

Care Tomorrow's[®]

February/March 2026

Care tech choices What to consider



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What care leaders need to think about.

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Hello and welcome to the February/March issue of Tomorrow's Care.

As with every other industry and corner of our lives recently, artificial intelligence seems to be ever present at the moment. In an industry built on empathy and close human relationships, and shaped by constant resource constraints, where care homes operate under significant strain, facing staff shortages, growing regulatory demands, expanding administrative responsibilities and heightened expectations around the quality and impact of care delivered, innovation in the care sector has become imperative. It's something Cheryl Guest, Chief Operating Officer of Unique IQ, is keen to highlight in her feature this month for our spotlight on Technology & Software. In it, she specifically talks about the role of artificial intelligence in care and how real-time intelligence can transform home care.

We also take a look at Training & Development in this issue with Paragon Skills outlining why it believes youth recruitment and apprenticeships are the central solution to the recruitment and retention gap, whilst Flourish's CEO Eammon Price examines the role that technology can have on developing the care workforce of the future.

Topping off our feature focuses this month we have David Bailey Furniture and Care UK looking in detail at Dementia Care.

We hope you enjoy the first issue of 2026.

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MITCHELL & MURDOCH CARE LAUNCHES AGENCY DIVISION

Independent care provider Mitchell & Murdoch Care Ltd has celebrated trebling the size of its team in just one year with the launch of a new division.

The company, which is part of The Mitchell & Murdoch Group, has grown its staff from 40 to 120 people during the past 12 months uplevelling its presence in key markets serviced from bases in Aberdeen, Dundee, Falkirk, Glenrothes and Perth.

A newly launched, dedicated Scotland-wide agency division providing care home staff including qualified nurses, trained carers, domiciliary staff and managers has already hit the ground running due to word-of-mouth referrals. The new arm of the business is adding an important dimension to the service offering which already includes training centres in Aberdeen and Dundee to ensure that the company can deploy fully trained, competent and skilled staff to care settings.

The Mitchell & Murdoch Group was established in 2019 by registered nurses Deklyn Mitchell and John Murdoch who ploughed years of combined experience in the care sector into bringing a

fresh perspective to care provision by prioritising trust, strong connections, wellbeing and independence in a client-centred environment.

Commenting on the news, Deklyn Mitchell said: "The growth of our team reflects our commitment to delivering quality care which places people at its heart."

John Murdoch added: "The launch of our new division marks the beginning of an exciting new chapter for the Group, and further underlines our ability to provide exceptional, person-centred care in a growing number of locations throughout Scotland."

www.mmcare.co.uk



REGISTRATIONS OPEN FOR THE 2026 GREAT BRITISH CARE CYCLE RELAY

Registrations are now open for the 2026 Great British Care Cycle Relay, a five-day, multi-stage cycling event celebrating and championing social care across the UK.

Organised by Championing Social Care, the relay will begin in Edinburgh on Thursday 11 June 2026 and conclude in London on Monday 15 June 2026, finishing at a special event marking the official launch of Care Home Open Week.

This year's relay will start from a Renaissance Care Home in Edinburgh. Riders will then travel through five regions – Scotland, Greater Manchester, Derby, Wales and London – covering approximately 100km each day and visiting care services along the route to highlight the dedication, compassion and diversity of the social care workforce.

Vishal Shah, Vice Chair of the Care Home Open Week Organising Committee, said: "We are delighted that the Great British Care Cycle Relay will once again shine a spotlight on the incredible people and organisations that make up our social care sector. Starting the relay at a Renaissance

Care Home in Edinburgh is a fantastic way to celebrate care at the heart of our communities, and ending in London to launch Care Home Open Week gives the journey real purpose."

There is no entry fee to take part, but riders are asked to raise a minimum of £100 in donations to support the ongoing work of Championing Social Care, helping

to promote positive stories about social care and strengthen connections between care services and their local communities.

Cyclists of all abilities are encouraged to take part, whether joining for a single day or multiple stages of the relay.

Registration is now open and riders can sign up using the online form [here](#).



THE F WORD - STEP UP TO AVOID IT



A fall – the F word – is massively on the increase: among older people, up 57% last year. More than 40,000 people are hospitalised each year because of a fall on stairs.

Falls cost on many levels: ambulance call-outs, stays in hospital, admission into care, provision of home care. There is the psychological cost too: people become wary doing everyday activities.

Yet, with prescription of appropriate equipment, many of those could be avoided.

AAT's S-Max Sella stairclimbing wheelchair is proven over 20 years to make traversing stairs safe for people with mobility issues or a disability. Battery powered, Sella not only travels up and down stairs but outside steps too.

It removes the barrier(s) that prevents someone – young or old – being able to fully access their home environment.

Unlike alternative solutions, it is completely mobile/portable. The Sella stairclimber requires no installation nor electric supply to function. It is not limited to the staircase, meaning it can be used to move

its passenger anywhere in the property and beyond without them needing to transfer off it.

Sella has an impeccable safety record and is the stairclimbing choice for virtually every local authority in the UK. As a result, it has the unique capability to be represcribed or reissued multiple times, giving the council best value and use of equipment resources.

The Nelson family demonstrates Sella's value. They were prescribed one by their OT Fran Richardson after numerous 'near misses' carrying their disabled son on the stairs.

Fran commented: "The stairclimber eliminates the risks associated with using the stairs for the family. Its versatility ensures it effectively addresses their current challenges and supports their long-term needs. The Sella cost less than half of the alternative options."

Full details of the Sella stairclimber, including video of it in action, and how to book a free no obligation assessment, can be found at the website below.

www.aatgb.com/s-max-sella

BERKSHIRE CARE HOME RESIDENT CELEBRATES 107TH BIRTHDAY

A Berkshire care home resident has celebrated an incredible milestone after turning 107 years old. Irene Muggeridge celebrated her birthday surrounded by family, fellow residents and staff at RMBI Care Co. Home Prince Philip Duke of Edinburgh Court, in Wokingham.

Irene marked her special birthday with visits from her loved ones across two days of celebrations. Her eldest son, Brian, visited with his wife, while her two younger sons and their families celebrated with her the day before. Irene, who has lived at the home for five years, was presented with birthday cards from relatives and residents.

Despite reaching 107, Irene continues to take part in many activities at the home, particularly sing-alongs. In 2023, she gained local attention after taking part in the Unit Award Scheme (UAS), which allows residents to engage in learning and have their achievements formally recognised. Through the programme, she completed arts and crafts lessons and created her own woollen pom-pom, earning an official certificate and

praise from the local community. Irene is believed to be the oldest person to have taken part in this scheme.

Reflecting on her age, she said: "I don't think of my age. I put it out of my mind.

I don't think about me being over 100. You are only as young as you feel, and I feel young. Even at my age, I am happy to have a go at anything."

<http://www.rmbi.org.uk/>



GRANDE WAY TO HELP ADDRESS BARRIERS TO POSTURAL CARE

Addressing postural care should be a pre-requisite of occupational therapy yet is a postcode lottery, according to the Royal College of Occupational Therapists (RCOT).

The problem is further complicated by lack of awareness among professionals, the breadth of issues posture management affects resulting in multiple disciplines being involved, and the diversity of equipment required to achieve round-the-clock support and correction and thus funding streams.

AAT is aiming to simplify the process. Its Grande vacuum posture cushion delivers almost all sedentary and supine positioning support required day or night. So just one health professional need prescribe.

Caregivers can precisely mould and fix the mattress-sized cushion to correctly support whether sitting or lying in the day or sleeping at night. Grande can be used as a mattress for resting, sleeping or physiotherapy, or folded to create a seat – standalone, on a chair or on a sofa.

Its construction also means it is tactile and easily transmits sound waves, so it can double as a conductor for sensory stimulation.

The technology Grande uses is based round the principles of a bean bag, giving the precise shaping inherent in the concept. The beans contour precisely to the required body shape. By attaching a pump, the air

between the beans is extracted, fixing that shape with the preferred degree of firmness.

The shaping can be as detailed as required, providing correct stabilisation with minimal pressure and even allowing for pommels, wedges, hollows for feeding tubes. There is no need for restraint, even during dystonic episodes or hyperactivity.

Frequent re-plumping or positioning of conventional cushion-type posture systems becomes a thing of the past. To re-shape, simply allow air back into the Grande and mould as necessary, be it a simple adjustment for body position and comfort or a complete reconfiguration.

Peter Wingrave, AAT Director, said: "The role postural care plays in the health and wellbeing of disabled people and their carers is acknowledged, but the way our health service is structured, delivery is fragmented. Yet addressing it would have a huge impact not only on the people who need it, but on the demand for associated NHS services.

"If just one healthcare professional thinks outside the box and looks at something like Grande, which answers the specific issue they have for a client but simultaneously could answer other issues for that client, surely it must be considered?"

www.aatgb.com/grande



REDCAR AFC AND CARE 24-7 KICK OFF 25TH ANNIVERSARY YEAR WITH GIFT OF WARMTH DONATION

Local homecare provider Care 24-7 is marking a major milestone year by partnering with Redcar Athletic Football Club to support the community's most isolated residents, as the company celebrates its 25th Anniversary.

