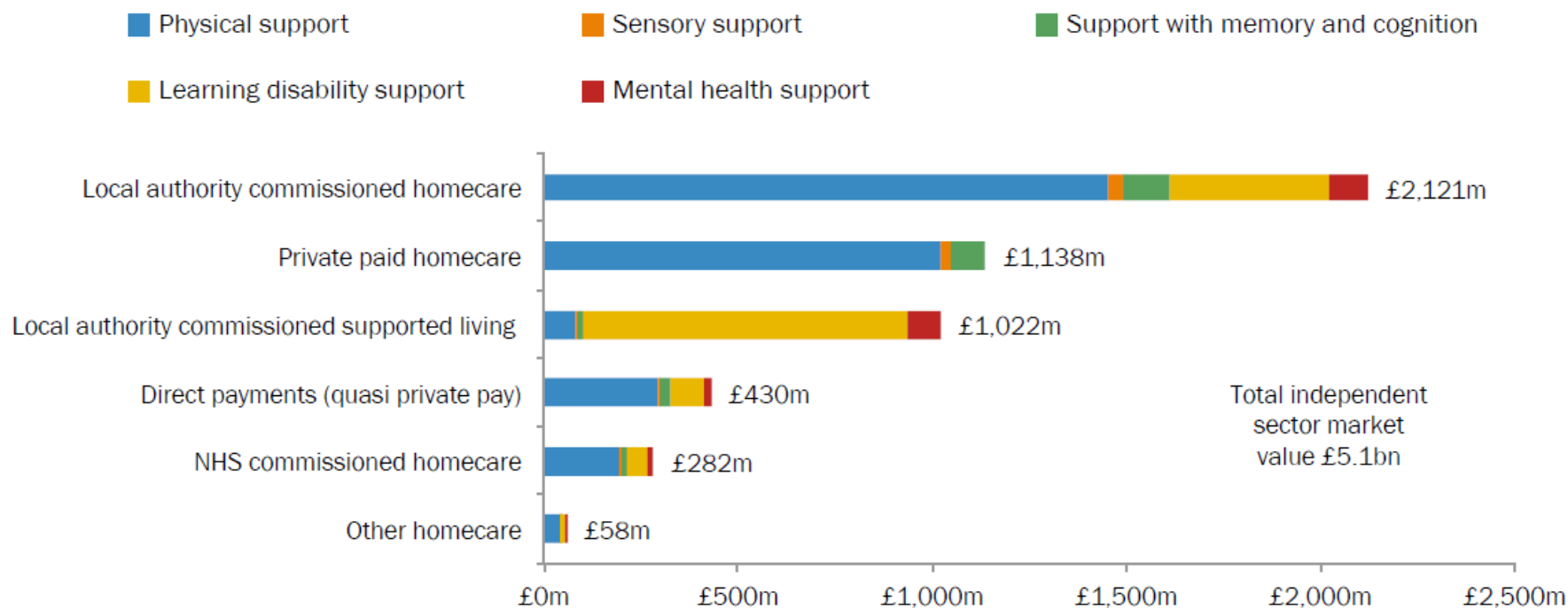
Value of UK home care by age

Estimated value of independent sector supply of homecare and supported living, by age, primary reason for support and source of funding, England 2014/15 (£ million)





Value of UK home care by type of support



Note: All local authority expenditure items exclude SSMSS overheads. Figures have been rounded to the nearest thousand.

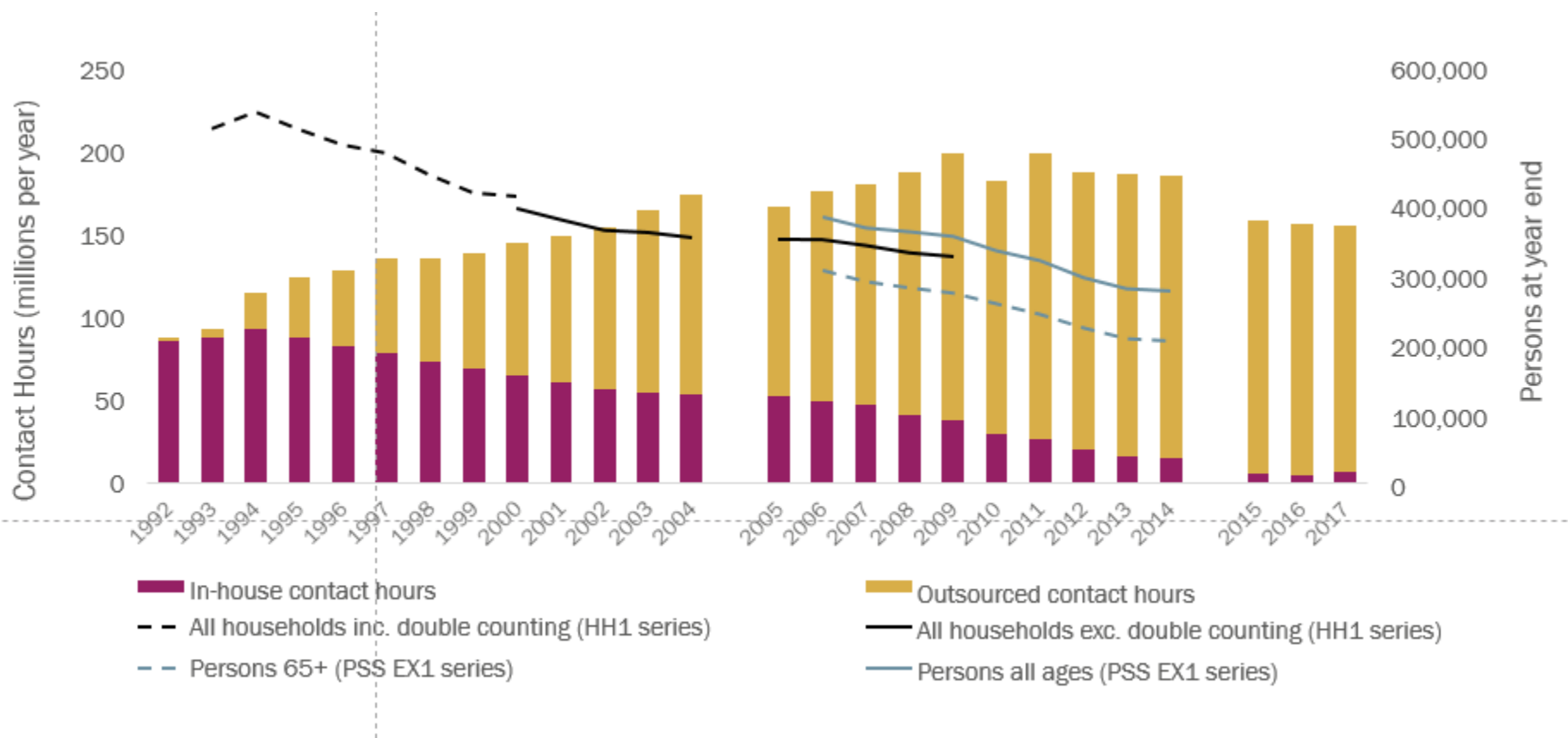
Source: LaingBuisson estimates based on: Personal Social Services: Expenditure and Unit Costs, England – 2014/15, Provisional release, Health and Social Care Information Centre. LaingBuisson survey of homecare providers, autumn 2014.



4. Since 1990's shift from local authority to independent providers and reduction in people receiving state support



UK Home Care Market





5. UK home care market very fragmented
 - a. Numerous small providers
 - b. Large providers each have small market share



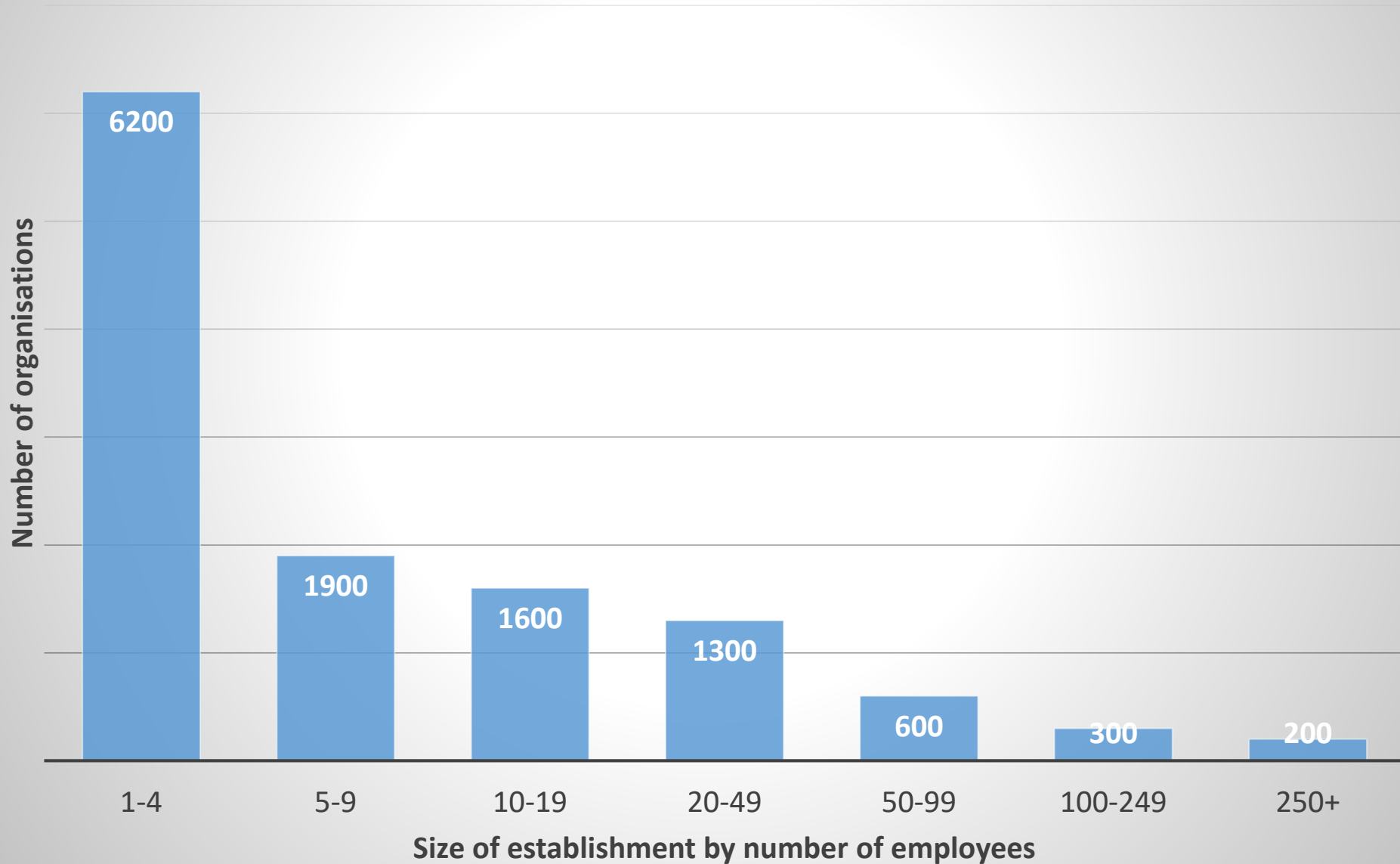
UK Home Care Market



- 8500 home care agencies registered with Care Quality Commission (CQC) – majority are small
- 500 new registrations per quarter
- 400 cease trading before first CQC inspection
- Personal assistants and other micro-providers unregistered with CQC

