

Appendix 1

OSMB Rothercare Update May 6 2026

Case Studies:

Technology Partner – Medequip Connect

Case Study – KM (Feb 26)

Background

KM is 86yrs old and lives with his wife in their council bungalow. He has a diagnosis of arthritis and had a stroke following surgery. He has carers 4x/day to support with personal care.

KM was referred by adult social care to facilitate discharge from Davies court, where he was having a period of rehab following his stroke. KM had capacity and consented to assessment/intervention and was keen to return home

Summary of the Intervention / TEC provided

Face to face assessment with wife present to support. Installation completed on same visit as assessment.

Issues identified:

Risk of falls - KM had had several falls whilst in Davies court accessing the toilet at night. These continued after being provided with urinals and pads due to him experiencing some forgetfulness. Space limited in bungalow so unable to use his walking frame, instead uses handrails on the wall for support when mobilising.

TEC provided: Rothercare install (Carium unit), falls pendant - wrist worn, bed occupancy sensor - nighttime alert only.

Outcomes identified at point of assessment:

- Mitigate risk should he fall especially at night (reduce risk of a long lie) and alert wife via Rothercare.

Outcome

6 week review completed.

KM continues to live at home with support from wife and carers.

Experienced a fall during the night shortly after returning home. Rothercare alerted wife and responders arrived, supported him back into bed.

Feedback

Wife advised that they are both very happy with the technology, it did what it was supposed to do - alerted wife to fall and Rothercare responders visited to support him back to bed. Wife advised it is reassuring to have it in place, that she knows that there is a back up/can get help if needed.

She said that KM 'wears it (falls pendant) all the time and doesn't take it off'.

Case Study – JB (Nov 25)

Background

JB is 88yrs old and lives alone in her own house, she has carers 4x/day. She has dementia and arthritis. Her only family support is her daughter who lives 2 ½ hours away.

JB was referred to facilitate discharge from hospital - admitted following a fall at home resulting in a fractured vertebra.

JB had capacity to consent to the assessment/intervention and was keen to return home.

Summary of the Intervention / TEC provided

Face to face assessment completed at home on discharge, with daughter present.
Installation completed on date of assessment.

Issues identified: JB experienced pain in her lower back due to osteoarthritis and had had 3 falls in 3 consecutive days which led to her being admitted to hospital with a fractured vertebra.

Daughter very concerned about what would happen should she fall again/be unable to alert for help.

At risk of further falls during the day and at night. Concern that she may not remember to press a pendant or take pendant with her should she get up in the night time.

TEC provided: Rothercare install (Carium unit), falls pendant on wrist strap, enzo pendant on neck cord, smoke/CO/heat detectors, and bed sensor (15min delay between hours of 10pm and 7am).

Outcomes identified at point of assessment:

- Mitigate risk should she fall (reduce risk of long lie)
- Increase safety and wellbeing
- Carer support/reassurance

Outcome

6 week review completed.

JB continues to live at home with support from her carers. No further falls experienced up to now.

Feedback

Daughter advised that they have tested it regularly to increase familiarity but not had to use it. Her mum is wearing it all the time now including when washing. Bed sensor is set for 15min (between 10pm-7am) and has not gone off up to this point.

Daughter advised that she is very pleased with the TEC, it gives her peace of mind especially at night, as this was always her concern overnight, knowing that the TEC is there and if mum doesn't get back into bed someone will check she is ok. Reassurance that falls pendant will go off automatically should she fall and help will come especially due to daughter being 2 1/2 hours away.

'Thrilled at range of TEC available, couldn't be happier due to distance I am away from her. Technician was lovely and patient and got it all sorted for install and explained everything'.

Rothercare standalone case studies:

Case Study

Background

DW lives with her husband, AW. Both have health conditions that can affect their daily living, but they currently remain independent and do not require carers or Assistive Technology. They do, however, have a Rothercare Community Alarm in place and receive strong family support from their son and daughter.

Timeline of Events

4th January 2026

AW activated the Rothercare pendant, reporting that his wife DW was feeling unwell. He explained she had been experiencing fatigue and reduced mobility for several days. The Rothercare operator spoke with both AW and DW via the Rothercare intercom. They agreed that the situation did not warrant an ambulance at that time.

The operator reassured them and advised that NHS 111 would be contacted. NHS 111 later telephoned the couple to discuss DW's symptoms.

A welfare call was made the following shift by Rothercare. The couple reported that a doctor had visited and diagnosed DW with a viral infection, advising them to call 999 if her condition deteriorated.

7th January 2026

AW activated the Rothercare pendant again, stating that DW's viral infection had worsened. Given her decline and her recent medical history, the operator contacted 999 and reassured AW that an ambulance would be arranged.

Rothercare also notified the couple's daughter to make her aware of the situation.

Later that day, AW activated his pendant once more to thank staff for their assistance. He confirmed that DW had been taken to hospital for further assessment.

Outcome and Impact

Having the Rothercare Community Alarm provided essential support and reassurance during this period. AW was deeply concerned about his wife's wellbeing and was unsure of the best course of action. The alarm service offered immediate guidance, helped coordinate appropriate medical responses, and reduced stress for both AW and their family.

Their son and daughter were reassured knowing that help for their parents was always just a pendant press away and very thankful of the support.

JS Case Study

Background:

JW is a 69-year-old lady who experiences several health issues including memory issues and the long-term effects of previous stroke. These conditions impact her daily living and necessitate ongoing support from both formal carers and her daughter on who she relies on.