Care 24-7 joined forces with the football club to deliver care packages to elderly people in Redcar who have no family support nearby.

The initiative saw Redcar AFC donate official club scarves, woolly hats, and luxury toiletry sets, which were personally delivered by the care team to help vulnerable seniors beat the winter isolation.

Danielle Teasdale, Registered Manager for Care 24-7 in Redcar, said: "The gifts were provided as part of our Christmas approach, recognising that the festive period is traditionally a time for exchanging

gifts, connection and goodwill. We were conscious that some of our clients may be alone at this time and did not want them to feel forgotten or excluded. The intention was to offer a small, thoughtful gesture that reflected care, dignity and human connection, consistent with our values and the ethos of our organisation. Seeing our clients wrapped up in their Redcar AFC scarves, reminds them that they belong to this town."

Kev Fryett, Chairman of Redcar AFC, added: "Redcar AFC is more than just a football club; we are a family. When Care 24-7 told us there were people in our town who needed a boost, we wanted to help. We are proud to support the compassionate work Danielle and her team do every day."

www.care247.ltd.uk



WAVE ACTIVE LAUNCHES UK FIRST IN SEAFORD

Wave Active has opened a new specialist health and rehabilitation suite at Downs Leisure Centre in Seaford. The facility has been created thanks to a legacy left by Lilian, a former participant in Wave Active Health's outreach sessions.

Lilian's Room has been designed to support older adults and individuals living with long-term health conditions, including Parkinson's and other neurological conditions.

Supported by a physiotherapist, neuro physiotherapist and other health practitioners, users can access advanced

neuro rehabilitation technology, including large interactive touchscreen tables offering a range of therapeutic applications, and augmented reality glasses that support mobility, balance, cognitive engagement and functional rehabilitation.

Known as Stroll, this is the first time the technology has been made available outside a hospital or other clinical environment.

Dominic Crowhurst, Physiotherapist and Head of Wave Active Health, said: "Lilian's Room represents a transformative step forward in how we support older adults

and people living with long-term health conditions.

"By combining specialist clinical expertise with innovative neuro rehabilitation technology, we can offer personalised, engaging and effective rehabilitation in a welcoming community setting."

Lilian's Room also includes assisted and accessible machines designed to promote controlled movement and inclusive training. This low-impact approach is ideal for people recovering from injury, illness or surgery, returning to activity after a period of inactivity, or simply seeking a gentle way to improve overall fitness. Additionally, the Wave team will deliver group training sessions within Lilian's Room, including Chair Based Exercise, Falls Prevention and Stroke Rehabilitation.

Duncan Kerr, CEO of Wave Active, said: "Lilian embraced our outreach sessions in her care home with enthusiasm and joy, and it was clear that staying active meant a great deal to her. It was very sad for us to learn of Lilian's passing and a big surprise to hear of her legacy gift. To honour her warmth and positivity, we have used her legacy to help create a dedicated space that will support active ageing, rehabilitation and those living with long term health conditions."

www.waveactive.org



LIFE IS WHAT YOU BAKE IT AT LITTLE BRAMINGHAM FARM

The residents and care team at Little Bramingham Farm, the Luton-based residential care home run by charity, Friends of the Elderly, have had a marvellous time celebrating this year's National Chocolate Cake Day.

"National Chocolate Cake Day is a day dedicated to chocolate lovers," said Emma Lawrance, the Registered Manager at Little Bramingham Farm. "Whilst overindulging in chocolate and sugary foods are not part of a healthy, nutritious diet, a small treat in moderation now and then can help to support older people in many ways, such as reducing blood pressure and improving blood vessel function. As the saying goes, 'a little of what you fancy does you good'.

"Our residents thoroughly enjoy an afternoon tea, so to celebrate, our chef,

Jim Wright, baked a delicious cake for the residents. As an extra surprise, whilst the cake was baking, Aaron Kenny from TNS Catering held a Chocolate Making session where the residents got creative."

During the Chocolate Making session, the residents put their own talents to the test and created their very own individual diamond and star-shaped filled chocolates and chocolate slabs.

Aaron said: "The residents asked lots of questions, which was fantastic as everyone was really engaged and enthusiastic. They were fully involved in making the chocolate elements and took to it amazingly well and probably did more than me."

www.fote.org.uk



THE UNSEEN LIABILITY

Medical malpractice cover in care homes demands urgent attention, suggests Alan Kirkwood, Director of Acrisure UK Broking, Motherwell office (previously WH&R McCartney).



Running a care home is about more than safe accommodation. It's about delivering medical oversight, daily support and peace of mind for residents and their families. It is a highly regulated sector, operating under intense pressure, with operators doing all they can to stay compliant, retain contracts and protect their reputation.

Yet one risk continues to go unnoticed across many care settings: inadequate medical malpractice insurance. Not because care providers are careless, but because the issue is buried under misunderstanding – both in how policies are structured and how risks are defined. I see this regularly in my role, and it is a growing concern.

Most care home owners do not lie awake worrying about insurance wording. They worry about staff shortages, inspections, paperwork, and whether everyone gets through a shift safely. But the uncomfortable truth is that one small mistake on a Medication Administration Record (MAR) can escalate rapidly into a life-changing event and a business-defining claim.

This is not scare tactics. It is how these claims play out in the real world.

THE MISUNDERSTANDING AT THE HEART OF THE ISSUE

Many care home operators believe their public liability cover automatically provides full protection for any medical or treatment-related activity. Typically, they hold policies with a £10m public liability limit and assume this extends to all areas of care, including malpractice.

In reality, medical malpractice is often listed separately within the policy and carries its own limit of indemnity, which may be much lower – commonly £5m. The assumption that a single limit applies to everything creates a false sense of security, leaving care providers unknowingly underinsured where it matters most.

This is not simply overconfidence. Insurance schedules and policy documents can be technical, and without specialist advice many operators understandably rely on headline figures rather than the detail.

INCREASING PRESSURE FROM LOCAL AUTHORITIES

This issue is becoming more urgent as local authorities and public sector commissioners tighten contractual requirements. We are seeing more councils demand £10m medical malpractice cover as a condition of care home contracts.

The problem is that many providers do not realise their current policies fall short. They may submit documentation showing £10m liability, unaware that figure only applies to public liability,

not malpractice. Procurement teams may also accept these policies at face value, assuming compliance has been met.

This disconnect places providers at risk – not only of claims, but of breaching contract conditions, losing tenders, or being forced to renegotiate terms at short notice.

UNDERSTANDING WHAT MEDICAL MALPRACTICE REALLY INCLUDES

Another reason this issue goes undetected is because malpractice is often associated with hospitals rather than care homes. In reality, malpractice in a care setting can arise from everyday scenarios such as incorrect medication administration, failure to monitor residents, delayed escalation of deterioration, or inadequate supervision of clinical needs.

Even where a home believes a claim might fall under general liability, insurers or legal teams may categorise it as malpractice, triggering the separate and often lower limit. When something does go wrong, particularly involving injury or death, that distinction becomes critical.

“The uncomfortable truth is that one small mistake on a Medication Administration Record can escalate rapidly into a life-changing event and a business-defining claim.”

To illustrate this, consider a case we have seen within the sector. A medium-sized residential care home was supporting an elderly resident with diabetes, mild dementia and a history of falls. Care plans were in place, medication records existed and staff believed procedures were being followed correctly.

During a busy weekend shift, a new agency carer misread the MAR chart. Insulin was administered twice within a short time period. Blood glucose monitoring was not properly recorded. When the resident became drowsy overnight, staff assumed tiredness rather than recognising a warning sign. By morning, the resident was unresponsive and taken to hospital, where severe hypoglycaemia was diagnosed.

The resident survived but suffered a brain injury and permanent loss of independence. The family instructed solicitors, alleging clinical negligence relating to medication administration, monitoring, escalation of deterioration and supervision of

agency staff. This was not a minor liability issue – it was a medical malpractice claim.

Legal and expert costs escalated quickly. MAR charts, care plans, training records and staff rotas were scrutinised in detail. As is often the case, gaps in documentation made defence difficult despite there being no intent to cause harm. The claim ultimately settled at over £450,000, with total insurer outlay exceeding £500,000 – all stemming from a single medication error.

■ THE REAL-WORLD IMPACT OF UNDERINSURANCE

If a care provider faces a malpractice claim that exceeds their policy limit, they are liable for the remainder. That can mean covering hundreds of thousands of pounds out of pocket, with serious implications for business continuity.

Equally concerning is the risk of contract non-compliance. If a provider is found to have misrepresented the scope of their insurance – even unintentionally – they may be removed from public frameworks or fail future tenders. In a sector where public funding is often critical, that poses a serious commercial threat.

■ NOT ALL POLICIES ARE CREATED EQUAL

The challenge does not stop at policy limits. Some care insurance products restrict malpractice cover to ‘treatment risk’ only, while others are silent on issues such as abuse allegations or liability involving third-party medical professionals.

This complexity underlines the need for specialist advice. Many general insurance brokers do not have the depth of sector knowledge required to interpret these nuances. That is not a criticism – it reflects the unique regulatory and operational environment in which care homes operate.

■ A SIMPLE PROBLEM TO SOLVE, IF TACKLED EARLY

The good news is that this is a manageable issue if addressed proactively. Reviewing malpractice cover before renewal is straightforward and can prevent significant stress, cost and disruption.