Employee number in Care Quality Commission registered non-residential care establishments in England

(Skills for Care NMDS-SC, 2017)



UK independent homecare providers¹ by market share

March 2018

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Operator	Latest Annual Homecare and Supported Living Turnover of Independent Sector Providers, all client groups (Older, YPD, LD and Mental Health) £m	Market share %
City & County Healthcare (inc partial of acquired Ark Health Homecare)	200	2.3%
Lifeways Group (excluding care home revenue from gross of £230m)	195	2.2%
Carewatch (franchisor and direct provider)	170	2.0%
Allied Healthcare (social care division only)	159	1.8%
Mears Group plc (including former Care UK home care division)	137	1.6%
Home Instead Senior Care (franchisor)	135	1.6%
Bluebird Care (franchisor)	127	1.5%
Dimensions UK (est. excluding care home revenue)	115	1.3%
MENCAP (est. for homecare / supported living, exc. care homes)	85	1.0%
Apposite Capital portfolio companies (MiHomecare and Complete Care and partial of acquired Ark Health Homecare)	75	0.9%
Remainder	7,302	83.9%
Estimated total independent sector market size 2017	8,701	100%

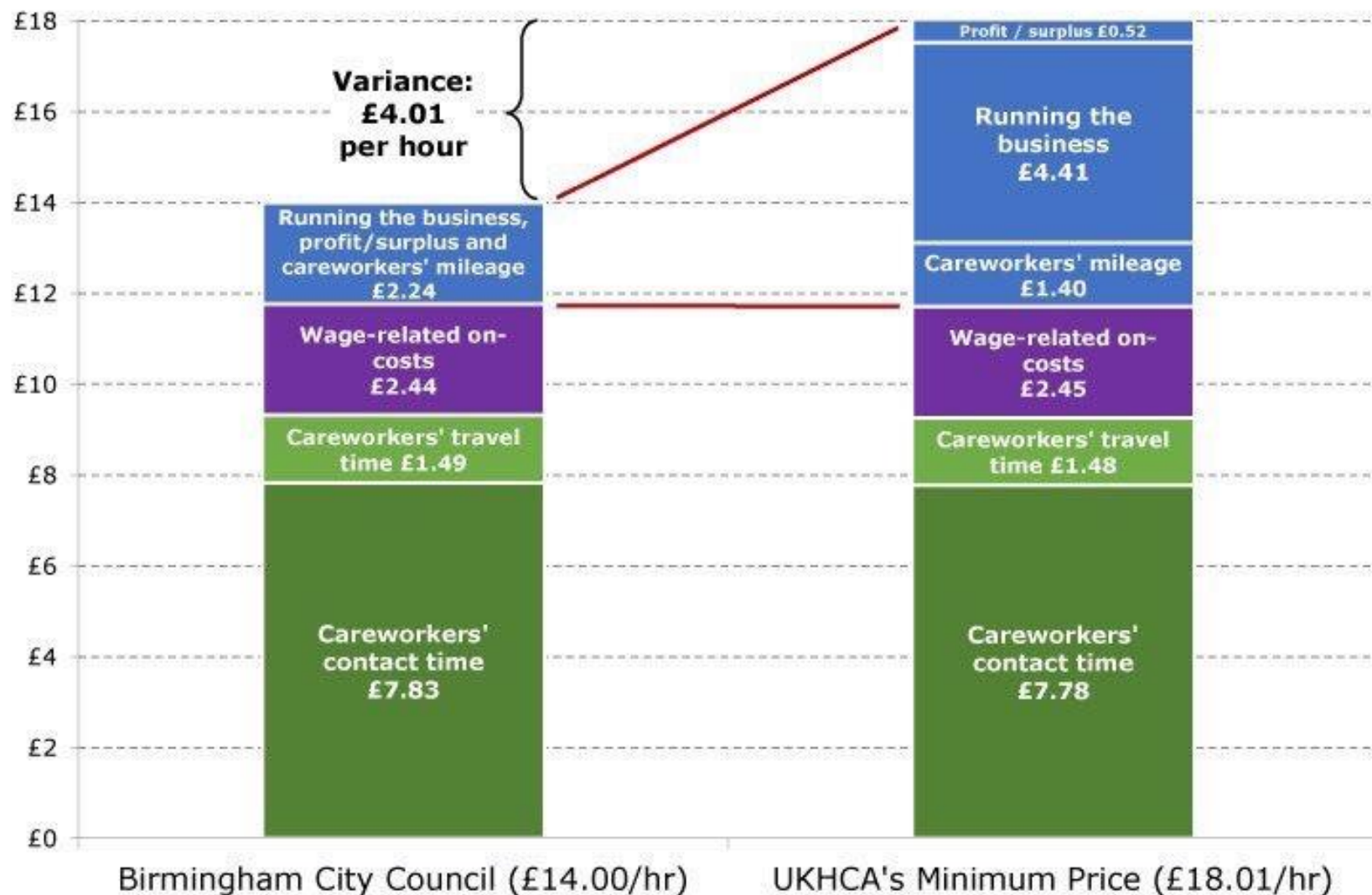
NOTES 1 FIGURES BASED ON STATISTICS TAKEN FROM COMPANY ACCOUNTS, ANNUAL REPORTS AND ESTIMATES BASED ON HOURS OF CARE REPORTED IN THE PUBLIC DOMAIN. (REVISED MARKET SHARE FIGURES DUE TO NEW DATA BECOMING AVAILABLE. MARKET SIZE FIGURE BASED ON HEALTH AND SOCIAL CARE INFORMATION CENTRE DATA)

SOURCE LAINGBUISSON DATABASE

DATA CORRECT AS OF 1 MARCH 2018

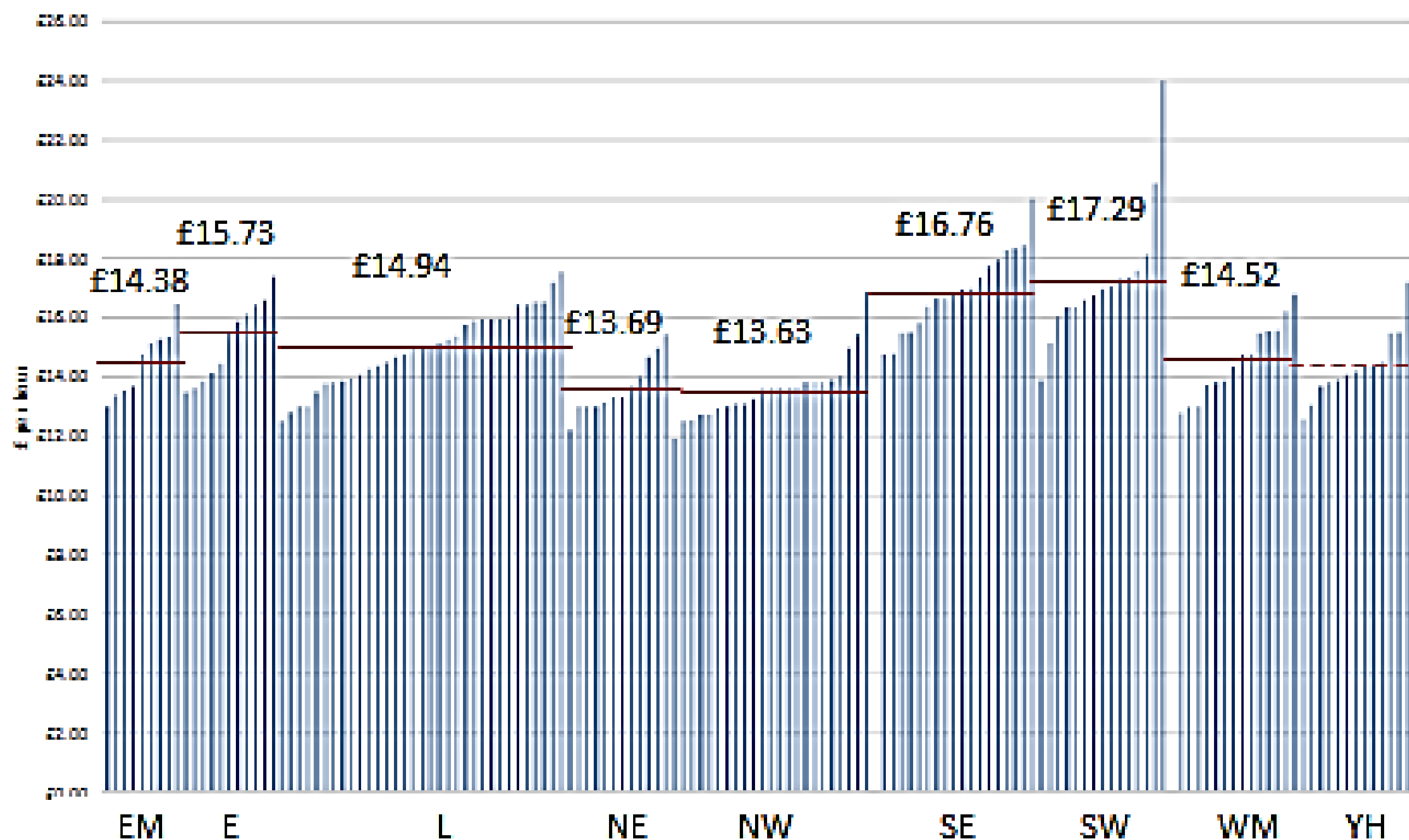


6. Local authority fee rates for home care generally inadequate to cover provider costs and not meeting UKHCA minimum price for home care



Comparison between UKHCA's Minimum Price for Homecare (Version 5.1) and the likely distribution of costs in Birmingham City Council's proposed rate for homecare services. Diagram produced by UKHCA for illustration purposes only. February 2018.

