

Using technology and digital devices to make a positive impact on health and wellbeing for people experiencing care

Practice guide



People in Scotland who experience care are increasingly relying on digital connectivity and technology to support their wellbeing and daily activities, and their needs may develop and change. They may rely on carers to help them use and get the most out of digital technology. Therefore, it is important that people involved in care understand the value and how to deliver this aspect of personal support effectively and confidently. This includes Care Inspectorate inspectors, volunteers, carers and social care staff.

Access to digital connection is becoming essential for everyone's health and wellbeing and it is reasonable to consider it a human right. The vital role technology played during the pandemic has changed our collective view of the importance of digital access. Access to the internet has been particularly important and digital connections have enabled people to engage with the world beyond their front door.

The digital strategy for [Scotland, A Changing Nation: How Scotland Will Thrive In A Digital World](#), has been delivered by the Scottish Government, COSLA, the Digital Office for Scottish Local Government and the Improvement Service. It sets out the role digital will play in the pandemic recovery. It sets out how the public sector can work together so that Scotland can fulfil its digital potential, meet challenges, realise opportunities and ensure the societal and economic wellbeing of the country and its citizens.

Whether it is the use of digital devices to support independence, remote health monitoring, digital care plans, and connecting with friends and family, or to provide access to education and learning, technology is now an integral part of good-quality care. This does not come without its challenges. For many people, including staff and people experiencing care, the development of digital skills and access to devices and the internet can be difficult. The Covid-19 pandemic highlighted some of the inequalities that exist in our society, not least in terms of accessing digital services that many of us take for granted. People experiencing care may be more at risk of digital exclusion and digital inequality. Both of these factors contribute to lack of access to services, social isolation and compromise mental health and wellbeing ([CELCIS/Scottish Care Leavers Covenant 2020](#), [The independent care review, 2020](#)). In its most recent digital health and social care strategy, [Enabling, Connecting and Empowering: Care in a Digital Age](#), the Scottish Government (2022) stated its commitment to digital inclusion, improving digital skills and promoting 'digital choice' where people can exercise their right to informed choice between digital and non-digital health and social care.

Adopting a person-centered approach and the principles of human rights is fundamental when considering how technology can improve people's outcomes. The Health and Social Care Standards highlight this, stating that technology should be used to enable people to be independent and have more control over their health and wellbeing. In practice, many tensions exist, particularly where technology is viewed as a substitute for personal support or impacting on people's right to independence, choice and privacy. In summary, technology should be used

to enhance people's experiences and make a positive difference. You can find more information on areas of digital social care practice at the end of this guidance. Care Inspectorate publications such as the [quality frameworks](#) and [care home building design guides](#) are available on our website.

This good practice guide is not a substitute for training and development for staff, carers and those experiencing care. It is good practice for all staff to have skills in the fundamental aspects of using technology and training in more creative and person-centred approaches. Some services have found that identifying, supporting and developing digital champions or wellbeing coordinators is a useful way of driving forward improvement and innovation. When introducing new digital solutions, keeping the scope simple and adding enhancements incrementally also works well. A range of opportunities are available to develop knowledge, skills, experience and accredited training through the Scottish Social Services Council (SSSC), the Open University, NHS Education Scotland (NES), Connecting Scotland, Scottish Council for Voluntary Organisations (SCVO) and local or smaller providers.

We have produced this good practice guide to:

- highlight good practice that supports good outcomes
- help care services, their staff and Care Inspectorate staff to achieve positive experiences of digital technology to support care
- support care providers to better understand and offer good quality digital engagement.

We encourage providers to consider:

- the use of technology and digital access to promote individual outcomes
- supporting people's access to the right kind of technical and digital support that supports them to live how they want to
- how personal plans identify how the person uses technology, what support they need with it and the outcomes achieved by using it
- the use of training needs analysis to identify digital skills gaps and training for staff and people being supported.