It requires checking whether malpractice is listed separately, what the stated limit is, and whether it aligns with contractual expectations and day-to-day care delivery. Where gaps are identified, they can often be corrected through mid-term adjustments or at renewal. The additional premium required to increase malpractice cover from £5m to £10m is typically modest when weighed against the potential consequences.

At Acrisure, we regularly uncover malpractice underinsurance that has gone unnoticed for years - not due to negligence, but because no one had asked the right questions.

■ AND FINALLY...

In today’s care environment, insurance is not just a legal requirement, it is a vital business enabler. Medical malpractice cover, in particular, must be reviewed rather than assumed.

The consequences of underinsurance can be severe, from uncovered claims to lost contracts. But with early review, proper structuring and expert advice, it is an entirely preventable risk.

If your policy has not been reviewed in the past 12 months, or if you are unsure what your malpractice limit actually is, now is the time to check. It is a small step that could protect your care home – and your reputation – for years to come.

www.acrisure.co.uk/broking/care





DIGITAL DONE RIGHT

Buying tech is easy but making it work is harder. Here, Digital Care Hub explores what care leaders need to think about before choosing new technology.

If you've ever bought a new piece of tech for your care service, you'll recognise the pattern. The demo looks smooth, the salesperson is charming, and the price is... manageable. You sign the contract and the job is done, right?

Not exactly.

In adult social care, digital care records are no longer optional add-ons.

For care managers and senior leaders, the question isn't whether to go digital, but how to choose and introduce technology so it genuinely supports care.

With so many products on the market, it's easy to focus on features, price or what other providers are buying. But what we hear, again and again at Digital Care Hub, is this: buying technology is the easy part. Making it work for staff and people drawing on care takes far more thought, time, and effort than most organisations expect.

■ START WITH OUTCOMES

Good technology decisions begin by asking 'what are we trying to improve?'

Clarity about outcomes for the people drawing on care, staff and the organisation helps cut through sales language. It also gives you something solid to measure progress against.

As Tim from Birtley House reflects in Digital Care Hub's Lessons from a Digital Do-Over case study: "DSCRs don't save time. Good systems do. Software should serve your processes, not the other way around."

QUESTIONS TO ASK BEFORE YOU BUY

Before you buy

- What outcomes are we aiming for?
- What does success look like in six to 12 months?

Consent, privacy and trust

- How will we explain this tech to people drawing on care and families?
- How will consent be maintained and reviewed?

Supplier questions

- Is the solution on the Assured Solutions List?
- How will the system integrate with other IT systems – including NHS records?
- What interoperability standards does it support?
- How will role-based access and data sharing work in practice?
- What happens in a data breach – who is responsible?
- What ongoing support is included and what costs extra?
- How will the supplier meet future national information standards?

For care groups

- What decisions are central and what can be local?
- Can the system support diverse services?

Implementation planning

- Have people drawing on care and staff been involved early?
- How will training and ongoing support be delivered?

If your system forces staff to work around it, rather than supporting what is already being delivered, you've purchased a shiny time-saver that quietly steals time.

■ CARE GROUPS AND SCALE

Providers operating across multiple sites have advantages. Larger organisations can secure better pricing, stronger support packages and influence over suppliers. But scale comes with its own headaches.

Digital confidence varies widely. A system that makes perfect sense in head office can feel alien on the floor of a small residential home.

Decisions made centrally without involving local teams mean the tech can land with a thud. Early engagement with frontline staff might spot issues that don't show up in demos and can surface practicalities before signing contracts.

■ WHICH APPROACH?

Introducing a new system across an entire organisation at once is appealing. It brings consistency and stronger negotiating power with suppliers.

It can also be spectacularly stressful if assumptions are wrong.

Phased rollouts, starting with a pilot, allows organisations to test systems and refine training before scaling up. It reduces disruption and helps leaders identify what works. It gives staff time to adapt and prevents small issues from snowballing into major problems.

■ CARE TECHNOLOGY AND BUSINESS SYSTEMS

Care delivery systems and back-office software are tightly linked. A digital care record might flag a change in someone's needs, but if the rostering system doesn't reflect that, staff can arrive without the right time or skills.

When platforms don't connect staff become the glue and end up copying information, doubling up on admin and feeling frustrated.

Thinking about tech as an ecosystem will help leaders to spot these tensions before they become problems.

■ CHOOSING SUPPLIERS: BEYOND THE SALES PITCH

Selecting a supplier is one of the most important decisions a care leader will make.

The Assured Solutions List, from the Digitising Social Care programme is a useful starting point, but it doesn't tell you how it will feel to use at 3am on a Sunday when something breaks.

Coverage Care's digital journey shows this in action. Debbie Price, CEO, explains how they evaluated providers: "I came from an era where digital wasn't even a word in care. Seven years ago, I looked at digital care plan systems but felt they weren't safe enough to completely replace paper records."

Their choice of Care Vision was shaped by ongoing supplier engagement and support. Debbie said: "Rishi Jawaheer and his team were incredibly supportive. They took the time to understand our needs and showed how Care Vision could evolve with us. The Care Vision team is incredibly supportive... Their quick response times... give us confidence that help is always available."

Debbie recommends being clear on what you want the system to achieve.

■ CONSENT AND INTEROPERABILITY

Technology decisions also have ethical and legal dimensions.

Consent isn't a one-off tick box, and people drawing on care and their families need clear explanations about how data will be used and shared.

Interoperability matters too. It's increasingly expected that care systems can exchange information with NHS systems. Leaders should ask suppliers how products support integration with health and care partners.

■ THE TRUE COST OF IMPLEMENTATION

Licence fees are the tip of the iceberg. Real costs include:

- Staff training time and refreshers.
- Infrastructure upgrades.
- Ongoing support.

Leaders need to plan realistically, whether rolling out at scale or phasing introduction.

■ FUTURE-PROOFING WITHOUT A CRYSTAL BALL

No system lasts forever but some are easier to adapt than others.

Ask suppliers about product roadmaps and how they plan to meet future requirements around interoperability and security.

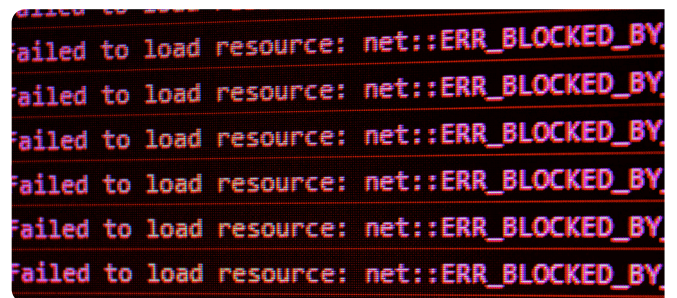
Choose a partner who's paying attention to the future.

■ MAKING INFORMED CHOICES

There's no single 'right' technology for adult social care. What matters is making decisions that fit your service, support your staff and improve outcomes for people drawing on care.

Throughout March, Digital Care Hub is running a campaign on difficult conversations about data and tech in social care. Webinar sessions include the right to privacy versus monitoring tech, and what consent really means.

www.digitalcarehub.co.uk/difficult-conversations



SMARTER CARE

Cheryl Guest, Chief Operating Officer at Unique IQ, explores how real-time intelligence from AI-enabled care management is helping home care providers move from reactive oversight to proactive, person-centred care.



In a sector defined by compassion, personal connection and the ever-present challenge of doing more with less, innovation is not an optional extra; it is essential. The pressures facing home care providers are intense: workforce shortages, rising regulatory expectations, increasing administrative burden, and higher expectations around quality and outcomes for people receiving support. For context, Skills for Care's State of the Adult Social Care Sector and Workforce in England 2024/25 report highlighted persistent staff shortages and an estimated 111,000 vacant posts, underscoring ongoing workforce pressures in the sector.

At Unique IQ, we have an unambiguous belief: technology must serve care teams, not burden them. That belief shapes how we build our care management software and it underpins our work on artificial intelligence (AI) for the care sector. AI should empower professionals, support better decision-making and give teams the time and insight to focus on what matters most, the people they care for.

■ FROM REACTIVE TO PROACTIVE CARE

Traditional care management approaches have been overwhelmingly reactive. Alerts are investigated after events have occurred, documentation is reviewed days or weeks later and teams spend hours reconciling notes, plans and outcomes. In many cases, care planning and auditing simply take too long or happen too late to influence the experience of the person receiving care – or worryingly, sometimes do not happen at all.

But the sector is at a tipping point. Providers are beginning to see, in practical terms, how AI-enabled tools can change this dynamic. AI is not about replacing human expertise; it is about augmenting it.

“Care is deeply human. AI should support that, not diminish it.”

This is not about futuristic concepts; this is about practical, real-world support that makes care safer and more efficient today.

■ REAL-TIME AUDITING WITH IQ:CAREAUDIT

One of the most powerful examples of this shift is IQ:careaudit, our real-time AI auditing tool. Auditing visit notes, medication entries and wider care documentation has traditionally been a slow, manual and retrospective task. Managers are left to pore over records long after visits have been completed, hoping to spot risks or patterns before they escalate.