Current Support in Place

- Formal Carer's 4 x daily
- Rothercare Community Alarm Service
- Assistive technology linked to Rothercare, including:
 - Falls prevention package consisting of a fall detector, bed & chair sensors
 - Environmental package consisting of smoke, carbon monoxide and heat sensors
- Home Monitoring Cameras Installed by Daughter

Benefits of the current support package:

The support outlined above, provides JW with the following:

- A 24/7 emergency response via Rothercare, supporting events such as falls, medical episodes or emotional distress, and offering emotional support and reassurance where needed.
- Peace of mind for JW's daughter that the Rothercare equipment and the self-alerting assistive technology can raise an alert and ensure that her mother receives help promptly.
- A safety net for when carers or family are not present, reducing the risks of independent living
- Additional reassurance via the home monitoring cameras, allowing JW's daughter to visually check her wellbeing when appropriate, particularly when Rothercare are unable to make speech contact with JW after they receive an alert.

Outcomes

The combined use of Rothercare and tailored Assistive Technology, enables JW to remain safely in her own home, whilst maintaining as much independence as possible.

Key outcomes include:

- Reduced risk of hospital admittance particularly in relation to un-witnessed falls and potential long-lies.
- Early detection of environmental hazards, such as smoke or carbon monoxide.
- Avoidance of safeguarding incidents, ensuring JW's welfare is pro-actively monitored.
- Reduced pressure on care services, family support and potential residential placements.
- The proactive alert system allows carers to focus on planned support, while Rothercare provides continuous monitoring between visits.

Case Study JS

Background

JS is an 83-year-old vulnerable adult with learning disabilities. JS lives alone in a local authority bungalow. She has a history of anxiety and low mood and is currently supported by community mental health services alongside her formal carers. She does not have a family network nearby and experiences significant feelings of loneliness and insecurity.

Current Support

JS has access to the Rothercare service and is supported through formal carer's 3 x daily. Mencap visit twice per week on a Monday and Thursday 12-1.

She uses the community alarm to contact Rothercare for emotional support throughout the day and night when she feels anxious or unsafe. Rothercare call handlers support JS with emotional support and reassurance most days, sometimes up to 10 times per day. The calls are typically for reassurance rather than emergencies. Although high in frequency, these calls reflect her ongoing mental-health needs and her reliance on consistent reassurance to manage anxiety symptoms.

Mrs Shaw has been provided with a 'Meno Minder' by Rothercare which plays a recorded message when she approaches the front door. This message reminds JS to her check who is at the door before answering to any visitors, as she has previously experienced unwanted visitors. JS has also been issued a medication cabinet to support her in taking her medication safely and correctly.

JS increased use of the Rothercare service appears to be linked to:

- Heightened anxiety
- Social isolation
- Limited face-to-face contact
- Difficulty in self-regulating when anxious

The calls provide immediate emotional reassurance, helping to stabilise her anxiety and prevent escalation. Without this outlet, there is a risk that her mental health could deteriorate, potentially leading to crisis presentations or hospital admission.

Impact / Outcomes

Although sometimes the interactions are resource-intensive, the current support from the Rothercare service:

- Helps JS feel safer and less alone
- Prevents unnecessary emergency services involvement
- Supports her to remain living independently at home
- Reduces the risk of mental-health deterioration

OT AT case study:

Assistive Technology Case study

Summary.

Client lives with her husband, and her six-year-old and seven-year-old children in an owner/occupier house. Client is currently based in downstairs living room as is hoisted for all transfers via a ceiling track hoist. Client has a hospital profiling bed and commode downstairs. Husband works short shifts a few nights a week. Mother-in-law and father-in-law live locally and provide regular support with childcare particularly when client's husband is at work. Husband and parent-in-laws carry out domestic tasks. Downstairs extension bedroom and shower room being built to support long term downstairs living for the client. Ramped access in place.

Client was diagnosed with Multiple Sclerosis (MS). Left arm is weak, can lift arm a little. Left hand is dominant hand, fingers contracting into palm. Uses second finger to operate devices such as TV remote as this is functioning the best. Wears a resting splint at night to support fingers stretching out. Right arm weakened. No use of right hand, fingers contracting to palm. Wears a resting splint at night to support fingers stretching out. Legs go into spasm. Wears resting splint boots. Weakened core strength. Short term memory is affected. Long term memory is fine. Becomes fatigued easily. Catheter in situ. Speech is slow and becomes slurred when feeling fatigued. Non weight bearing hoisted for all transfers by home carers who visit four times a day with double handling on each call.

AREA OF ASSESSMENT:

Referral made for a Robotic Neater Eater due to hand and arm function declining resulting in client not being able to grip cutlery or lift her hands or arms to manage to eat and drink independently. Client was having to rely on carers or her husband to assist. Client wanted to be able to eat and drink independently including when she is on her own (short periods of time when husband is on school run) for as and when she feels hungry or thirsty.

Outcome:

Client is confident at using technology and was provided with a Robotic Neater Eater that is programmable to allow adjustment to promote eating and drinking at the right pace for the client and included the below items to support the client managing to eat and drink herself.

Curled-over deep lip ceramic plate with spigot - Large, approx. dimensions: 27cm

Curled-over deep lip ceramic plate with spigot - Small

Flat Front Stainless-Steel Spoon

“Spork” (spoon with fork prongs) – Stainless steel

Neater Steady-Double-Straw - for use with any cup - including 2 flexible straws, bendable support with table clamp, 2 non-return valves, 2 spare straw clips and Straw Cleaning Brush.

With this equipment in place the client can operate the Neater Eater spoon and spork herself using the robotic arm which moves food to reach her mouth at a pace that suits the client. The Neater Eater functions in place of the client's arms, hands, fingers and

thumbs to support her eating. The straw is set up to allow the client to move her head to the straw and access drinks when she wants to. This has given the client independence and allows her to eat and drink when she feels she wants to, promoting her hydration, nutrition and energy levels. Client's mental wellbeing has improved as she is no longer reliant on others to feed her and give her drinks.