In this practice guide, we provide some examples of how digital technologies are being used to support person-centred care. These examples are not exhaustive, and technology should be used as appropriate for the person, setting and situation. Aspects of care provision included in this guide cover:

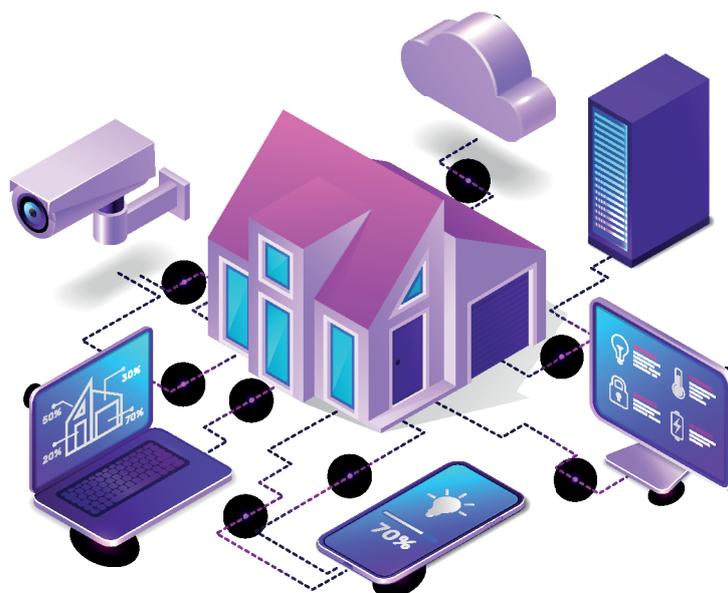
- care homes
- care at home
- housing support
- independent living
- out of school care
- nursery
- childminder
- children and young people services.

Digital social care: key areas and quality illustrations

What is important to the person about digital approaches to support their care?	Examples of very good practice	Examples of weak practice where improvement is required
<p>Personal plans that include information on the use and promotion of digital technology to help people achieve their individual outcomes where appropriate.</p>	<p>Technology or digital opportunities are reviewed regularly and considered as part of a care plan. Digital technology has been effectively sourced and used to enhance people’s experience of care, including communication, health and meaningful activities.</p>	<p>Technology and digital access that would benefit a person have not been considered, are limited or not available. Technology and solutions are not reviewed or sourced to reflect changes in individual need.</p>
<p>Technology and digital aids, equipment and devices are used to support independence.</p>	<p>Technology is used to support personal outcomes and independence. As new technologies become available, these are considered during the review of the person’s personal plan.</p> <p>Decisions around the use of technology follow frameworks for good practice that consider consent, capacity, views of others, benefits, human rights and legislation around guardianship or power of attorney.</p>	<p>Technology and digital access are limited, or not available. Its use is not reviewed to reflect the person’s changing needs and opportunities.</p> <p>Technology is used to replace the need for staff, or its use may not be consistent with the person’s views and preferences.</p>

<p>Digital recreation is based on a person's preferences and wishes.</p>	<p>Personal aids, equipment and digital devices and accessories are always available. Opportunities to use technology and digital means are considered and reviewed to ensure that when the person wishes, they can be accessed to support independent care and enhance wellbeing. Personal aids, equipment and digital devices and accessories are accessible for people with visual, hearing or cognitive impairments, and people with limited movement. People have access to a digital device for social, recreational, wellbeing and connectivity needs.</p>	<p>Access to aids, digital devices and equipment to support care is provided infrequently or not at all. Digital equipment, technology and aids are removed from the person and access is limited or denied. Access to the internet is unreliable, not available or insufficient to meet demand, or access is limited or withdrawn. People do not have regular access to a digital device for social, recreational, wellbeing and connectivity needs.</p>
<p>Independence using technology is encouraged and support is offered when it is needed.</p>	<p>Where necessary, carers support a person to use technology or have a digital interaction. They are on hand to prompt and encourage, while enabling people to take the lead and ownership of their own digital equipment, if they wish.</p> <p>Carers recognise when someone is experiencing stress and distress in relation to a digital interaction. They are able to respond effectively to this and put in place measures to support the person and how they engage in future interactions.</p>	<p>People are not encouraged to engage with digital technology or devices. A person's need for additional support to use digital devices and aids is not dealt with sensitively. Stress and distress during digital interactions is not recognised or no considerations are made to how the person could be supported differently.</p>