With IQ:careaudit, this is fundamentally different. Visit notes and medication records are analysed as they are submitted, with high-risk patterns, inconsistencies and outliers highlighted instantly. Rather than discovering issues days later, often too

late to influence care, supervisors and quality leads receive timely insight that enables earlier intervention and support. This capability moves providers from reactive oversight to proactive quality assurance, supporting earlier identification of trends such as missed medication, unusual dose patterns or repeated ‘no response’ entries.

■ REIMAGINING CARE PLANNING WITH AI

Care planning is another area where AI can make a significant difference. Creating and updating care plans has traditionally required hours of desk time, time that could otherwise be spent supporting teams, coaching carers or engaging with people receiving care.

“Care plans can now be completed in minutes rather than hours.”



Our second AI capability, IQ:careassist, accelerates the creation of clearer and more consistent care plans by supporting structure, content and language, while ensuring professional judgement and person-centred needs remain central. Importantly, IQ:careassist does not start from a blank page. It draws on previous care plans for continuity and incorporates client-specific guidelines, producing plans that feel familiar to teams because they reflect how care is actually delivered. Early adopters report that care plans can be completed in minutes rather than hours, with around 90% of time freed up compared with traditional manual processes.

■ AI THAT ENHANCES, NOT REPLACES, HUMAN EXPERTISE

A central tenet of our approach is that AI must enhance judgement, not replace it. Care is deeply human. Compassion, experience and professional insight cannot, and should not, be automated. Our AI tools are designed with safety, transparency and responsibility at their core. Suggestions and alerts are evidence based, traceable and aligned with sector expectations around data security and governance. Users remain firmly in control.

■ WHAT REAL-WORLD ADOPTION LOOKS LIKE

Across the UK home care sector, organisations of all types are adopting our AI-enabled care management tools. Many Home Instead franchises are already using our software to reduce administrative burden and improve operational visibility, allowing managers to redirect time and attention toward staff development, culture and client experience. Others are using real-time insights to refine processes and strengthen oversight across diverse services.

And it is not just about efficiency. The ability to spot subtle signals earlier, to tie documentation to outcomes and to act on patterns before they escalate has profound implications for safety, quality and confidence on the ground.

■ GOVERNANCE, SAFETY AND RESPONSIBLE DEPLOYMENT

Deploying AI in care is not just a technical challenge; it is also a governance challenge. Care providers need assurance that AI tools are safe, transparent and compliant with regulatory expectations. Responsible deployment means that AI does not create risk, uncertainty or confusion. Instead, when done well, it strengthens evidence trails, improves regulatory readiness and supports quality improvement strategies.

■ INTELLIGENCE IN SERVICE OF CARE

The future of home care is not about replacing people with technology, it is about equipping teams with intelligent tools that enable better decisions, faster responses and more consistent delivery. AI can reduce administrative burden, surface hidden risks and free teams to focus on relationship-based care. But this future will not be realised by technology alone. It requires leadership, thoughtful implementation and, above all, a continued commitment to quality, safety and humanity in care.

At Unique IQ, we are committed to building technology that aligns with the values of the care sector, technology that supports people, strengthens oversight and creates time for what matters most.

www.uniqueiq.co.uk



THE CARE HOME ROBOT DEBATE

Are robots the future of social care? And in what ways can technology in general prove useful in care homes, asks Liam Mynes from Tork manufacturer Essity.

A recent study carried out at Notre Dame University in the US revealed that robots can play an important role in care homes.

According to the Indiana study, robots can remove the physical strain associated with certain jobs and allow care workers to focus on tasks that are better suited to humans.

Machines can also enhance employee retention rates while improving productivity and leading to a higher quality of care into the bargain.

The word seems to be spreading, too. Over recent years there has been an increasing focus on introducing robots into care homes to plug the staffing gap and cope with an ever-ageing population.

However, some studies reveal that care robots can actually add to the workload of staff.

An AI specialist and visiting professor at London's Queen Mary University Dr James Wright spent seven months observing care home robots.

He discovered that staff were having to spend a great deal of their working day on cleaning and recharging the machines as well as troubleshooting when they went wrong.

And he noted that after several weeks, the care workers in the study began using the robots less and less having decided they were more trouble than they were worth.

So, how are today's care home robots developing? Do the advantages currently outweigh the drawbacks, and will they improve to become more useful in the future?

Robots can fulfil a number of functions in the care home. For example, the 'Hug' machine – developed some years ago in Japan – can relieve staff members of much of the heavy lifting by helping residents up from chairs and moving them from A to B. But critics have claimed the Hug is too heavy and cumbersome to wheel from room to room, and is only able to comfortably lift a small percentage of residents in any case.

Another robot developed in Japan is Paro, which takes the form of a fluffy seal. This is designed to act as a companion to lonely care home residents. However, studies have shown that some residents can become so attached to Paro that they refuse to eat meals or go to bed without it, leading to distress and anxiety.

A third robot, Pepper, was first introduced to care homes in order to run recreational exercise sessions. This machine plays upbeat music and demonstrates simple upper-body exercises for residents to follow.

But the number of routines on offer is said to be fairly limited which leads to residents quickly becoming bored. Others would

only join in if a member of staff did so as well, which effectively turned the robot into an expensive music player.

However, one area in which robots – and technology in general – is proving particularly useful is in the cleaning sector. Automated systems can now take on the most onerous cleaning tasks, freeing up staff to tackle more detailed work.



For example, a team of robotic vacuum cleaners was deployed in a government-funded trial in 25 UK care homes during the Covid-19 pandemic. ATP testing equipment and antiviral surface cleaners were also used to ensure a more thorough clean.

As a result of the measures, pathogen levels dropped by an average of 41% in just three days after the trial was implemented.

As familiarity with smart solutions increases, other solutions are emerging to address infection concerns and to make up for staff shortages. For example, Tork Vision Cleaning uses people-counters and connected dispensers to provide real-time data on cleaning requirements.

This allows care teams to stay ahead of the game and use a smartphone, tablet or computer to remotely check on which dispensers are running low and which washrooms are receiving high levels of traffic. They can then anticipate situations in which enhanced cleaning or extra checks might be required.



Good training is vital to ensure that care home staff and cleaners fully understand the importance of proper cleaning and hygiene. Research from Essity reveals that 58% of cleaning staff in care homes say they find it challenging to follow all the required steps and tasks in cleaning guidelines. And 68% of employees claim they would like to receive better and more interactive training in hand hygiene.

Essity offers two free online training solutions for care home staff. Tork Cleaning Training for Long Term Care Homes provides employees with 'real world' scenarios in a safe virtual world. The training has been developed in collaboration with the Association for Healthcare Environment and can be customised to fit with local cleaning guidelines.

The second module, Tork Clean Hands Training for Long Term Care Homes, equips staff members with the day-to-day skills they require to secure hand hygiene. It has been developed with leading hygiene experts using the WHO My Four Moments for Hand Hygiene in a residential home environment. And the interactive simulation – which has been designed to make hand hygiene learning more inspiring – is available both online and in a virtual reality format.

As technology improves, care home robots are becoming more sophisticated – and are more of a help to staff members as a result. For example, the developers behind Hug claim to have refined the design of the robot to make it more compact and user-friendly, while the software for Paro has also been substantially updated.

Meanwhile in the US, residential facilities are increasingly using social care robots to interact with residents and free up staff for other tasks.

These machines incorporate screens on to which residents' families can upload their photographs. They can also respond to facial cues and detect when a resident is displaying anxiety or confusion, then change the mood by displaying a prized family photo or throwing in a joke.

Closer to home, a robot named Stevie II developed at Trinity College Dublin uses advanced sensing technologies, laser rangefinders, depth cameras and vision sensors to interact intelligently with care home residents.

And Swiss roboticist Professor Nadia Thalmann has created a robot copy of herself to keep her mother company in her own care home.

'Social robot' Nadine is able to talk, sing and play bingo and several versions of the automaton have now been trialed in care homes in Singapore. Nadine recognises individual residents and remembers their preferred topics of conversation, allowing them to interact with residents on a human level.

So it appears that robots will definitely be part of the future in care homes. And as they continue to improve, they will no doubt be able to fulfil even more functions, enabling them to further enhance the level of care and significantly reduce the burden on staff.

www.tork.co.uk

PREVENTING THE PREVENTABLE

Can smart sensors end the falls crisis in elderly care, asks Lisa Delaney, UK Country Director at Sensio.



The falls crisis in UK care homes is one of the most persistent and under-addressed failures in our care system, representing a silent emergency hiding in plain sight. Every day, residents in UK care homes experience an estimated 4,438 falls, meaning they are three times more likely to fall than older people living at home. Yet, this issue rarely appears prominently on the health and social care policy agenda.

Behind each statistic is a person whose fall can change everything, shattering confidence as well as breaking bones. For many residents, a single fall can mark the end of independence and the beginning of decline, depriving them of that crucial sense of ageing well.

Despite decades of advances in care practice, preventing falls remains one of the toughest challenges in elderly care. Traditional supervision relies heavily on physical presence and manual checks – approaches that, however well-intentioned, simply can't match the scale and complexity of fall risk in modern care environments. Already overstretched care teams can't have eyes and ears everywhere.