Unit Cost of independent sector home care, 2016/17 - English councils, showing Regional averages





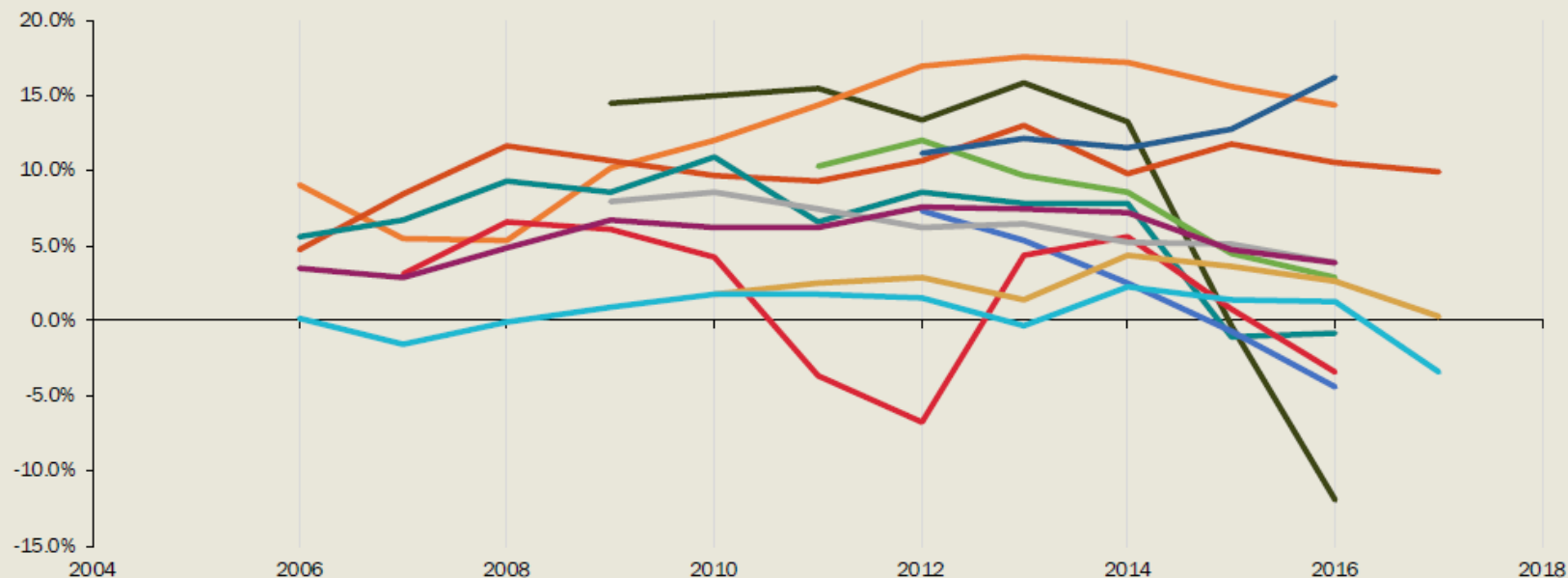
7. Providers with high exposure to low LA fee rates have lower profits and some are losing money



Profitability

PROFITABILITY EBITDAR

HOME CARE



MiHomecare, formerly Enara (y/e March) Lifeways (>80% supported living, y/e Aug) City & County Healthcare (y/e March)
 Mears Group Care Division (y/e Dec) Allied Healthcare (y/e Jan) Westminster Homecare Ltd (y/e Dec)
 Helping Hands (y/e Sept) Alternative Futures (y/e March) Dimensions (UK) Ltd (y/e March)
 Turning Point (y/e March) Sevacare (y/e Aug) AGGREGATE

SOURCE LAINGBUISSON DATABASE

Source: Laing and Buisson, 2018



8. A number of providers doing LA-funded home care have handed back contracts or quit altogether

Biggest not-profit provider pulls out of home care market

Housing & Care 21 says it is unable to deliver care to highest standards at current local authority rates

by Mithran Samuel on September 15, 2016 in Adults, Domiciliary care



Photo: Photofusion/Rex/Shutterstock

Business

Economy Companies Opinion Open economy Markets Alex Telegraph Connect

Business

Mitie sells healthcare business for just £2



MIHomecare, which is being sold, provides care at home for people who require help and support due to illness, infirmity or disability, and makes around 80,000 visits each week. CREDIT: MATT CAROY/GETTY

News

Saga Sells Allied Healthcare Business To Aurelius For GBP19 Million

LONDON (Alliance News) - Saga PLC on Tuesday said it has struck a deal to sell its Allied ...

Alliance News | 1 December, 2015 | 12:49PM



AAA

LONDON (Alliance News) - Saga PLC on Tuesday said it has struck a deal to sell its Allied Healthcare business to Aurelius Group, the European investment company.

Care UK in talks to sell community nursing division to Mears

Sale comes as group seeks to add more residential care homes for elderly



Gill Plimmer MAY 25, 2015

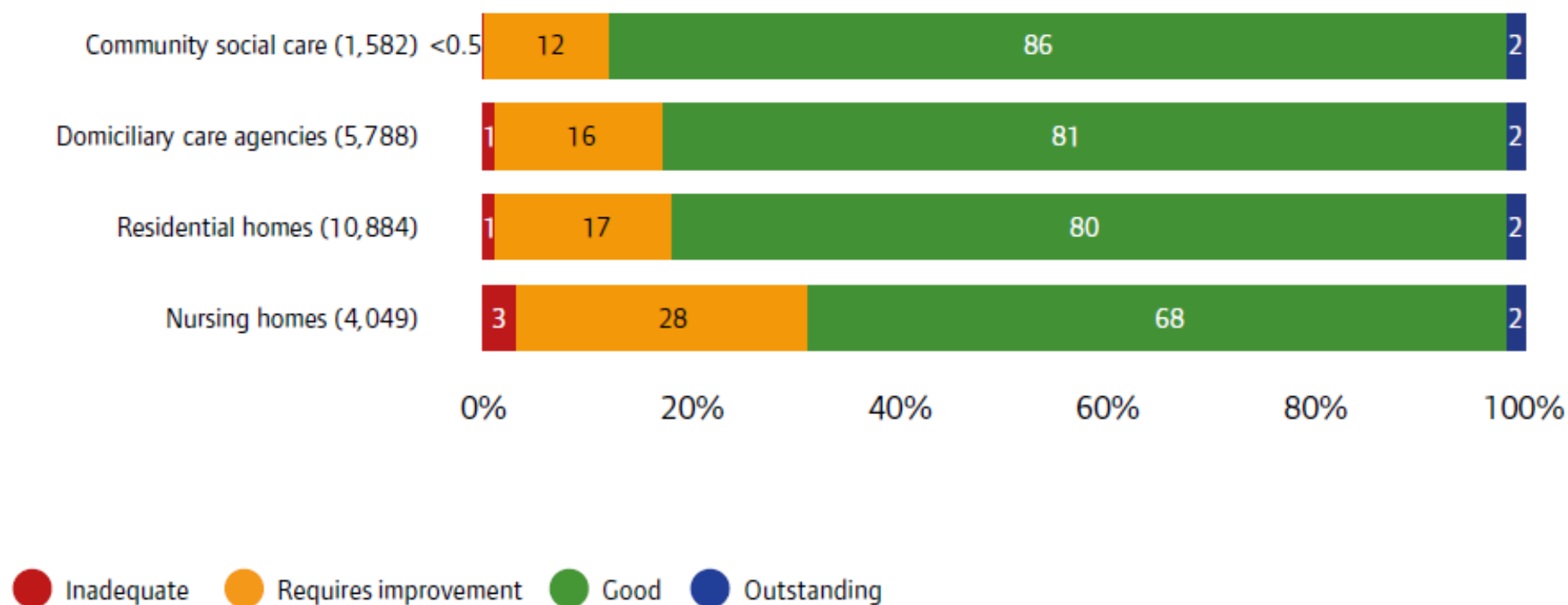




9. Care quality

- 83 per cent of home care agencies rated good or outstanding by CQC

Figure 2.2 Adult social care overall ratings by type of service



Source: CQC ratings data, 31 July 2017.



9. Care quality

- Most outstanding ratings are achieved by small providers doing private work
 - ❖ easier work, lower dependency of clients
 - ❖ able to personalise and focus on outcomes
- Large providers doing mostly LA-funded work tend to achieve lower compliance
 - ❖ funding and commissioning are major barriers
 - ❖ high dependency of need
 - ❖ 15-30 min visits
 - ❖ time and task



CQC analysis of LA fee rates and quality



- Data on minimum, average and maximum hourly rates paid by local authorities, kindly supplied by UKHCA
- Using a method to summarise domiciliary care ratings at local authority level (a 'rating score'), we performed statistical tests of correlation on the two datasets.
- We found a **statistically significant** but **weak** correlation between the average hourly rate and the rating score using Spearman's rank correlation ($\rho=0.27$, $p<0.05$), based on 139 local authorities with complete pairs of data. (A perfect correlation would be $\rho=1$ or $\rho=-1$, no correlation at all would be $\rho=0$)
- Caveats: the data on hourly rates is for local authority funding only, and takes no account of the amount paid by self-payers or what proportion of people using services they account for in each local authority.