Environment and positioning.	Technology, digital devices, aids and equipment to support care and independence are positioned for easy access and are as inobtrusive as possible. Technology should reflect a person's needs, wishes and personal circumstances.	Technology and digital devices do not match a person's needs. Too little or too much technology is provided and is not accessible.
Enhanced support at difficult times.	People get extra support when they need it, for example at times of trauma, changes in care needs or family circumstances including palliative and end-of-life care. Staff and carers are in contact with specialist clinical teams to request extra assistance when needed.	Extra digital care and support is not delivered for people experiencing changes to their circumstances.
Involvement of other professionals.	<p>People have access to a digital device and aids to support their care and monitoring wellbeing and health needs if appropriate. People can use digital devices to engage with professionals in private spaces when they wish to and it is clinically appropriate to do so.</p> <p>Technical issues with aids, adaptations and devices are recognised quickly and referred to an appropriate specialist if necessary.</p>	<p>Digital aids, adaptations, equipment and devices are not available.</p> <p>Providers are not aware of the potential benefit of involving other professionals in accessing and using technology and digital devices.</p> <p>Providers are not aware of the range of aids, adaptations, technology and digital devices that are available for various support, care, cognitive, motor and communication needs.</p>



Practical examples of how digital devices can be used

Sector	Theme	Impact
Independent living	Telecare to call for support if needed.	Reassurance that help is on hand if needed.
	The environment (for example, how buildings can be exited) and monitors (for example, detecting falls) need to reflect the person's needs and be amended as care needs change.	Connection to an alarm receiving centre ensures that outside help can be called if a safety trigger is activated.
	GPS locators for supporting a person if they go beyond a safe area.	Ensures that people can move about independently in an area they are familiar with and that a trigger can activate support if a person moves into an unfamiliar area.
Personal support	Technology to support individual needs, for example hearing aids, mobility aids and medicine prompts.	Enable a person to engage and live independently.
	Story boards and personalised communication devices.	Support and enhance communication and personal outcomes.

	Monitoring of medical conditions, for example diabetes, COPD and so on.	Enable a person to manage their medical conditions.
	Prompts for medications times, checks and repeat prescriptions	Support regular tasks to be done place on time.
	Voice or button operated curtains and blinds.	Provide support for manual tasks within the home.
	Phones and devices for games and music.	Provides stimulation and recreation.
	Communicating with others using messages, voice or video calls.	Provides opportunities to communicate with people outside the home.
Personal use	For recreation and social connections.	Provides stimulation and recreation.
	Reminiscence, learning, recreation, maps and general information.	Provides stimulation and recreation.
	Registering for services, shopping and banking.	Provides access to services.
	For attending clinical and other professional appointments remotely (not in person).	Provides access to appointments without the need to travel.
Care management systems	Using a system to collate a person's details to ensure safe and secure care.	Secure and up-to-date records that are accessible to all staff.
	Using e-medications systems to record, manage and monitor medication.	Secure and up-to-date records that all staff can access.

What good digital technology offers

For independent living in general

Digital technology and devices can support:

- care planning
- remote health monitoring and prompts
- environmental adaptations and support
- personal use, based on circumstances and desire to engage
- alarm monitoring
- communication with family, friends and professionals
- GPS location
- safety and privacy.

For care service providers in general

Care providers can use digital technology to offer person-centred care, operate effectively and efficiently, and carry out care planning, communication, and reporting. Other areas may include:

- resource management
- staff working patterns
- personal details
- qualifications management
- recruitment and training, such as access to an online portal
- digital policies
- staff portal access
- business support (ordering, finance and invoicing)
- virtual team meetings
- one to one support and development
- virtual tours of care homes and other care provision premises for professions (inspectors) and prospective users of the service.
- external monitoring of fixtures such as lifts, security alarms, cctv, heating systems
- health and clinical equipment devices
- environmental sensors and aids to support independence
- signposting for personal use, based on circumstances and desire to engage with digital technology.

For care homes

Digital technology and devices can support:

- digital connections in all areas of the home
- people experiencing care to use own or shared devices
- accessibility features
- a range of entertainments, social interactions and personalised opportunities and ways to engage
- person-centred care
- staff development
- resource planning
- lone-working support
- care planning that enables individuals and families to review and contribute.

For care at home

Digital technology and devices can support:

- care planning
- remote health monitoring and prompts
- environmental adaptations
- controls & sensors and support
- personal use based on circumstances and desire to engage
- alarm monitoring
- communication with family
- friends and professional contacts
- Facebook to share activities
- signposting for personal use.

For housing support services

Digital technology and devices can support:

- care planning
- remote health monitoring and prompts
- environmental adaptations and support
- personal use based on circumstances and desire to engage.
- signposting for personal use based on circumstances and desire to engage.