As our population continues to age, the urgent question is no longer how we respond when a fall happens, but how we prevent it altogether?

■ WHY TRADITIONAL CARE FALLS SHORT

Care workers do an extraordinary job, but for all the training, vigilance, and compassion that care staff bring to their roles, fall prevention in most care homes remains largely reactive. Teams respond swiftly when an alarm sounds or a resident calls for help, but by then the incident has already occurred.

Even with dedicated teams, it's impossible to maintain continuous one-to-one supervision, particularly at night or in homes operating under intense staffing pressures. This creates a critical gap between what human care can realistically provide and the cold, hard reality of the risk of incidence.

Residents can move, rest, and recover at all hours. A simple decision to get out of bed unassisted can shift instantly from a legitimate exercise of independence to imminent physical danger. It's within this gap that technology can play a transformative role.

■ TRANSLATING RISK DETECTION INTO FALL PREVENTION: HOW SMART SENSORS CHANGE THE EQUATION

A new generation of smart sensors is beginning to redefine how safety and independence can coexist in residential care. The concept of sensor technology goes beyond the mere adoption of digital technology in social care: it represents a shift in focus from reaction to prevention.

These systems combine discreet motion detectors and AI-driven analytics to learn each resident's normal activity patterns and identify risks in real time. It acts as a sort of silent nurse, preventing falls and risk while preserving residents' privacy.

The technology functions in an ambient way, operating silently in the background – and adopts a continuous learning process as residents' activity patterns change, move and adapt, depending on their circumstances.

Over time, aggregated data also helps care teams spot trends, such as a resident's declining mobility or a medication change affecting balance, turning what was once a passing observation into a clear, actionable insight.

Compared with traditional nurse call systems, smart supervision offers a proactive approach. When signs of a potential danger are detected, such as a fall or unusual movement, it automatically alerts care teams using a passive alert system. This capability is especially valuable for people living with dementia, who may not be able to call for help themselves.

“The urgent question is no longer how we respond when a fall happens, but how we prevent it altogether?”

Digital checks also allow care teams to see a resident through a secure screen – on a mobile, tablet, or computer – enabling them to quickly assess whether physical intervention is necessary. The system uses anonymised digital checks, so that residents' dignity and privacy are upheld while still preserving their safety. These interventions offer peace of mind for residents, care workers and their families alike. Beyond improving day-to-day safety within care homes, the benefits of smart supervision offer system-level gains across the entire health and social care landscape.

THE RIPPLE EFFECT ACROSS THE HEALTH AND SOCIAL CARE SECTOR

The ripple effects of smart sensor technology extend far beyond individual care homes. Each prevented fall means one less ambulance call-out, one fewer hospital bed occupied, and potentially weeks of recovery time avoided.

Hospital stays following a fall can last weeks, often leading to long-term complications, declining mobility and long-term loss of independence. For the NHS and local authorities grappling with limited budgets, workforce shortages, and increasing service demand, these savings are potentially significant. Adopting smarter supervision, therefore, alleviates pressure across the entire health and care ecosystem.

There is also a human dividend for the workforce. When digital tools shoulder the burden of care and patient monitoring, healthcare professionals can redirect their efforts where it matters most, providing emotional support and personalised care, enabling more meaningful engagement with residents. Technological innovation of this sort represents an extension of human compassion – not a cold, inhuman replacement – and has the potential to lay the foundation for a new model of dignity-centred ageing.

A BLUEPRINT FOR PATIENT DIGNITY

As the government pushes to move care out of institutional settings and deeper into the community, we must consider what this really means for ‘how’ and ‘where’ people age. Achieving this vision will require more than shifting locations. It demands reconfiguring the boundaries between ‘institutional’ and ‘home-like’ care, creating environments that feel personal and familiar while still providing professional support.

In this context, smart sensing technology stands out as one of the most practical enablers of this shift. Embedded discreetly within walls, ceilings and furniture, these systems blend invisibly into everyday life; upholding privacy and dignity, while maintaining constant vigilance and a watchful eye.

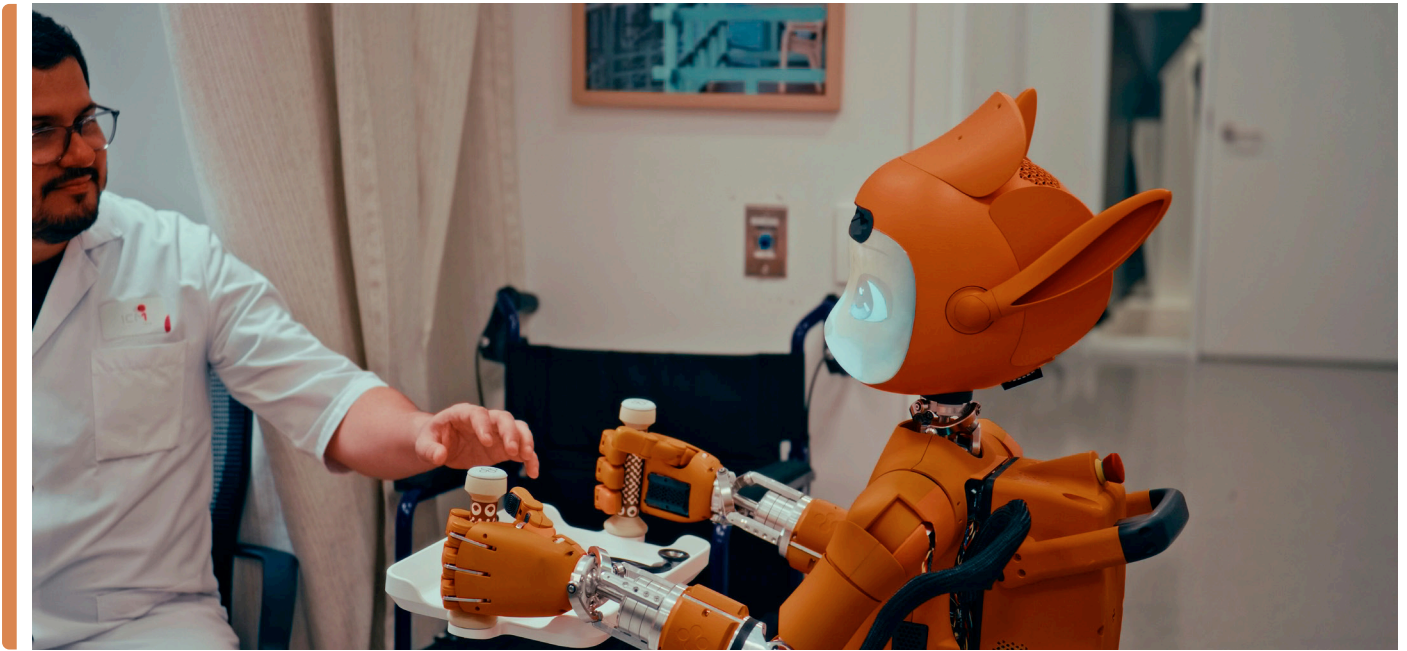
By making care environments safer without resorting to intrusive, all-eyes-on-you surveillance, smart sensing allows residents to retain their autonomy, reassuring families and staff that help is always within reach.

For decades, the sector has been trapped in a cycle of crisis response, reacting only after harm has already occurred. Smart supervision offers a way to break this cycle, replacing alarm bells with genuine foresight and timely intervention.

This is both a moral and strategic imperative. In a society where older adults deserve safety without surrendering dignity, we can no longer accept falls as inevitable. Preventing them must become a measure of what good care truly means.

www.sensio.com





ROBOTS VS CARERS: BEYOND THE HYPE

As robotics enters adult social care, headlines warn of carers being replaced. But what is really happening on the ground? Digital Care Hub investigates the evidence, the anxieties, and the reality behind robots in care.

When people picture robots in social care, the reaction is rarely neutral. For care workers, the image can trigger questions about job security and professional identity. For people drawing on care and their families, it can raise personal concerns about dignity, empathy and what kind of support they want in their lives.

It is easy to reduce the debate to a headline about robots replacing carers. In reality, the conversation is more layered than that, and the fears involved are not confined to the workforce.

Given the pressures facing adult social care, innovation is often presented as part of the solution. Robotics captures attention because it feels tangible and visible. Yet when we look at the evidence, we see something far less dramatic than the headlines might imply.

■ WHAT ROBOTS ARE ACTUALLY BEING USED FOR

Skills for Care's guidance makes clear that most applications are limited in scope and often still being evaluated. Rather than replacing whole roles, robots are typically used for defined tasks.

Robotic lifting and transfer devices are one example. Manual handling is physically demanding and a common cause of injury among care workers. Assistive robotic systems are designed to reduce strain and improve safety. They do not remove the need for a trained professional. A worker still assesses risk, gains consent, explains what will happen and monitors comfort throughout. The robot provides mechanical strength, not relational care.

Social robots form another category. PARO, a robotic seal used in some residential settings internationally, has been studied for its potential to reduce agitation and stimulate engagement. Some residents respond positively, stroking or speaking to the device. Staff introduce and supervise its use, interpreting reactions and incorporating it into wider support plans. PARO does not plan care, respond to safeguarding concerns or make ethical decisions. It is a tool within a human led environment.

