

Dudley Council has made the digital content delivery system RITA available to all its care providers

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MS: we acquired 15 units to start with, that was around April 2018. Where are we in the autumn of 2021 is that all our residential and nursing homes have access to RITA

We had around 49 units as part of our pilot and next steps and then what we were able to do through the pandemic was invest in 100 iPads - the smaller RITA units

MW: RITA for us is a lifesaver really. It's an interactive system that we use for many different purposes from enhancing the quality of life of residents to managing challenging behaviour, to reducing falls. It can get groups of people together to have more conversation and build relationships. It can manage individual behaviour

MS: I think the benefit of RITA is that it comes preloaded with content. It doesn't mean you've got to connect to the Internet, you've got to search the content appropriate content, it's there, it's immediate, so that care teams could actually get RITA, touch the screen, and take them straight through to the content they're looking for.

MW: you can set for each individual what sort of activities they like, so what works with somebody. So instead of searching through RITA it's already preloaded it's already got that information on there so you could literally just wheel it in and you know that you haven't got to find something that interests that person. If you've done that bit of background beforehand you can set their favourite music, you can set their favourite activities - to that individual person - and then just click on that person.

We had one lady who was really quite agitated. We knew she liked synchronised swimming. We'd not used RITA with her before. We managed to get some synchronised swimming up on RITA so instead of sitting there shouting she was engaged, she was telling us about the synchronised swimming she used to do. Who'd have thought, where else could you just click on something and just find something like that.

Today we've used it. We've got a couple of residents who are not eating very well so we've got them together just before lunchtime to use RITA to do an activity on food. So all they're thinking about is food, then when it comes to lunchtime they've eaten a little bit better.

You have times in a care home where it is quite busy. Then you have residents who can get quite agitated if they see people coming and going. It's about keeping people occupied so that the staff can get on sometimes and do other things. It's about using the system to alleviate some of that pressure.

We've got a gentleman for example who gets really agitated, but we can sit him somewhere, put RITA right by him, put his favourite football team on and a match, and he's quite happy and quite content.

It reduces the amount of staff interaction. You can use RITA so you don't have to do that one-to-one interaction, RITA's doing that for you.

We've got one gentleman who used to seem quite low, quite down in mood, but put the old Dad's Army on RITA and sit there and he'll watch those clips and he's laughing and he's totally engaged and that's taking no staff time, so that staff time can be used with somebody else.

We've got somebody who walks about a lot and tires themselves out then they are more prone to falls so even if we can get them to sit and rest for a short period - which is really difficult - but if we use RITA we can get them to sit and rest then that will reduce falls, reduce them going off into other people's rooms. So throughout the day if you use that for short periods with a particular person and we know that they're sitting there having a rest, having a drink, interacting with RITA.

MS: We wanted to look at how we could support the market to actually support people with differing needs and potentially more challenging needs.

Within Dudley we have a standard placement rate. What we were finding was that the providers across that residential and nursing home market were asking for additional costs, whether that was an additional 1 to 1 cost to support someone with challenging behaviour or someone with dementia in terms of being placed in a residential home. They were asking for higher costs higher than our standard rates. So what we wanted to do was explore the use of RITA that could support those care teams to understand the person better and provide care in a more engaging way.

MS: so what we wanted to do in terms of the pilot, we wanted to work with those residential and nursing homes who were interested, who didn't just want to put the one-to-one support in who didn't want to just say this is the cost of a high placement cost to support someone with dementia. We wanted those providers to use RITA as a tool and to give us some real feedback in terms of the difference it's made.

We also wanted to look at the added benefits of working in a day opportunities organisation and also with informal carers. What difference would it make to them to carry on caring for their loved ones with dementia and challenging behaviour.

For the first 15 units we invested £75,000. What we did is use some monies from the Better Care Fund because we felt as a system we didn't want it to be just across adult social care but we also worked with a home that the clinical commissioning group identified where there had been a high number of hospital admissions. That's where we took the prime funding from and after around 13 weeks of the initial pilot we then invested the same amount again because of the benefits that were coming back. We felt it was something we needed to do so we worked through a business case and evaluations went get back to our management team to get further investment.

And then the impact of the pandemic. But what the pandemic allowed us to do was use some of the infection control monies and we were actually able to get the small RITAs – the iPads – in every home in Dudley that hadn't got the use of other RITAs.

With regard to the evaluation we built a pro-forma to gather the evidence of the difference it had made. Homes have to report the number of falls that have happened in a home each month, hospital admissions, so we wanted to use that baseline data. To actually document what difference it had made.

So we pulled all those results together and we analysed it all in terms of some of the outcomes that had been achieved through the use of RITA.

What that included was a reduction in falls. It included a reduction in one-to-one safeguarding incidents, it included a reduction in hospital admissions, it demonstrated an improvement in the quality of life - so informal carers also told us that they were able to have meaningful conversations with their loved ones, through the use of RITA, where often they had struggled as well.

A couple of the homes said that when somebody's situation deteriorated, maybe dementia where they become more challenging, they were able to accommodate those changing needs in the same unit instead of saying 'can we have this person reassessed because we can no longer manage that person's changing needs'. So we were able to pull that in as part of the evaluation.

In terms of New Bradley Hall, which was one of the homes we worked with, they were able to accommodate a person with changing needs as part of the pilot. So the person was in a very high cost placement because of their needs and what they did through the use of RITA was support that person to move into New Bradley Hall. What they could do with RITA, and a number of other tools within their toolbox, because RITA was just one, was accommodate that person's needs at the standard rate. And that wasn't an isolated incident, they were then able to accommodate another two or three people in a very similar situation - not the same because everyone is different - but in a similar situation again where they could accommodate someone with those, you know, intense needs, if you like, at the standard rate.

In terms of sustainability, we're going to start to work with the market again to see what they need with regard to RITA.

The discussions we started with the providers across the market around the funding options is because they provide a mixed economy of care they provide support to self-funders and they also have placements where the local authority fund the placements. Homes where the majority of their economy is self-funders they've looked at RITA and provided feedback to us that they would be expecting the person to actually purchase RITA if they felt it was going to make a difference in terms of their care and quality of life and that they would promote the use of RITA.

So there's different options regarding funding I think what we want to do with our provider

market is explore that. Could it be a home with two floors so that we fund one of the units and then they work in partnership and fund another so that all floors are covered in that home, or is that it's a smaller home so we put 50% each, and then the funding that comes back we can reinvest across the whole of the market. And we're going to start to have those conversations again.