

Just Roaming: getting families on board, tailoring the service for individuals

Video of Just Roaming Pilot Open Day

Clackmannanshire and Stirling Health and Social Care Partnership

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Key points

- Engage with families/guardians early on and throughout the process.
- Demonstrate the technology and show how it enables individuals to have more independence.
- Overcome fears of the unknown by sharing data from the assessment period and discussing the actual risks and needs (rather than supposed ones).
- Families can gradually get used to a new model of 24 hour care.

Transcript

Claire Dixon

And where we started was having a discussion with our manager around how we were going to start the process to make sure that families were involved, and individuals were involved. So, we sent out a letter with some information about updated technology. And what we're going to be using, moving forward. And within that, just identifying that a member of staff will be coming out to review the individual and they would be part of that process.

So, once the guardians and the individuals had that information, we had an initial discussion with family members, because most of the individuals do have guardianship in place. So, a lot of the guardians saw it as a very positive thing to move forward with the person, and their family, to become more independent while remaining safe and getting a better service. There were some challenges with a couple of the families who were very resistant to any kind of change, just because they'd always had the same level of support that they had.

So, with those families where it was a bit more tricky, one of the benefits was having the Richmond Fellowship, who was really working in partnership with us. We were coming from the same place. We had all the same ideas. But, also, having support from our line manager and service manager, Jim. So, there were meetings arranged that involved our service manager. And one of the positive things was that there were the consistent messages from higher up management that what we were doing was the way that we were moving forward with technology. So, having those consistent conversations with the families was very beneficial.

So, initially, we had a discussion with the family identifying risks for each person. A lot of the risks were things, there was maybe an isolated incident ten years ago. And so, it was using evidence-based from reports from Richmond, looking at frequency of incidents, what the real risks were for each individual and how they could be minimised.

And the families were involved in those discussions. One of the other things was that because Richmond know the individuals so well, they not only identified risk, but it would come up with a lot of solutions as well, which was really good.

Right. From there, then, we held an open day and invited the families to come along. James was there, as well, just to show the Just Checking, how that works, but, also, the plans for Just Roaming. And there was demonstrations and videos so that the families could get a feel of that.

Most of the families didn't come along because we'd already had some discussions and they saw it as being positive. And they understood how the technology would work for the individual and their family.

The other thing I wanted to mention was about the working relationship with Richmond. The SCO moved to a different team, so it was just myself near the end. But what I found really beneficial and refreshing was working with a care provider, who was really for using this technology, who worked really hard to identify what would meet each individual need. Analysing data reports. There was a lot of work that went in. So, Nancy, Jackie, and Dwayne, it was really good to have regular meetings, and it was really positive working with them. So, it was really, really good.

So, from there, each individual required an updated outcome-focussed assessment. They were all due one. So, because of communication difficulties and guardianship was in place for most of the individuals, the information gathered was from observations of the individual, reports from Richmond, their notes. Meeting with family members, speaking to the staff team, who know them really well, and pulling all that information together.

From there, we identified what technology would meet the individual needs of the people that we were working with. Yes... So, one of the other things I wanted to mention, as well, was that the families who found the whole process quite difficult to get their head around and understand how we were trying to move forward, I think there was a bit about the expectation of 24-hour support and what that would look like. For most families, the idea of 24-hour support meant a person sitting with the individual all day, all night, that physical presence being there. And it was trying to have conversations around technology, you can use that so that the person is still supervised, without an individual having to be there.

And so, Dwayne spent a lot of time gathering the data, when we were doing the pilot. Analysing that to get patterns of each individual and then tweak the system so that it was meeting that person's needs. And I think that was really important, as well, that senior management were having these same discussions around 24-hour care and support. There isn't a person sitting there with you all day, you can tap into technology for people that are able to use that.

So, we had the test period, and that's where information was being collated, gathered, and analysed. So, the change hadn't been made yet, but we were able to see what the patterns looked like, particularly overnight, for the individuals. And maybe other things that we need to think of. And James was involved with adding in additional equipment one we had more information.

And from there, we continued to monitor it and review it. So, we're still having ongoing review meetings eight-weekly, with a couple of the families who are still quite unsure about the whole process. But it's gathering the evidence. And from a really robust assessment and risk assessment and making sure that we're minimising the risks, you can be more confident in the conversation with the families around well, we've identified all this. However, this is how we're managing it.

And we continue to review it because people change, as well. So, if somebody becomes unwell, or whatever, we are able to change the system to meet changing needs. So, it's something that will continue to be reviewed. And that's it.