CQC ratings of homecare providers (by revenue)

Rank	Provider	% good or outstanding	% not inspected
1	Dimensions UK	100%	10%
=	Alternative Futures	100%	25%
=	Marie Curie	100%	43%
=	Helping Hands	100%	70%
=	Somerset Care	100%	22%
6	MENCAP	98%	10%
7	Homeinstead Senior Living	96%	19%
8	Housing & Care 21	95%	0%
9	Bluebird Care	93%	17%
10	Turning point	93%	17%
11	Lifeways	92%	12%
12	Voyage	91%	5%
13	Community Integrated Care	88%	27%
14	City & County Healthcare	77%	8%
15	Mears	76%	24%
16	Sevacare UK	75%	17%
17	Allied Healthcare	75%	8%
18	Carewatch	71%	18%
19	MC Care (fka MiHomecare)	38%	20%
20	Age UK	33%	25%

NOTES 1 INCLUDES ADULTS UNDER 65, BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICALLY DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE

SOURCE LAINGBUISSON'S CARE MONITOR **DATA CORRECT AS OF 2 NOVEMBER 2017**



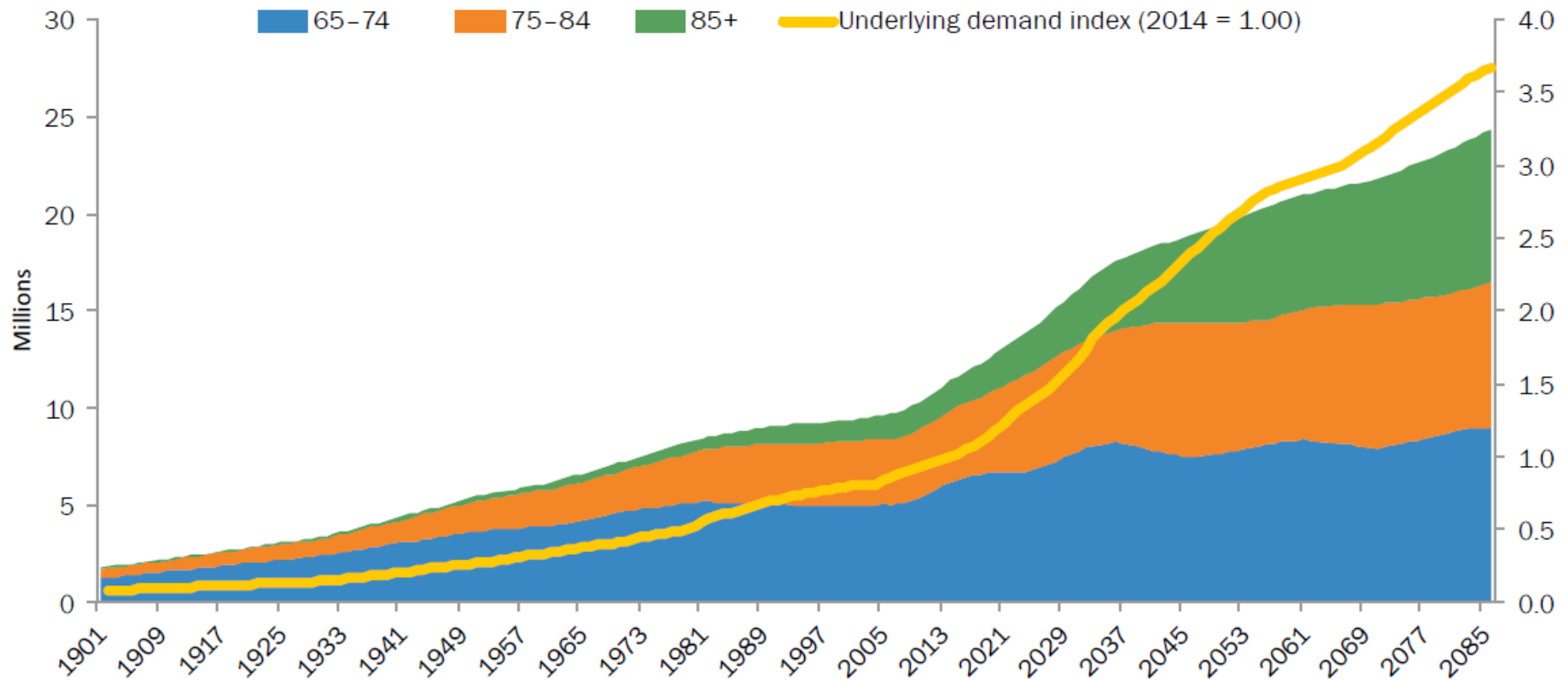
In a nutshell



- Funding and commissioning model for UK state-funded home care is bust
- Small home care providers doing private work are profitable and achieving outstanding ratings

Demand for home care continues to rise – more people want to remain at home

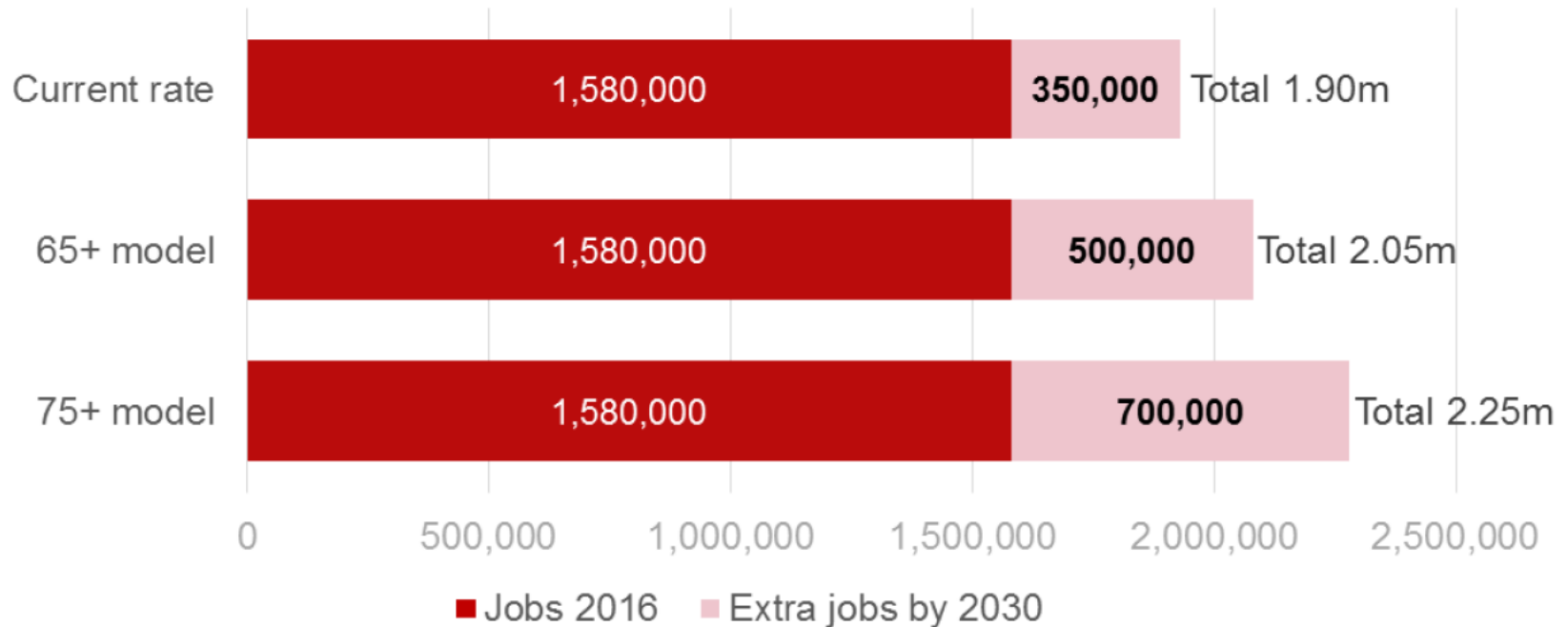
Population estimates for people 65 years and older, United Kingdom, 1901–2086



Sources: LaingBuisson's *Care of Older People UK* market report (27th edition). 1901–2001, Census data; Following 2001, successive principal national projections (the latest being 2012-based) from the Office for National Statistics and (formerly) the Government Actuary's Department.

Workforce

- Recruitment, retention, workforce capacity is a major challenge for all providers





In a nutshell

- Demographic change and policy driving demand for home care
- Workforce is a major constraint
- Market is ripe for disruption
- Does regulation help or hinder change in the home care market?



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Regulatory models



Regulation



- Lack of international consensus on what constitutes 'effective quality regulation'
- Organisation and governance of health and social care varies across countries



Regulation

- Countries use a combination of policy instruments to assure quality and safety in the provision of health and social care
 - ➡ Command and control
 - ➡ Meta-regulation
 - ➡ Self-regulation and voluntarism
 - ➡ Market mechanisms



Regulation



• Command and control

- ➡ Direct enforcement by government, e.g., licensing professionals and facilities, enforcing performance standards, e.g., HIQA in Éire, CQC in England, CSIW in Wales
- ➡ Mechanisms to secure standard adherence include criminal or civil penalty; licence revocation or suspension; physician revalidation



Safer Better Care

HIQA is an independent authority that exists to improve health
and social care services for the people of Ireland.



Acute and Community
Healthcare Services



Children's Services



Disability Services



Older People's
Services



CareQuality
Commission



Regulation



•Meta-regulation

- ➡ Conduct of self-regulation is monitored by an external third party.
- ➡ May be sanctions and financial incentives that help ensure adherence.
- ➡ Examples include clinical audits conducted externally; mandated incident reporting systems; and consumer complaints ombudsmen.

Review of Adult Social Care Complaints 2016/17

The Ombudsman's Annual Report and Accounts 2016-17





Regulation



- Self-regulation

➡ Self-regulation describes a system in which organised groups regulate the behaviour of their members; this might involve an industry-level organisation or a professional association which sets rules, standards, and codes of practice relating to the conduct of its members, e.g., GMC for doctors



24 May 2018

We're making improvements to our Siebel system on Thursday, see the bottom of the page for details of the systems affected.

We help protect patients and improve UK medical education and practice by supporting students, doctors, educators and healthcare providers.