In the UK, Cera Care has been using GenieConnect's robots to help people with food, drink and medication reminders, as well as checking in on their mood and wellbeing and keeping them connected to care teams and loved ones.

Across these examples, robots are being tested as aids, not autonomous replacements for carers.

■ WHY CARE WORKERS WORRY

Even if large scale replacement is not happening, anxiety among staff is understandable.

Robots are visible symbols of change. A new digital system may alter routines quietly, but a robot in a care setting feels like a physical shift in territory. It can appear to blur boundaries in a way that feels unsettling.

There is also a wider narrative about automation in other industries. Care workers are aware that machines have displaced

roles elsewhere. It is reasonable to ask whether social care could follow, particularly in a sector that often feels undervalued.

Underneath this sits a question of worth. If part of the job can be done by a machine, does that diminish the skill involved? Those concerns deserve respect rather than dismissal.

■ FEARS FROM PEOPLE DRAWING ON CARE AND FAMILIES

People drawing on care and their families also have their own views on carebots.

For some families, assistive robotics can feel reassuring. A device that supports safe transfers or prompts medication may increase confidence that their relative is supported consistently. In situations where staffing is stretched, the idea of additional support can bring comfort.

Some people are very excited about autonomous carebots – who can help them with direct care on their own schedule, not at the mercy of the care company's availability.

For others, the presence of a robot can feel impersonal. There may be a fear that human contact will be reduced, that meaningful interaction will be replaced with mechanical efficiency. People drawing on care may have mixed reactions. Some may find social robots engaging. Others may experience them as infantilising or intrusive.

Consent and choice are central. Introducing robotics changes the texture of care. Decisions about their use must involve transparent conversations about purpose and limits.

■ WHAT ROBOTS CANNOT PROVIDE

The limits of robotics become clearer when we consider what care actually involves.

Care is not only about lifting safely or delivering reminders. It is about noticing subtle changes in mood, sensing when someone is withdrawing, understanding family dynamics and navigating complex emotional landscapes. It involves judgement, empathy and accountability.

A robot can follow programmed parameters. It cannot genuinely understand embarrassment, grief or fear. It cannot carry legal or moral responsibility. And of course, they are expensive and major investment – financially and culturally – for any care provider.

■ A MORE BALANCED WAY FORWARD

The evidence suggests that robotics in UK social care remains cautious and limited. Large-scale replacement of carers is not taking place. Instead, robots are being explored as tools to address specific challenges, particularly physical strain and capacity pressures.

This does not remove the need for vigilance. Poor implementation could undermine trust. If robotics were introduced as a substitute for meaningful human contact, resistance from staff and families would be justified.

The more constructive question is how robotics can be integrated without eroding the relational foundation of care. That requires involving care workers in decision making, listening carefully to people drawing on care and their families, and being honest about both benefits and limits.

Social care remains, at its heart, a human endeavour. Robotics may assist with certain tasks, but they do not replace compassion, presence or responsibility. If the sector holds onto that principle, the conversation shifts from fear of replacement to thoughtful collaboration.

Find out more. Join Digital Care Hub's Robots vs Carers webinar on 31 March 2026, 12 – 1.30pm

www.digitalcarehub.co.uk



**Digital
Care Hub**

BUILDING THE FUTURE CARE WORKFORCE

Youth recruitment and apprenticeships are the central solution to the recruitment and retention gap, says Paragon Skills.



Adult social care is facing one of the most significant workforce challenges in its history. Vacancies remain stubbornly high, demand continues to rise, and employers are under increasing pressure to deliver high-quality, compassionate care in a complex operating environment. While there is no single solution to the recruitment and retention gap, one thing is becoming increasingly clear: we cannot build a sustainable future for care without bringing more young people into the sector and supporting them properly once they arrive.

As a training provider, Paragon Skills works closely with care employers across the country, gaining insight into both the opportunities and challenges they face. While youth recruitment is an important part of building a sustainable workforce, it is often approached as a longer-term strategy alongside day-to-day staffing priorities. Similarly, apprenticeships, though highly valuable, can sometimes feel administratively complex, particularly for teams already balancing significant operational demands. In reality, youth recruitment and apprenticeships are not side issues, they are central to future-proofing the care workforce.

CARE AS A CAREER: CHANGING THE CONVERSATION WITH YOUNG PEOPLE

For many young people, adult social care is invisible as a career option. When it is visible, it is too often framed narrowly as low paid, emotionally demanding and lacking progression. These perceptions don't reflect the reality of modern care, but perception matters.

If we want to attract young people, we need to start by reframing care as a credible, aspirational and values-driven career. Young people consistently tell us they want work that has meaning, purpose and impact. Care offers all three, but we need to tell that story better.

Employers play a crucial role here. Engagement can't start at the point of vacancy; it needs to happen earlier, in schools, colleges and communities, helping young people understand what care really involves, the skills it develops, and where it can lead. Real stories, real role models and honest conversations resonate far more than polished job adverts.

What's outdated is assuming young people will 'find' care on their own. What's working is proactive engagement, visibility and authenticity.

ENTRY ROUTES AND TALENT PIPELINES: WHERE APPRENTICESHIPS FIT

There are multiple ways young people enter the care sector from entry-level roles and college placements to volunteering and career changes later in life. Apprenticeships sit uniquely within this landscape because they combine paid employment, structured training and recognised progression.

"The question is no longer whether we can afford to invest in young people. It's whether we can afford not to."

At their best, apprenticeships offer young people a supported route into care that builds competence, confidence and commitment over time. They allow employers to shape staff from day one, embedding values, behaviours and quality standards alongside technical skills.

That said, apprenticeships are not a silver bullet, and they don't work in isolation. Where they fall short is often not the model itself, but how it is implemented and supported. Strong partnerships between employers, training providers, schools and colleges make the difference, particularly in helping young people transition successfully into the workplace.

There are still gaps in the system: limited awareness in education settings, inconsistent careers advice, and practical barriers that make some employers hesitant to take on younger apprentices. Addressing these gaps requires collaboration, not competition.

RECRUITMENT REALITIES: SETTING YOUNG PEOPLE UP TO SUCCEED

Recruiting young people into care comes with real challenges and it's important to be honest about them. Many young entrants struggle initially with confidence, professional communication, emotional resilience or understanding workplace expectations. These are not failings; they are development needs.

The key question is not "are young people ready for care?" but "how do we make care ready for young people?"

From Day one, young people need clarity, structure and support. That includes realistic job previews, strong onboarding, clear expectations and safe spaces to ask questions. It also means recognising what is reasonable to expect at entry level and what should be developed over time through training, mentoring and experience.

Apprenticeships provide a framework for this development, but success depends on how well recruitment, onboarding and training are joined up. When employers and providers work closely together, early struggles can be anticipated and addressed before they become reasons to leave.

FROM FIRST JOB TO LONG-TERM CAREER

One of the biggest risks in youth recruitment is treating young people as a short-term fix rather than a long-term investment. If care is positioned as a "first job" with no visible future, young people will move on often just as they become confident and capable.

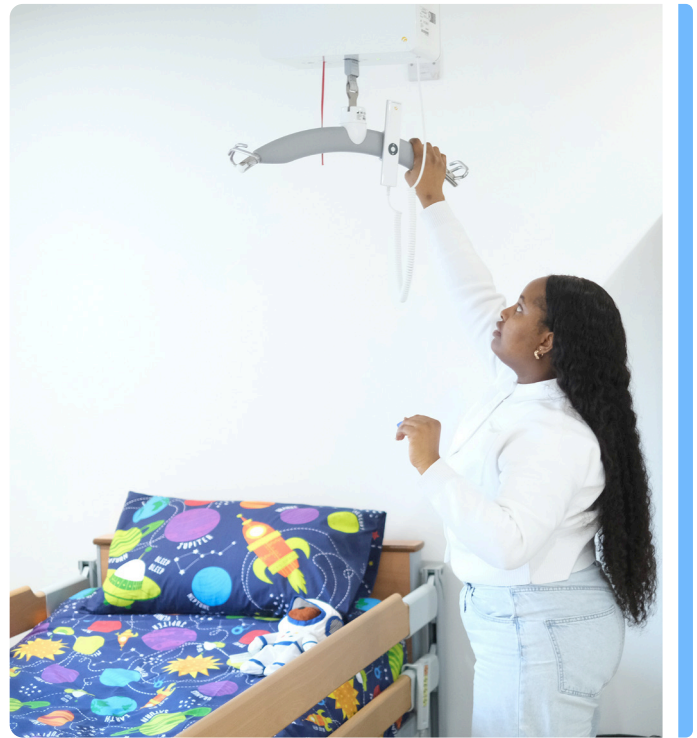
Progression matters. Young people need to see where they can go next whether into senior care roles, specialist pathways, leadership, education or management. Employers don't need every pathway fully mapped out, but they do need to make progression visible and achievable.

Apprenticeships play a critical role here, not just at entry level but throughout a career. Well-designed training routes can support progression into senior, specialist and leadership roles, helping employers grow their own talent and reduce reliance on external recruitment.

Retention improves when young people feel invested in, developed and valued and when they can see a future for themselves in the organisation.