For children and young people services

Digital technology and devices can support:

- care planning
- use of sensors
- GPS for independent movement

- sensors in the home
- access to mobile phones
- digital devices and use of parental controls
- access devices to support educational and recreational needs
- signposting for personal use, based on circumstances and desire to engage..

For out of school care

Digital technology and devices can support:

- planning
- monitoring and prompts
- environmental adaptations and support
- personal use based on circumstances and desire to engage
- sharing records for incidents.

For nurseries

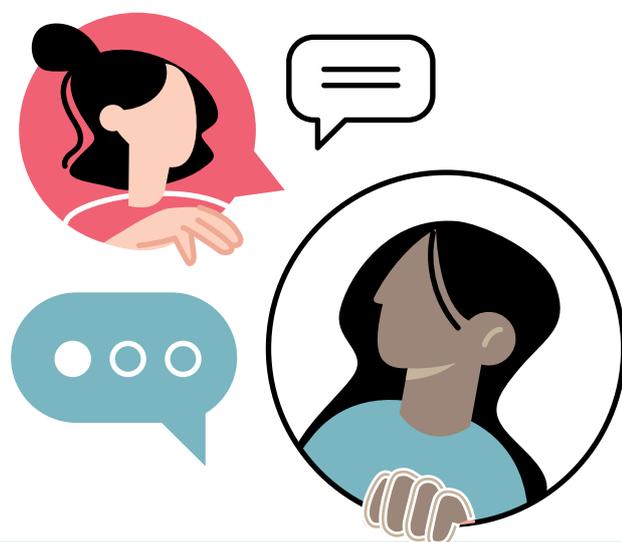
Digital technology and devices can support:

- planning
- monitoring and prompts
- environmental adaptations and support
- personal use based on circumstances and desire to engage
- sharing of the daily diary.

For childminders

Digital technology and devices can support:

- planning
- monitoring and prompts
- environmental adaptations and support
- personal use based on circumstances and desire to engage

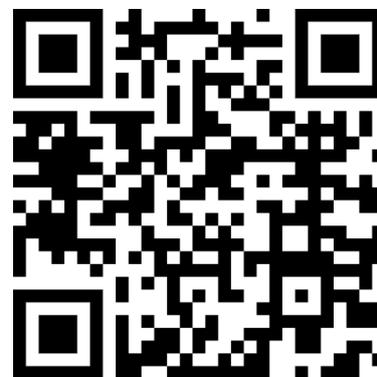


Case studies and reflections

Case studies

Holytown nursery class uses QR codes in various ways across the setting to support children's learning and play, documenting children's learning, involving families and reporting to parents.

QR codes are displayed around the setting and iPads available for children to scan. These codes lead to stories, songs, rhymes, videos of staff and much more. Children are able to access these resources independently and enjoy exploring the technology and the resources they lead to.



QR codes are also used within children's individual learning books to lead to videos of children's learning and play. This allows children to reflect on their own learning and experiences and to share these with parents and others. One parent commented that "The QR codes are great in the 'Wee Book' as they let me scan a code that leads to a video of my child playing and I feel like I'm there with them. I can scan it over and over again, so it never disappears. Lovely memories for us to keep".

To involve families in improvement, the setting regularly posts QR codes that lead to Microsoft forms and other methods of gathering parental feedback and evaluation. Parents can also scan a QR code to access online newsletters, monthly Learning Sways and to sign their children in and out of the setting. One parent commented that "Despite Covid preventing us entering the nursery, we have still felt really involved in what's happening and the communication has been great. The QR codes have really helped this as they are easy to access and let us as parents have our say and still feel involved".

The nursery manager has said that "Introducing QR codes across the setting for a variety of uses has had a positive impact on the delivery of our service. We have enhanced both children's and parent's experiences through the technology and will continue to expand their use within the setting where possible".

Children and young people at **Frankfield House**, Aberlour Sycamore Services are working with researchers from the Archiving In Residential Children's Homes (ARCH) project to create a living archive of everyday group life in a residential children's home. In the first stage, they will look at what types of information, pictures and things were kept for children in the past. In the second stage, they will co-develop an online space that people can visit to be reminded of the place and the people, and the time they spent there. Both these stages of the ARCH project are also being done at the same time by a research team in Germany.