[About the GMC](#)

Check a doctor's registration status

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[Becoming a doctor in the UK >](#)[Ethical guidance >](#)[Revalidation >](#)

Working for patients

[Who we are and what we do >](#)[What you should expect from your doctor >](#)[Raise a concern about a doctor >](#)



Regulation



•Voluntarism

➡ Voluntarism is based on an individual firm, organisation, or individual professional, 'undertaking to do the right thing without any basis in coercion'. These mechanisms include the use of clinical governance, voluntary hospital accreditation, peer review, clinical protocols, performance indicators/targets and benchmarking, e.g., local authorities peer challenges

Peer challenges

Peer challenge is a proven tool for improvement. It is a process commissioned by a council and involves a small team of local government officers and councillors spending time at the council as peers to provide challenge and share learning.

The process involves engaging with a wide range of people connected with the council and the findings are delivered immediately.

Since we launched our offer to support sector-led improvement in 2011, we have delivered more than 700 peer challenges. In 2013 our 'Rewiring Public Services' campaign endorsed the central role it plays in improving council's impact on issues like economic development, improving social care and pressing ahead with transforming public services. In 2014 an independent evaluation endorsed the value of peer challenge. A further [recent evaluation](#) this year provides independent feedback about the effectiveness, impact and value for money of the Corporate Peer Challenge.

Peer challenge is a core element of our sector-led improvement offer to local authorities. [A fully funded Corporate Peer Challenge](#) is available to all councils every four to five years. In addition we offer a range of other service specific and thematic peer challenges.

If you want to discuss a peer challenge in your council then please contact your regional [LGA Principal Adviser](#).

**Corporate Peer Challenge
Programme Annual
Report 2016/17**

**Rising to the challenge:
an independent
evaluation of the LGA's
corporate peer challenge
programme**

**Housing Advisers
Programme 2018/19**



Regulation



- **Market mechanisms**

- Refers to a set of rules and institutions of a market economy as applied to the public sector
- Mechanisms to encourage adherence to standards include elements such as incentive payments, governance by contracting, and performance league tables, e.g., NHS CQUIN (Commissioning for Quality and Innovation) targets, GP QOF (Quality Outcome Framework) system

NHS Standard Contract

Commissioning for Quality and
Innovation

2017/19 CQUIN

2016/17 CQUIN

2017 – 2019 Prescribed
Services CQUIN Schemes2016/17 Prescribed
Specialised Services CQUIN
schemes[Home](#) > [NHS Standard Contract](#) > [Commissioning for Quality and Innovation](#) > [2017/19 CQUIN](#)

2017/19 CQUIN

CQUIN Guidance

- [CQUIN 2017/19 Guidance](#) – Publications Gateway Reference 07725

CQUIN Indicator Specification

- [CQUIN 2017-19 Indicators Specifications](#) (updated April 2018) – Publications Gateway Reference 07725

CQUIN Indicator Spreadsheet

- [CQUIN 2017/19 Indicators Spreadsheet](#) – Publications Gateway Reference 07725

CQUIN Engagement response

-  [CQUIN Engagement response](#) – Publications Gateway Reference 06023

CQUIN Supplementary Guidance



Regulation

- All countries have elements of all types
 - **Command and control**
 - England, Wales, Scotland, N Ireland, Finland
 - **Meta-regulation**
 - Netherlands, England
 - **Self-regulation and voluntarism**
 - England, Australia, Finland, USA, Netherlands
 - **Market mechanisms**
 - England, USA



Regulation



- Countries have different bodies responsible for regulation and different levels of enforcement



Regulation



- The overall evidence of the effectiveness of regulatory strategies towards ensuring care quality and safety at system level is scarce



Characteristics of effective regulation

(cited in academic literature)



- Flexible and adaptive as well as targeted to the content and outcome of each regulatory encounter
- Require involvement of stakeholders in both the development and assessment of standards
- Employ a range of regulatory strategies and mechanisms, involving both informal and more formal (statutory) approaches to ensure integrity and credibility
- Provide for mechanisms ensuring that the regulator is independent and impartial while being accountable for the effects of regulation



Care Regulation in England



- The Care Standards Act 2000 led to the establishment of the Commission for Social Care Inspection (CSCI) in April 2004 as the single, independent inspectorate for all social care services in England.
- CSCI brought together responsibilities that had formerly been split between the Social Services Inspectorate (SSI), the SSI and Audit Commission Joint Reviews Team, and the National Care Standards Commission.



Care Regulation in England



- The CSCI was responsible for registering local care services that are required to meet national standards
- Requirement to register care services in England was introduced in 2003
- In 2008, merger of the CSCI with the Health Care Commission to create a single new inspectorate across health and social care – **Care Quality Commission**



CareQuality
Commission

Care Quality Commission England

Standards

Safe

Effective

Caring

Responsive

Well-led

Standards

Safe

Effective

Caring

Responsive

Well-led

Registration



Monitoring



Inspection



Action

**Care Quality Commission
England**

Standards

Safe

Effective

Caring

Responsive

Well-led

Registration



Monitoring



Inspection



Action

Care Quality Commission England



Report &
Rating

- Outstanding
- Good
- Requires Improvement
- Inadequate

Standards

Safe

Effective

Caring

Responsive

Well-led

Registration

Monitoring

Inspection

Action

Care Quality Commission England

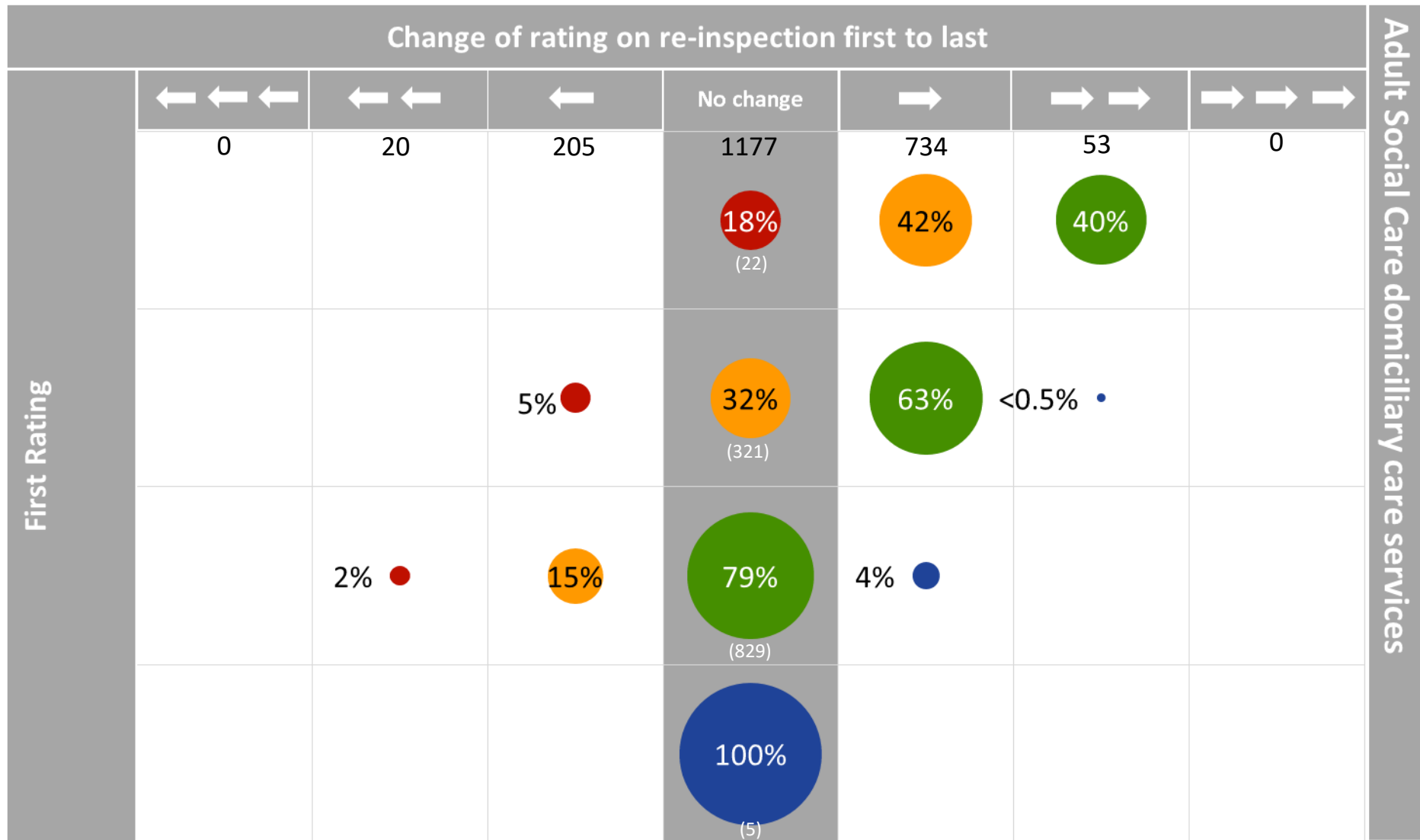
Report &
Rating

- Outstanding
- Good
- Requires Improvement
- Inadequate



Effect of regulation by CQC on quality of home care

Impact of regulation by CQC on quality of home care



Source: CQC Data Analysis 2018

Enforcement Action by CQC

Since 1 April 2017

			Number of Decisions		Total Number of Decisions
		Decision Outcome Year	2017	2018	
Provider Inspection Directorate	Decision Type Category	Decision Type			
Adult social care	Civil	Cancel registration	8	8	16
		Impose Condition	5	4	9
		Remove Condition	1	1	2
		Urgent Impose Condition	2	2	4
		Vary Condition	3	1	4
	Civil Total		19	16	35
	Criminal	Recommend fixed penalty	14	6	20
	Criminal Total		14	6	20
	Warning Notices	Serve WN	21	25	46
	Warning Notices Total		21	25	46
Adult social care Total			54	47	101



Issues and future



- Cost of regulation
- Rise of unregulated Personal Assistants and Micro-Providers
- Registration of care workers
- Disruptors in the market
 - New models of home care delivery
 - Technology solutions



Issues and future



- **Cost of regulation**
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Cost of regulation



- CQC's regulatory functions are funded both by fees paid by providers and by grant-in-aid from the Department of Health and Social Care
- Government policy requires CQC to increase the fees it has to charge registered providers, so that it can move towards fully recovering the chargeable costs of regulating health and adult social care in England by 2020



Cost of regulation



- Regulatory fees for care homes - increase of **25 per cent** from 2016-2020
- Regulatory fees for home care increase of **313 per cent** from 2016-2020, but just changed again – now another **650 per cent** increase for us



Cost of regulation



- In April 2018, a new CQC fee calculation was introduced for home care
 - £239 per location and
 - £45.77 per service user
 - Capped at a maximum fee of £78,047 per location



Cost of regulation



- Almost half of providers surveyed by UK Homecare Association were considering setting some form of minimum threshold on the size or duration of care package they would be willing to take on.
- Operating in already financially challenging circumstances, a number of providers suggested that around seven or 10 hours' of care per week to an individual were no longer viable



Cost of regulation



- Some stated that they were also preparing to hand back similar sized packages to their commissioners
- Self-funders requesting small packages are also more likely to be charged a higher hourly rate, or possibly an up-front fee.