MAKING IT WORK AT SCALE: WHAT EMPLOYERS NEED

For many employers, the desire to invest in young people is there but the operational challenges can feel overwhelming. Admin complexity, funding rules, capacity pressures and fragmented communication all create friction.



What makes the biggest difference is clarity and trust. Clear processes, responsive training partners and shared ownership of outcomes build employer confidence. Better communication between employers, providers and learners reduces misunderstandings and drop-out. Practical support enables scale.

From our perspective as a training provider, the employers who succeed with youth recruitment are not those with unlimited resources, but those with strong partnerships and a long-term mindset.

A COLLECTIVE OPPORTUNITY

The care sector has an opportunity and a responsibility to shape its future workforce. Youth recruitment is not about replacing experience; it's about complementing it. Apprenticeships are not just a funding mechanism; they are a workforce development strategy.

If we want a resilient, skilled and values-driven care sector in five, 10 or 20 years' time, we need to start building it now by attracting, supporting and growing the next generation.

The question is no longer whether we can afford to invest in young people. It's whether we can afford not to.

For employers who want to strengthen their youth talent pipeline but aren't sure where to start, we offer a free recruitment support service alongside expert apprenticeship guidance. From helping you attract the right young people, to advising on funding, programme design and ongoing support, we work in partnership with care employers to make youth recruitment and apprenticeships practical, sustainable and effective.

If you'd like a conversation about how this could work in your organisation, with no obligation, get in touch to explore how we can support your recruitment and workforce development goals.

Call: 0800 783 2545

www.paragonskills.co.uk

CARE UPGRADED

At a time when the care sector is under severe strain and its carers are increasingly feeling burned out, Eammon Price, CEO of Flourish, says that technology can be the way to break this vicious cycle.

Having grown up in a family of carers and social workers, I've seen first-hand the pressures that they face, and this has only increased in recent years.

The sector is locked into a vicious cycle with stress causing staff shortages, which leads to rising workloads, which creates more stress, which causes even more staff shortages, and so on.

Is it any wonder that a quarter of the adult social care workforce rate their life satisfaction as low?

The sector is losing carers to low pay, stress and burnout faster than it can bring them in, and those left behind are exhausted, overwhelmed and don't have the time in their days for training and development, let alone caring for themselves.

With an ageing population, we need more skilled, healthy and happy carers than ever before, so if we can't improve retention rates, this is a crisis that will affect every one of us.

■ HOW WE CAN CARE FOR THE CARERS

At Flourish, we are passionate about making a real difference to the lives and careers of people working in the care sector. We've built easy-to-use online platforms for training and staffing, creating a connected community for carers where everyone can thrive.

We support more than 130,000 carer professionals, and we are uniquely placed to drive meaningful change, setting higher standards, innovating responsibly and creating positive ripple effects.

We firmly believe that technology is the answer to the workforce challenges the care sector is facing. Carers don't have enough time for in-person training and development, so technology's ability to impart knowledge efficiently is the best way to support them.

Our Click Learning platform delivers 180 plus courses, including CPD-accredited and mandatory training courses for adult social care. Developed in partnership with sector experts, our courses

help carers stay compliant, confident and up to date. Most importantly, they can access it flexibly without it adding even more time pressure to their working days.

■ TAKING DEVELOPMENT TO THE NEXT LEVEL

But our carers need more than just the chance to upskill and look after their professional compliance. That's why Flourish offers them free access to rewards and wellbeing platforms to help them look after their own self-care.

Flourish Rewards is a discounts platform built into Click Learning for all users, giving them hundreds of discounts on the things that matter most – the weekly shop, booking a break, home improvements, and more. It's our way of saying thank you to those who go the extra mile for the rest of us.

“Carers don't have enough time for in-person training and development, so technology's ability to impart knowledge efficiently is the best way to support them.”

We've also now added Flourish Wellbeing, an app that offers carers support across areas like sleep, finances, anxiety, relationships and healthy eating, helping them build up resilience with person-centred tools and resources for the issues they identify as challenging for them.

This is how technology can make a difference and break the cycle of burnout in our sector. It won't ever replace the human element, but it can help carers feel better able to do what they signed up for when they joined the sector – caring for others.

<https://flourish.co.uk>



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MUSIC MADE EASY

Lizzie Hoskin, Music for Dementia Community Engagement Strategist, explores why music must remain simple and accessible for people living with dementia — and how a new campaign is working with care homes and industry to keep the soundtrack of life within reach.



Music can do things words cannot. For people living with dementia, a familiar song can cut through confusion, ease anxiety and spark moments of recognition and connection. Yet as music has moved online, many older people, including those in care homes, are finding themselves locked out of the soundtrack that shaped their lives.

Music that once filled kitchens, cars and dancefloors is now hidden behind screens, passwords and complex menus. Care home teams know this tension all too well. You see first-hand how quickly a well chosen song can settle a distressed resident or unlock a long buried memory. But you also know the practical barriers: family CDs with no player, streaming services hidden by personal passwords, patchy Wi Fi and the simple reality that care staff don't have time to navigate multiple menus and adverts just to play a specific song.

That's why simple, dementia-friendly tools matter. One example already available is **m4dRADIO.com**, our free, easy-to-access online radio service created specifically for people living with dementia. With carefully curated music from across the decades and no adverts, news or complicated controls, it offers something care homes can use today: turn it on, choose the decade most relevant to your residents and let the music play.

But this isn't just a care home issue, it's a systemic one. Research by Music for Dementia with 1,000 family carers found that only three in 10 older carers are able to stream music with their loved one who has dementia. Age UK research echoes this, showing that six in 10 internet users aged 65 and over never stream music or videos at all.

This growing divide was the focus of a new industry roundtable hosted by Music for Dementia and the University of Sheffield in London. Bringing together leaders from the music, technology and dementia sectors, the event addressed a pressing question: in a digital world, how do we keep music genuinely accessible for older adults and people living with dementia, rather than letting it become yet another thing they – and care homes – have to battle with?

One of the strongest themes to emerge from the roundtable was the importance of co-production and this is where care homes have a vital role to play. Participants agreed that people living with dementia, alongside carers, must be involved in designing products and services from the outset. In practice, that means the expertise of your residents, their relatives and your staff, particularly Activity Coordinators, should be shaping what 'good' looks like.

While examples of progress do exist, the group acknowledged that isolated solutions are not enough. Meaningful change will require collaboration across sectors. Following the roundtable a new Music Made Easy taskforce has been created to drive industry-



wide improvements in music accessibility for people living with dementia. For care homes, this is a chance to help define future tools, not just adapt to whatever the market produces.

With around 940,000 people living with dementia in the UK this isn't a 'nice to have' for care homes – it's fast becoming an essential part of person-centred care. As Amy Shackleton, Programme Lead at Music for Dementia, said: "The generation that created popular music is now increasingly locked out of it. Music isn't a luxury for people living with dementia. It's a lifeline."

Our Music Made Easy taskforce is about making sure the wider music and tech industries match that effort by delivering tools that make your job easier, not harder, and keep the soundtrack of life within reach for every resident who needs it.

So, what can care homes do next? Start by integrating **m4dRADIO.com** into daily routines and noting how residents respond. If your Activity Coordinators or care teams have found effective ways to weave music into care plans, we'd love you to tell us what's working well – or even send in your very own 'Songs of your Residents' playlist for broadcast on the MIX (Activities) channel.

If your home would like to be involved in the Music Made Easy campaign – contribute your ideas, share your successes and challenges with music and technology – or would like more information on m4dRADIO, please get in touch at: info@musicfordementia.org.uk.

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GOOD DESIGN MAKES A DIFFERENCE

Despite ongoing pressures from rising costs and workforce shortages, there is growing recognition that purposeful design can significantly improve daily life for people living with dementia, says Tony Huggins, Managing Director at David Bailey Furniture Systems.

As care homes adapt to the increasingly complex needs of an ageing population and the rising prevalence of dementia, attention is rightly focused on staffing and clinical care. Yet even the most well-intentioned care can be undermined if the physical environment does not support it. The spaces residents inhabit every day and the fitted furniture within them, also play a vital role in shaping safety, independence and emotional wellbeing. Thoughtfully designed fitted furniture is not simply functional. It actively supports orientation, reduces anxiety, and enables residents to move through their environment with greater confidence and dignity.

NHS research consistently shows that good design contributes positively to dementia care environments. Fitted furniture, in particular, plays a key role in creating spaces that are safe, calming, and supportive. The careful use of colour is especially important. Bedrooms benefit from soothing tones such as blues and greens, which promote relaxation, while communal and other activity areas are better served by brighter colours like yellows and oranges that stimulate engagement and energy.

Dementia care settings also require furniture that is robust and practical. Frequent use and strict cleaning protocols mean materials must be durable, easy to clean and resistant to wear, ensuring they retain both function and appearance over time.



Alongside durability, adequate storage is essential. Residents need accessible, well-organised spaces for personal belongings, medications and equipment. Cabinets, drawers and shelving must also be designed to support clarity, organisation and ease of use.

Promoting independence is another critical aspect of good design. Furniture with rounded corners and smooth surfaces helps reduce the risk of injury, while easy-grip handles support residents with reduced dexterity. When environments are intuitive and forgiving, residents are more likely to move confidently and maintain a sense of autonomy.