Children and staff will take part in at least six workshops where they will agree how to develop a living archive. This will include things like how the archive looks, its content, what technology platform to use, and who should have access to it. It may include things like photographs, videos, audio files, drawings and maps. The group will decide what they want, and researchers will find out what is possible in terms of technology, data protection, and so on. Everyone will be invited to take part in an interview to talk about their experiences of the process, their thoughts about the archive and how they think it could and should be used in future. The group will also offer support to develop guidance materials for others.

Some initial feedback from the team:

“Hi, I wanted to share some lovely feedback I heard today from the Design school Glasgow. They shared with the group how impressed they have been with the capturing of memories in the house for the children and how accessible these are! He compared to a colleague in Germany and you guys are light years ahead!” Frankfield House Admissions and Programmes Manager

Frankfield House has also given a laptop to a young person living in a collective living environment so they can do their schoolwork in a way that suits. For this person, that means a quiet space on their own and they can now work in their bedroom and still have access to Glow as needed.

Children accessing **Scottish Borders** council services are made aware of the Mind of My Own app and helped to download the One app to use independently if they can. The app is introduced to all children and young people who receive a service from children and families social work. This could be as a child in need, a looked after child or when they become involved in the child protection process. Mind of My Own is introduced when a child or young person is allocated a social worker.

Where children cannot use the app independently, workers use their own accounts to set up a profile for the child to have regular access to the app. Mind of My Own can be accessed on any device with access to the internet and app store. The One app is also used where children are unhappy or dissatisfied with a service, as a constructive approach to resolving issues through the scenario ‘sort a problem’.

In relation to the family placement team, supervising social workers for foster carers encourage the use of the Mind Of My Own app. This supports children and young people to share their views about where they live and to prepare for their participation in reviews and meetings.

Two examples from social workers of working with Mind of My Own.

Example 1

"I have been working with a young person who finds it difficult to communicate verbally with the people around her. The young person was unable to express herself in person and often communicated that things were going well through her carer. By introducing her to Mind of My Own she was able to clearly communicate her views at times when she felt most anxious and when she would be unable to reach me. This has allowed me to identify a pattern of days and times where the young person appears to be struggling. I have now used this as a tool to develop my relationship with the young person as I have a deeper understanding of her needs."

Example 2

"I have been working with a young person.... we had good channels of communication with weekly video calls as well as my visits. Often though, the young person would express her frustration at where she was staying, and I was left to guess at what might be going on at a deeper level. Once she was introduced to Mind of My Own, this changed as she had a new way of communicating with me and she was able to share in more detail about her past and also her worries about the prospect of moving on to stay somewhere else. This has allowed me to have a better understanding of her needs as I planned for her transition to her new home, and it has helped develop our relationship as she feels better understood. I think the freedom to write to me at a time that suits her is a really useful aspect of Mind Of My Own, as it gives the young person control."

Indigo Childcare Group launched a TV channel, which provides families with home learning and storytelling. This has enabled many families to continue learning at home and has allowed the children to keep in touch with staff.

Durnhythe care home uses a tablet or mobile weekly for a virtual ward using Near Me so they can have input from various members of the multi-disciplinary team at the same time without everyone having to visit the building. They have also used Near Me consultations with the GP and advanced nurse practitioner where they have been able to see the resident. A physiotherapy consultation using Near Me was scheduled quickly and advice given to the staff member and resident on the call, with an exercise sheet emailed across later.



The deputy manager at **Abbey Gardens** nursing home told us “We had been asked by speech and language therapy if they were using Near Me. After our test call, we had a resident who required a non-emergency swallowing assessment but due to shielding arrangements, the speech and language therapy team was obviously unable to come on site. We let them know that they were now able to use Near Me and a swallowing assessment was set up”.

Edenholme care home told us that people have enjoyed using the internet to research items of their own interest. The digital skills of both the residents and care staff have improved greatly.

Durnhythe care home started ‘10 minutes of Fun’. Using their digital devices, the music goes on and a different staff member leads each session. Everyone gets involved however they want; this could be moving to the music, dancing, twirling or whatever folk fancy. The 10 minutes of Fun sessions are now daily with care staff, domestic staff and the cook all getting involved. Staff and residents experience hilarity, giggles and jokes. The atmosphere feels lighter and stress levels appear to have reduced. The daily 10 minutes builds to total over an hour of activity a week, and the risks of loneliness, inactivity and lethargy are reduced for residents along with stress levels reduced for staff.