Issues and future



- Cost of regulation
- **Rise of unregulated Personal Assistants and Micro-Providers**
- Registration of care workers
- Disruptors in the market
 - New models of home care delivery
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Personal Assistants



- A personal assistant (PA) is someone who is employed directly by a person who needs care and support. They can also be employed by a family member or representative when the person they're supporting doesn't have the physical or mental capacity to be the employer.
- A PA works directly with the individual they're supporting, in a person-centred way, to enable them to live their life according to their wishes and interests.
- PAs are not regulated by the CQC



Personal Assistants



- Direct payments were the main mechanism to deliver the personalisation agenda for adult social care in England.
- Personalisation was a step change from the traditional service-led approach of care, to offering choice and control to people, with an increased emphasis put on wellbeing and lifestyle.

Social care

Older people want to be cared for at home. Micro-providers are the answer

A scheme in rural Somerset has plugged the social care gap for 700 people and could be a model for the rest of the UK



David Brindle

Wed 26 Apr 2017 07.29 BST



876 ▲ 3 ♥



▲ Jenny Dutton doing the vacuuming for Pam King at her cottage in Somerset. Photograph: Jim Wileman for the Guardian

When Jenny Dutton arrived at Pam King's home the other day, she had to apologise for being covered in mud. On her way to King's isolated Exmoor cottage, she had stopped to rescue a stranded sheep. The animal had complied, but only after a

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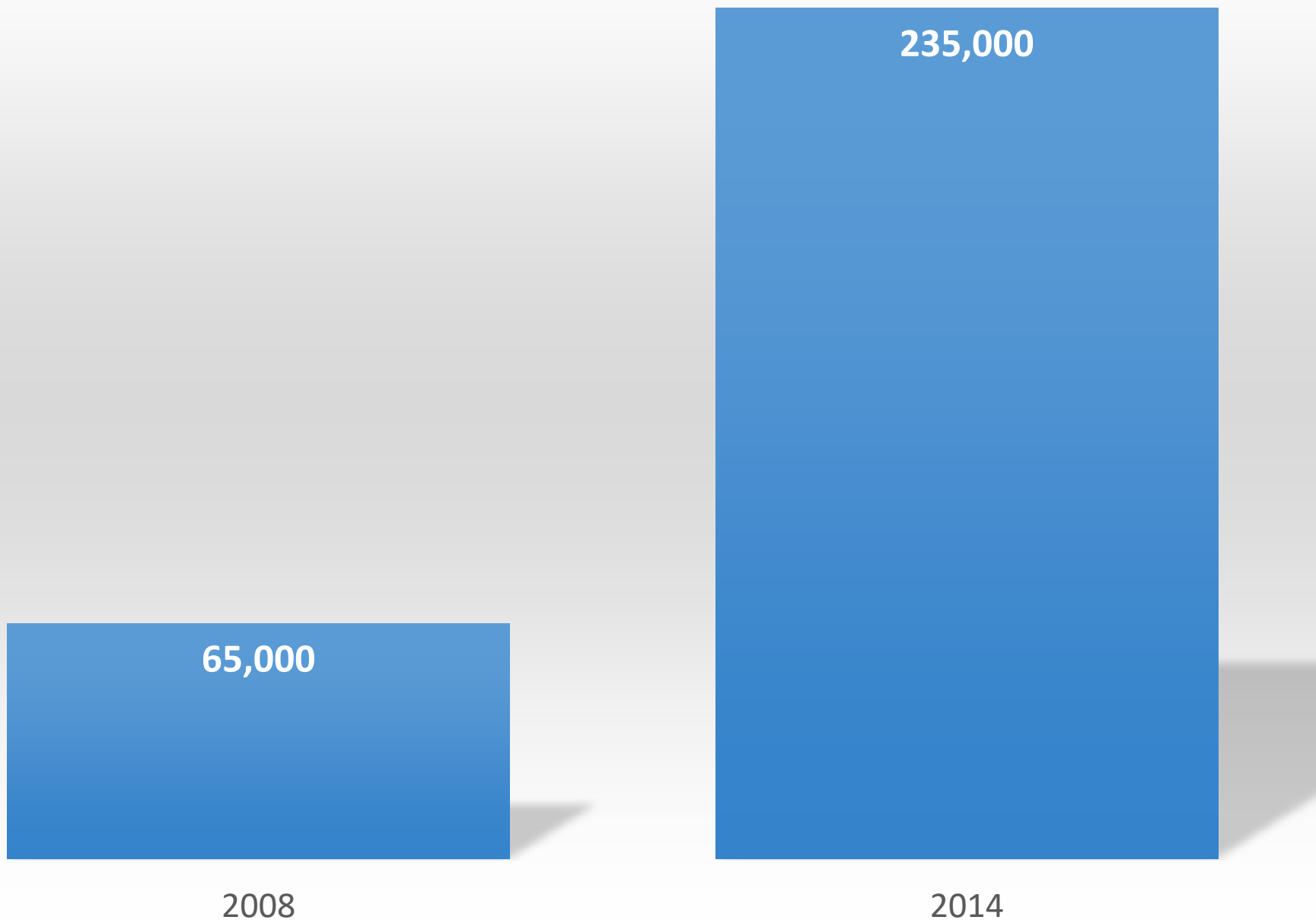


Personal Assistants

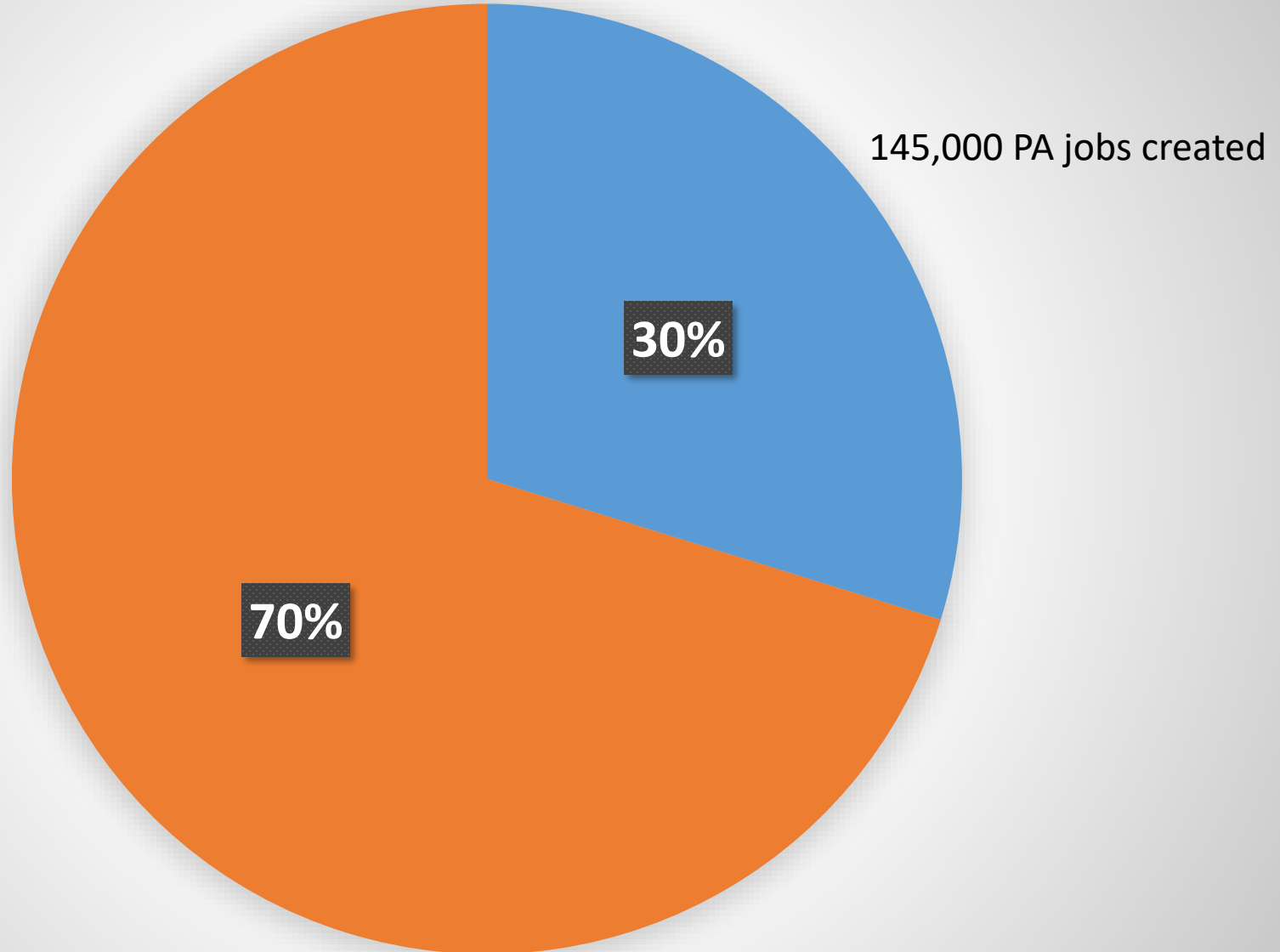


- Direct payments were first introduced for adults in 1997 and for older people in 2000.
- With the introduction of the Care Act in 2014, it became mandatory for local authorities to provide direct payments to individuals who needed, and were eligible, to receive them.