Personalisation is also central to effective dementia care design. Storage units with contrasting, colour-coded labels can help residents identify their belongings more easily, while personalised bedrooms allow individuals to feel a greater sense of ownership and comfort. Research shows that environments reflecting personal preferences can improve emotional wellbeing and orientation.

This focus on design is especially important in older care homes where décor may reflect outdated trends. Updating interiors with improved colour schemes, textures, and user-friendly furniture can significantly enhance the resident experience. Importantly, the benefits of good design are increasingly supported by neuroscience, which shows how environments influence mood, behaviour, and cognitive processing.

People living with dementia often experience difficulty processing sensory information. Overstimulating environments can cause distress, while overly minimal spaces can feel disorienting or dull. Strategic design creates balance by supporting calmness while encouraging gentle cognitive stimulation. Clear layouts, consistent colour schemes and effective wayfinding also help residents navigate spaces more easily.

Well-designed care homes benefit staff as well as residents. Efficient layouts, accessible storage, and logical workflows reduce stress and improve morale. Homes that prioritise design and resident wellbeing are also more appealing to families, supporting occupancy rates and long-term sustainability.

Looking ahead, the future of dementia care design lies in continued collaboration between designers, furniture manufacturers, healthcare professionals and dementia specialists. Emerging technologies such as sensors, virtual reality and artificial intelligence may further enhance safety and engagement. Ultimately, the goal is to create care homes that feel less institutional and more like supportive communities – places that promote dignity, independence and belonging for people living with dementia.

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THE **BIG** DEMENTIA CONVERSATION

Jo Crossland, Head of Dementia and Lifestyle at Care UK, explains how the organisation's new campaign is helping families to communicate with loved ones who are living with dementia, and offers useful tips to help carers support them.



A recent OnePoll survey found that nearly four in 10 people avoid visiting relatives living with dementia because of how emotionally difficult they find it.

Although this may not come as a surprise for those who have worked – or are working in – dementia care, as a sector we nonetheless have a responsibility to ensure that we provide opportunities for families to develop their understanding of the condition. This includes equipping them with knowledge to best support their loved ones throughout their dementia journey.

This is why Care UK, the second largest care provider in the country, is continuing to raise awareness with The Big Dementia Conversation.

In its third year, the campaign continues to offer free resources to help families and friends feel confident in communicating with their loved one as their cognitive impairment increases.

We know, in general, public awareness and understanding of dementia remains low, and most families are unprepared for the future following their loved one's diagnosis. The right resources, provided at the right time, are crucial to help families to remain connected throughout their relative's dementia journey.

“37% of adults with relatives living with dementia are unsure how best to communicate with their loved one.”

Care UK has created a free online advice hub, where my team and I talk with relatives whose lives have been affected by dementia, offering reassurance and helpful guidance that can be accessed at any time.

As part of the advice hub we have created a free downloadable guide, *Staying Connected: A guide to dementia-friendly conversations*. It is our hope that the new guide will be a helpful resource in providing both information and comfort to people supporting loved ones with this condition, and enable them to feel more confident during everyday discussions as well as when navigating more difficult conversations.

The survey mentioned above, which polled 2,000 adults with relatives living with dementia, found 37% are unsure how best to communicate with their loved one in this new phase of their



life, with 67% saying they've never received any guidance on how to interact with a person living with dementia.

We've also heard this from relatives who come through our doors, many of whom have no previous experience of care homes. When beginning their care journey, families are often very anxious and unsure what the future will now hold. Many are also unprepared for how dementia will affect their relative as the condition progresses, often believing that their loved one's health will stabilise or even improve once they are living in a care setting. Sadly, due to the progressive nature of dementia, we know this is rarely the case.

Every person's journey with dementia is unique, and it is important to remember as a family carer, a friend and indeed

as a care worker, that people living with dementia are generally doing the best they can in a world they may no longer recognise. Our goal is to help break down existing barriers to meaningful communication and ensure nothing stands in the way of families being together.

So, how can those of us working in the field of dementia care, support relatives to communicate meaningfully with their loved ones? I like to think there are three simple steps.

Firstly, become a curious colleague. Ask families about their relative with dementia. What were their likes, dislikes, interest and hobbies? Did they enjoy travel? Where did they work? All of these provide opportunities for families to connect with their loved one. Objects linked to these can provide opportunities for connection – and they do not always require verbal exchanges.

“Our goal is to help break down existing barriers to meaningful communication and ensure nothing stands in the way of families being together.”

Did their loved one enjoy listening to music? We know that music can be a very powerful tool to help people with dementia remain connected in meaningful ways.

Music in particular can be a great alternative to medication when residents are distressed, which is why Care UK colleagues are encouraged to work with families to put together personalised playlists for their loved ones. These can also spark everyday conversations about residents' favourite songs and often lead to a fair bit of karaoke in the homes.

Secondly, lead by example in your style of conversation with residents, and share your approaches with relatives. Keep sentences short, prioritise eye contact and emotive facial expressions, and use hand gestures where appropriate. This means someone living with dementia has as many cues as possible to respond to conversation, even if it takes a little while. Although we know it can be frustrating for families, patience in waiting for responses is key.

Thirdly, and perhaps most importantly, encourage relatives to make more conversations failure-free. Remove your normal expectation of conversation. It's not a 'failure' if a resident can't recall the answer to their loved one's question. Engagement is now the new measure of success. Trusting yourself to 'live in the moment' when supporting a loved one with dementia is the best approach – remember, feelings and togetherness can be more important than words.

The best thing we can all do is be patient and remember: your loved one is still a person you care about – they may just be seeing and understanding the world a bit differently than before.

To find out more about The Big Dementia Conversation, please visit the website below, where you can view our free advice hub, download our guide and look for a free information event near you throughout February and March.

www.careuk.com/bigdementiaconversation



COMMUNITY SPIRIT

Sophia Feurtado-Jackson, Service User Engagement Manager at Exemplar Health Care, explores how cross-home friendships and peer leadership are strengthening wellbeing and community for people living in care.

Care homes are often described as close-knit communities, but over the past year, we've taken that idea further by breaking down the boundaries between them.

In 2020, we partnered with the University of Leeds on an exploratory study into residents' experience of sexuality, intimacy, and relational wellbeing in long-term complex care settings.

The research found that relational need, specifically 'authentic friendships', was the strongest theme to emerge across all interviews, highlighting the vital role of genuine and meaningful connections in people's lives.

By bringing people together from different care homes through shared activities and events, we've helped created new friendships, wider support networks, and a renewed sense of belonging.

The impact has been clear; residents who once had limited social circles are now part of vibrant communities that extend beyond their own home, strengthening wellbeing, confidence, and quality of life.

■ A WARM WELCOME FROM THE START

For many, moving into a care home can be daunting. So not only do we ensure that new residents are supported by our multi-disciplinary teams throughout this transition, but existing residents also play a pivotal role in welcoming people and building connections from day one.

From the beginning of Alex's journey at Maypole Grove, she formed a friendship with Abi that has had a remarkable, lasting impact on them both.

Alex said: "Before I moved to Maypole Grove, Abi was so nice and told me about the care home. When I moved in, she gave me and my family a tour of the home and answered any questions. It's lovely to have a friend like Abi. She is a good listener, always helps me out, and is a great laugh."

Abi shares what the relationship means to her: "Having Alex move to Maypole Grove has changed me as a person. Her confidence and personality has already had an impact on me and had me doing things I never thought I would, such as singing on the karaoke at the social club."

■ CROSS-HOME CONNECTIONS

Meaningful connections are not only created within our homes but across them too.

Earlier this year, the team at Bennett Court brought together people from five other Exemplar Health Care homes for a 'speed meeting' event that supported people to build friendships in a fun and familiar environment.

The afternoon was filled with music, and the opportunity for residents from different homes to bond over shared interests, meaning many people left with new friendships they were excited to continue.

Leanne, from Quarryfields in Doncaster, shared: "It's been so fun. I've met so many new people and can't wait to stay in touch with Julie."

■ PEER SUPPORT THROUGH SHARED LEADERSHIP

People supported in our homes also play an active role in shaping them too. Through our Service User Ambassador initiative, every home has at least one ambassador who helps welcome new residents, shares resident thoughts and feedback with the management team, contributes to colleague training, and leads on activities that matter to them.

These roles build confidence, help develop new skills, and – through the organisation-wide Service User Council that ambassadors sit on – encourage meaningful peer support across a wide network of residents working together to support each other.

This year, our Regional Service User Ambassadors have taken on a further leadership role by mentoring new ambassadors, developing their own projects, and sharing insights with both peers and senior colleagues at executive-level meetings.

■ WHY COMMUNITY MATTERS

For many people, including those who may have previously experienced a failed placement or have never lived in a care home before, creating a sense of belonging is a vital part of building trust and confidence.

Alongside compassionate and consistent care, peer support can often be an invaluable milestone for residents – the moment they begin to feel like themselves again and the home truly feels like theirs.

At Exemplar Health Care, we are committed to nurturing these communities. By creating opportunities for friendship, encouraging peer leadership, and supporting people to contribute to both home and community life in ways that work for them, we help ensure that every person has the chance to live a fulfilling, connected life.

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