Dryfemount care home uses video calls to involve those living in their care homes in the recruitment of staff. In the past, potential candidates would have been invited into the care home to have a ‘cuppa and chat’, however now they are now seeing the person remotely, asking all the same things and assessing how they would feel about the person providing their care. Involving people living in the care home is important in the selection process and this is so popular that people ask when they will be needed to join in again. One person who lives at the care home said “I think it is a must that we are still able to interview people, and to be able to do it with video is just wonderful. It is fantastic that things can still go ahead; it’s just done differently”.

The care home manager explained how using conference calls to hold team meetings has been transformational in the care home. Team meetings had always been difficult to hold; calling everyone together from the various parts of the care homes and those who were not on shift and at home. Now, with video conferencing, staff can remain near to those they support and

those who are not at work can join in from their home if they wish.

Leuchie House is a national respite charity for people with neurological conditions. They told us how they are using technology.

“In 2018, Wi-Fi was installed throughout the house, and this enabled us to move forward with digital solutions. The aim is that technologies help guests and carers to maximise their independence. In this way, they receive a benefit which lasts longer than their break at our house.

“Guests stay for 4-10 days and within each room is an Alexa smart speaker linked to smart curtains, lights, a smart plug and a TV, which enables guests to play music and control their environment through voice. For example, they can say ‘Alexa, open my curtains’ or ‘Alexa, watch Queen’s Gambit on Netflix’ which turns on the TV and opens the program. Each room is set up with its own Amazon account and SIM card, which means there is no risk of turning off all the lights in the house, for example, and guests can call the nurse station, reception, and friends and family through Alexa.



“There is an iPad in each room so guests can play games and search the web, and they can learn how to use a tablet with support from the smart technologies coordinator. For guests with dysarthric speech, they are trialling Voiceltt, which can convert consistent but difficult to understand speech into commands for Alexa.

“For guests with little or no speech, they are developing a menu on the iPad that can be used with a variety of input switches ranging from a simple button to eye gaze. They will also be able to trial environmental controls, which are not dependent on Wifi access, to make phone calls, adjust their profiling bed and positioning, call for help, send emails, open doors and control voice-activated speakers such as Alexa.

“In September 2021, we began setting up The Centre for Enabling Technology, with the aim of providing specialist assessment for people with neurological conditions. Guests’ interests, needs and abilities will be assessed and enabling technologies identified to maximise independence, quality of life and the ability to self-manage.”

Drummond Grange nursing home has maintained an excellent working relationship for many years with the environmental control service, which is based at Astley Ainslie hospital. This ensures that referrals are promptly accepted and that repairs and improvements are carried out quickly.

Several residents benefit from this service at present and this varies from chin control over power chairs to button control for TV, nurse call systems access and so on.

Eye-gazing access to computers and nurse call systems is also of great benefit to residents. Residents can also benefit from modified joystick and speed control to operate power chairs independently and safely.

Phone calls can be made using specialised equipment as well.

A quote from one of the residents demonstrates the powerful benefits from having access to this technology and service: **“I would be lost without access to environmental control”**.

Blackwood services told us about CleverCogs, the digital system that delivers some of their services online and lets customers access the internet in a safe and easy way. The system is given to customers on a tablet device and is tailored to them, with different cogs enabled to represent different services they receive.

“A suite of peripheral equipment can be connected to CleverCogs such as wearable alarm devices, fall detectors, GPS locator, but also environmental sensors such as door alarms and motion detectors.

“The system has built-in video calling as part of the Family & Friends feature; customers can tap a tile of the person they want to talk to and a video call will automatically start. Near Me can be used in the same way and we have created individual tiles for customers’ GP, NHS Trust and local health and social care partnership so they can access all available services.

“We have been using Near Me across our care homes for several years so during the pandemic, customers and staff were already comfortable with virtual appointments.

“Rose lives in a care home. Before Covid, district nurses visited her twice a week to take her blood pressure and check her legs for pressure sores. When those visits stopped at the start of the pandemic, our staff were able to support Rose to set appointments up using Near Me and continue her contact with the Nurses. We were also able to connect a blood pressure monitor to CleverCogs so staff could use this with Rose in her room. The results were captured in her notes in CleverCogs, and this could be relayed to the nurses during the Near Me appointment.