People Receiving Direct Payments in England



Use of Direct Payments in England



■ Employ own staff

■ Use staff employed by agencies



Personal Assistants

Unregulated by CQC



£9.10

The mean hourly pay rate for PAs in England was **£9.10**

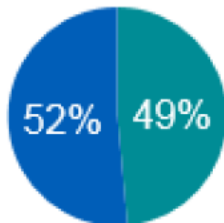


The PA turnover rate reported by individual employers was **18.9%**

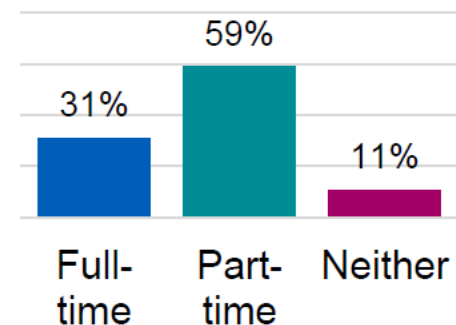


The PA vacancy rate reported by individual employers was **7%**

52% family or friend
48% did not know their employer before accepting their role



Almost half (**45%**) of PAs held a relevant adult social care qualification





Issues and future



- Cost of regulation
- Rise of unregulated Personal Assistants and Micro-Providers
- **Registration of care workers**
- Disruptors in the market
 - New models of home care delivery
 - Technology solutions



Registration of care workers



- Care workers have to be registered in Scotland and Northern Ireland
- Wales have started registering care workers
 - Register opened in April 2018 and care workers must register by April 2020
 - In future registration will be mandatory within 6 months of starting a new post
 - Qualifications are required
 - Fees are £15 p.a. rising to £30 p.a. by 2020
- England has not yet decided on registration of care workers. It is likely to come.



Issues and future



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- **Disruptors in the market**
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Disruptors



- Local authorities taking home care back in-house
- Commissioning for outcomes not time and task
- Local Authority Trading Companies
- NHS and GPs starting to commission home care directly
- Non-personal care below regulatory threshold, e.g., companionship
- Collective workforce arrangements, including unregulated Personal Assistants



Disruptors



- On-line introducers, i.e., on-line employment agencies – “Uber” models
- Alternative models - non-personal care, e.g., “CareBnB”
- Buurtzorg model
- Technology innovators – e.g., voice recognition / sensors / robotics / care delivery management apps/ artificial intelligence

Comprehensive home care from the UK's best Professional Carers

Best Home Care in London
at Social Care Awards 2018

Book a Professional Carer



Play video



In partnership



Regulated by

Satisfaction rating

99.4%



TRUSTPILOT

Excellent



Home Care UK

9.5/10

Google reviews

4.8/5



The Telegraph



THE TIMES

theguardian

WIRED

"Encouraging to see the
social care sector
embracing technology"

"Cera allows patients or
family members to join and
find a home carer in their

"Revolutionising
healthcare"

"Making care more
transparent, reliable and
responsive"



Lisa from Your Cera Support

Hi, welcome to Cera Care. How can I
help you?

Clear X



Connecting people who care

Let us help you find the right
home care for your loved one.



SuperCarers

Welcome to SuperCarers. Our team of
care advisors are here to help between...





Home Care Reimagined

HomeHero is a non-medical home care provider that leverages smart technology and human compassion to extend the health system into the home.

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Social Care Network

Buurtzorg: the Dutch model of neighbourhood care that is going global

Innovative nursing model cuts bureaucracy and gives nurses more freedom and time with clients



▲ New Dutch homecare model insists nurses spend more than half of their time in direct contact with the people they support. Photograph: Fred Froese/Getty

David Brindle
Tue 9 May 2017 08:51 BST

f t e ...

996 | 12

- Nurse led – more like district nursing model
- 14,000 field staff
- 1000 teams
- 50 back office staff
- Technology solution to enable



Issues and future



- Cost of regulation
- Rise of unregulated Personal Assistants and Micro-Providers
- Registration of care workers
- **Disruptors in the market**
 - New models of home care delivery
 - **Technology solutions**



Issues and future

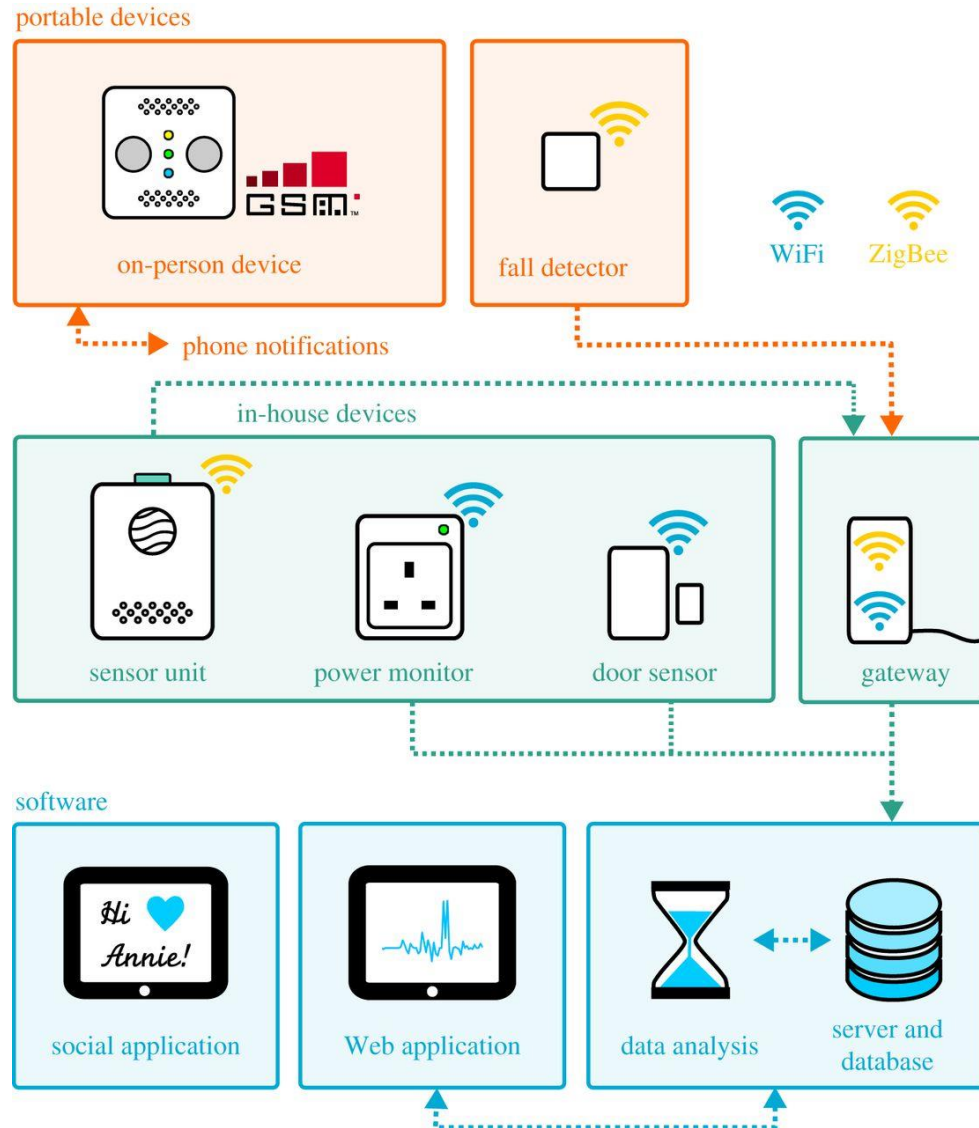


- Technology solutions

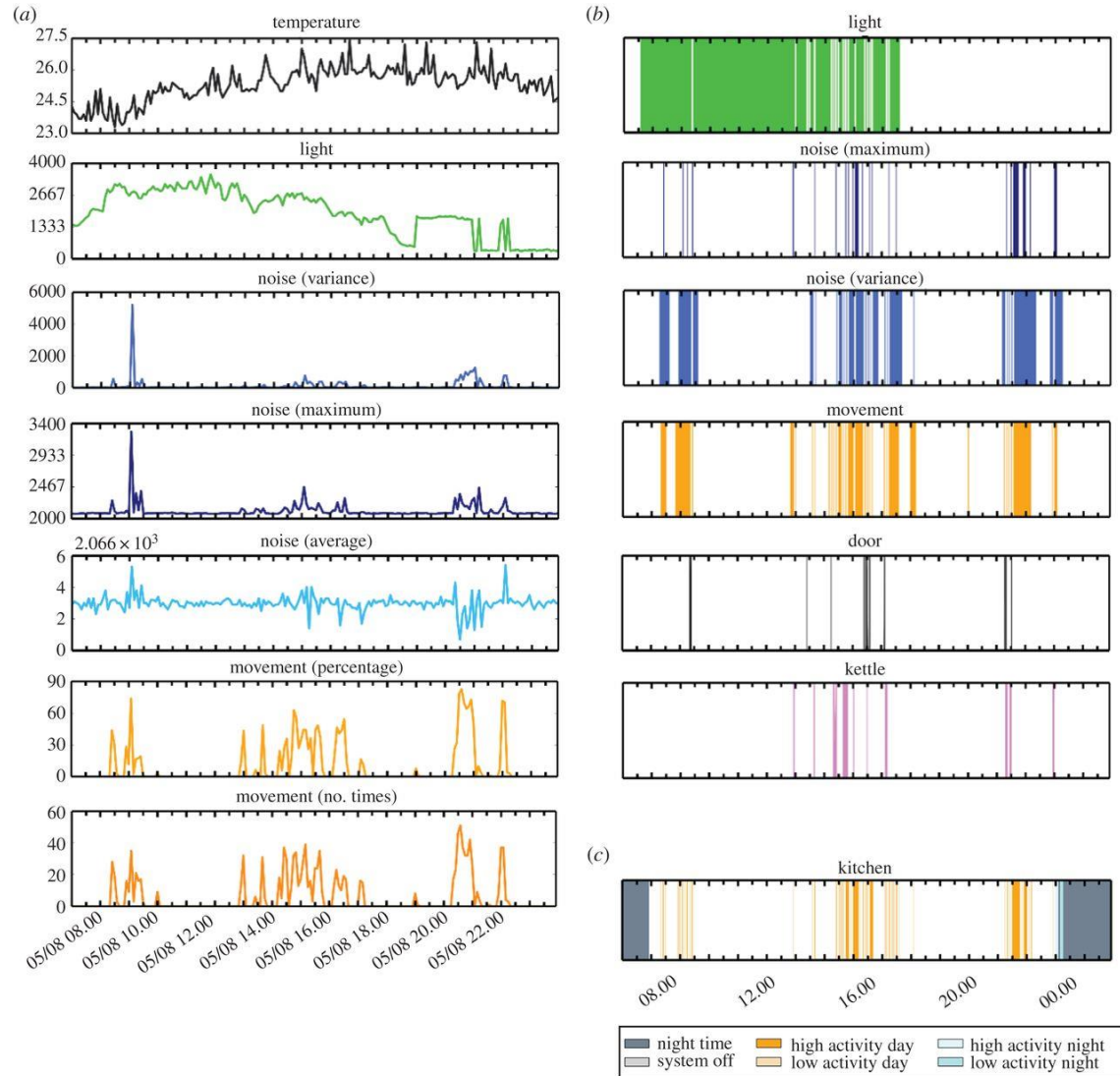
- ⇒ Voice recognition
- ⇒ Assistive technology, e.g., sensors
- ⇒ Care delivery management apps
- ⇒ Health monitoring apps
- ⇒ Artificial intelligence
- ⇒ Robotics