“Malcolm lives independently in a housing association property. He uses a wheelchair and was in the process of being fitted for a new chair at the start of lockdown. When in-person visits for non-urgent appointments were cancelled, he was left with a chair that wasn’t suitable and no timeframe to get his new one. Connecting virtually with the service using Near Me, they were able to progress his fitting using the video feature to show the team different measurements and angles. CleverCogs also offers multi-person calling so we were

able to set up a discussion between Malcolm, ourselves and an occupational therapist to discuss adaptations needs to his home for his new wheelchair.

“Our team of digital skills coaches offers customers one-to-one support in their home to help them to develop their skills. Whether they are using technology for the first time or want to learn to use something specific, the coaches work with customers and their families to improve their confidence.”

“Tablets offer several accessibility features, and our coaches work with customers to explore large text, contrast, text-to-speak and talk-back. Several of the devices we use and have integrated with CleverCogs also offer voice activation, such as the new digital door entry system where customer can say “open the door” to allow access to visitors, which is really useful for visual impairments and mobility difficulties.”

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Reflections

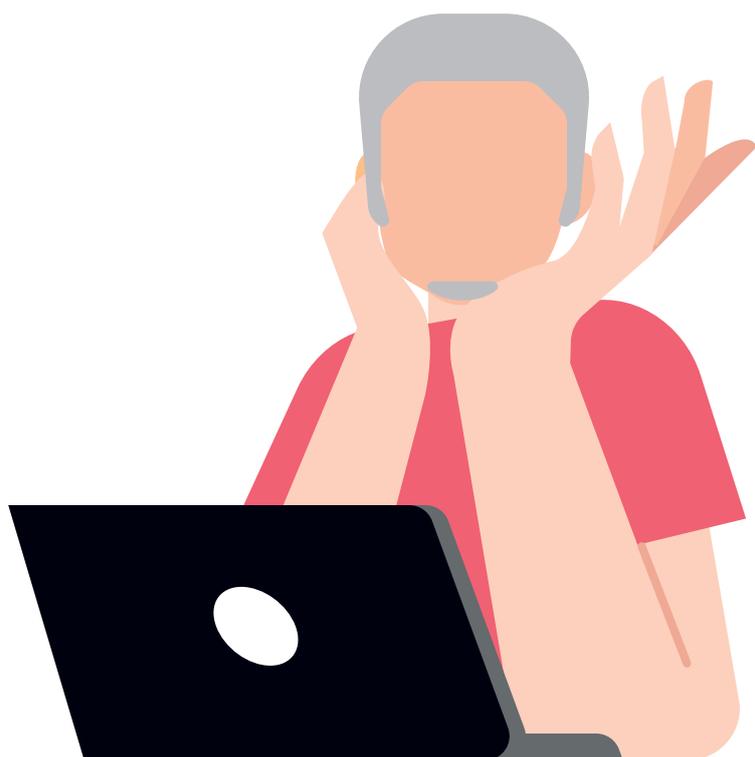
On stimulation from playing games: “We have a resident who used to play chess with her daughter on a weekly basis; since lockdown this has not been possible, and the visits are currently too short to have a game. So they have been playing through an app against each other, and she has also been teaching me to play using the app so we can play together. I’m a long way off from winning!”

On music and entertainment: “We’ve made continuous and great use of Armchair Explorer podcasts using the iPads. Our residents love it and look forward to new episodes to explore virtual tours of different countries that people have visited, especially towns they grew up in.”

On faith activity: “We host weekly church services, which are streamed on YouTube. I connect the tablet to the television using Google Home and Chromecast adapter.”

On health and wellbeing: “Sit Fit is great for independent use by residents or as a supported activity. It’s designed for people who are unable to stand for long periods of time or who are unable to complete a full body workout.”

On connecting with loved ones: “I think that the iPad was a great idea. It was the first time that I had done a Zoom meeting, but it was easy to use, and it meant that my Mum could see me even if she couldn’t always hear me. Without it, My Mum wouldn’t have seen me for several weeks and I think that would have affected both of us. Contact is always important and with the iPad the residents knew that they had not been forgotten.”



Improvement support actions and resources

Improvement support actions	Key improvement resources
<p>To support positive outcomes, staff and carers should build and develop their skills in using digital technology. This should include the use of digital aids, adaptations, equipment, devices, systems and apps.</p>	<p>Manufacturers and system support for specialist equipment.</p> <p><u>23 digital capabilities to support practice and learning in social and health services</u></p> <p><u>SSSC Learning how to stay secure online with 23 Digital Capabilities</u></p> <p><u>Connecting Scotland</u></p> <p><u>Scottish Council for Voluntary Organisations SCVO</u></p> <p><u>Education Scotland national improvement hub</u></p> <p><u>The Technology Enabled Care (TEC) programme</u> sits under the Scottish Government’s digital health and care strategy</p> <p><u>Care Workers’ Compendium of Digital Resources 2021/22 edition.</u></p> <p>Mental Welfare Commission for Scotland <u>Decisions About Technology good practice guide</u></p> <p><u>Care Inspectorate guidance: Supporting people to keep in touch when care homes are not accepting visitors</u></p>
<p>Services should have a privacy policy that includes a digital section and covers GDPR as part of initial assessments and introduction to the service</p>	<p><u>Information Commissioner’s Office</u></p>

<p>Completion of a digital devices risk assessment and use of this to inform the personal plan for each person.</p>	<p><u>The Health and Social Care Standards</u></p>
<p>Through discussion with the person experiencing care and their family, include in their personal plan how they want digital devices, services and personal needs and interactions to support and possibly enhance their care.</p>	<p><u>Personal care plans</u></p> <p><u>The Health and Social Care Standards</u></p> <p><u>Care Inspectorate personal planning guides for providers</u></p>
<p>Care reviews should happen regularly and include the use of technology, and digital interaction and interventions to ensure that they are still appropriate to each person's daily needs, aspirations, recreation, wellbeing and communication.</p>	<p><u>Personal care plans</u></p> <p><u>The Health and Social Care Standards</u></p>
<p>All staff and carers should be trained in infection prevention and control to reduce the risk of cross contamination or to decontaminate items. People need to be aware of manufacturers' instructions for aids, adaptations and other digital devices and equipment</p>	<p><u>NHS Education tools and learning platform Turas</u></p> <p><u>National Infection Prevention and Control Manual for older people and adult care homes</u></p>
<p>Where relevant, all staff should be trained in Promoting Excellence in Dementia Care, and how digital approaches may support people with dementia or other long-term lived-with conditions.</p>	<p><u>SSSC Promoting Excellence Framework</u></p>

<p>Staff should be aware and trained to deliver care with people who wish to use digital devices and other equipment but experience difficulty using it</p>	<p><u>SSSC Learning how to stay secure online with 23 Digital Capabilities</u></p> <p><u>Turas learn – Telecare</u></p> <p><u>Connecting Scotland</u></p> <p><u>Scottish Council for Voluntary Organisations (SCVO)</u></p> <p><u>Scottish Childminding Association (SCMA)</u></p> <p><u>National Day Nursery Association Scotland</u></p> <p><u>Smart Play Network</u></p> <p><u>Scottish Out of School Network</u></p> <p><u>Scottish Commission for People with Learning Disabilities</u></p> <p><u>Education Scotland DigiLearn team</u></p>
<p>Services should have policies in place to keep track of where digital devices are located and have protocols for when devices are lost.</p>	<p><u>Information Commissioner’s Office</u></p>
<p>Connectivity in care settings should be able to meet the potential usage demand and services are encouraged to have protocols in place to rectify outages and lack of access to aids, adaptations, apps and services within reasonable timescales</p>	<p><u>Dementia services development centre</u></p> <p><u>Alzheimer Scotland</u></p> <p><u>Scottish Social Services Council (SSSC)</u></p>

<p>Services should adopt a human rights-based approach to digital health and social care. Digital choice should be a foundation of this approach ensuring that as well as enabling human rights, citizens are protected from exclusions and inequalities.</p>	<p><u>Digital Human rights principles: SSSC Open Badge</u></p> <p><u>Human Rights Charter for Technology and Digital in Social Care</u></p> <p><u>Human Rights Principles for Digital Health and Social Care</u></p> <p><u>Human Rights Charter for Technology and Digital in Social Care: Guidance Document</u></p>
<p>Staff should be aware and trained to support people to use online services in a safe and secure manner.</p>	<p><u>SSSC 23 Things Digital</u></p> <p><u>SSSC Online Safety and Security Open Badge</u></p>
<p>Staff should be aware of the impact an online issue can have on an individual and be trained to provide basic advice and support to overcome this.</p>	<p><u>Cyber resilience first aid box</u></p> <p><u>NSPCC Keeping children safe from online abuse</u></p> <p><u>Child exploitation and online protection (CEOP)</u></p>

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