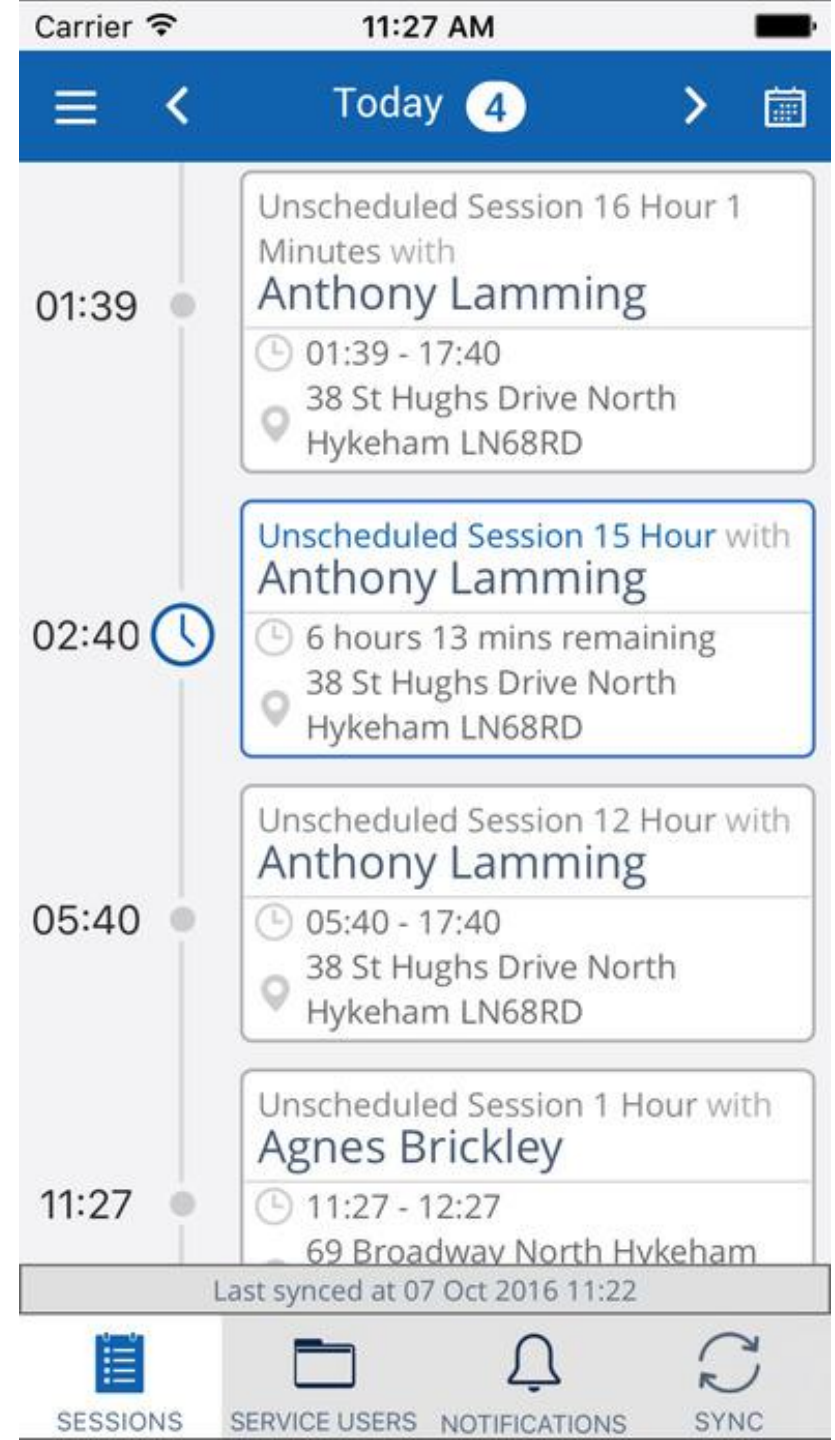


Assistive Technology and Sensors



Assistive Technology and Sensors





Search Customers

Thursday, Sep 08, 2016

Active Visits

All Branches



11 am

12 pm

1 pm

2 pm

3 pm

4 pm

5 pm

6 pm

7 pm

8 pm

9 pm

10 pm

Albert Chips (Old)

Paul Patarou
11:45 - 12:45

Karen Siam

Paul Patarou
13:30 - 14:30

Amardeep Singh

DATE: 08/Sep/2016 SCHEDULED TIME: 13:30 - 14:30 ACTUAL TIME: 12:23 - 12:32

Karen Siam

COMPLETED BY

ID PSM1473331553717

Paul Patarou

Karen was fine took medication but did not want to shower

Sian Jones

James Walters

PM Visit

PM Visit

Crocine



Increased Mobility



Shower Declined



Karen did not want a shower

Ravi Kavi

Jenny Phillips

Ivy Williams

Andrew Rowley
11:30 - 12:30

Jo Spice

Hug...
13:30 - 14:30

Alerts

8/Sep/2016 - 8/Sep/2016

Missed Medications Only

Crocine

Amardeep Singh
18:00 - 00:00
08/Sep/2016
Outstanding

Sudocrem

Amardeep Singh
18:00 - 00:00
08/Sep/2016
Outstanding

Sudocrem

Albert Chips
15:30 - 16:00
08/Sep/2016
Outstanding

Allopurinol

Albert Chips
12:00 - 13:00
08/Sep/2016
Outstanding

Sudocrem

Ann Davis
11:30 - 11:45
08/Sep/2016

pillo



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Artificial intelligence

Home » Entrepreneurs



Meet “Martha”, the UK’s first elder care bot

News

23 MAY 2017

A new AI care bot, 'Martha', is focussed on elder care, addressing patients' care enquiries in real-time, unlike most other healthtech chatbots.



Praseeda Nair



Analysts often dub 2017 as the year of the chatbot, with so many customer-facing businesses investing in artificial intelligence as a catch-all customer service tool. The popularity of Amazon Echo and Google Home attest the world's obsession with AI technology, but specifically in terms of its applications in healthcare, the majority of chatbots and AI

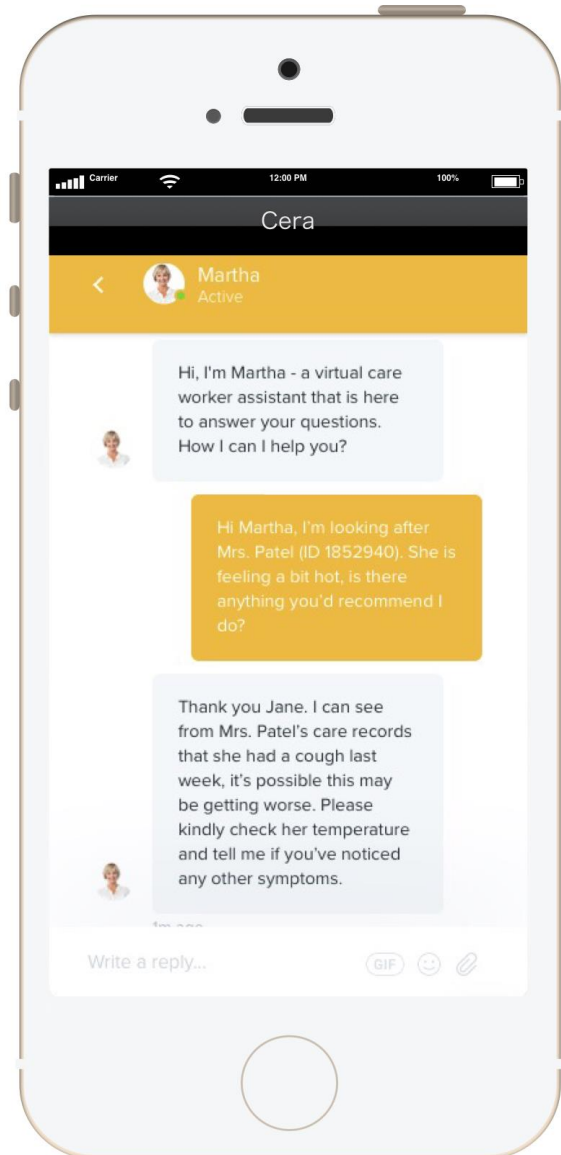
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#smallbusinessgrants

Artificial intelligence



- If a care worker notes that “Mrs. Taylor seems quite feverish,” Martha might respond with “Mrs. Taylor had a cough recently, you may want to check her temperature and take note of her other symptoms,” since she’s read the patient’s case notes and knows their background.











Dr Jane Townson

Chief Executive, Somerset Care Group

www.somersetcare.co.uk



@drjanetownson