THE WAY FORWARD

MANAGING THE BIGGEST CHALLENGE FACED BY THE CARE SECTOR

**An interview with
Paul Newman, Chief Executive
Greensleeves Care**

Extract from a report commissioned by:

Powerful Accounting Software

Introduction

As yet, the digital revolution might not have taken hold across the care sector – but it's going to happen, probably sooner rather than later.

The impact of robotics, artificial intelligence, machine learning, the internet of things will be significant, and should improve both quality of life for those who are being cared for and the viability of the companies providing that care.

Coupled with technology which optimises operational and administrative tasks, providing information which is of value to the provision of services rather than simply score keeping.

Such change could be the biggest challenge the sector has ever had to address. As one CEO put it, managing technology could be like constantly pressing on the fast–forward button on the television remote and trying to make sense of what you're watching on the screen. But how do we synchronise technology with humanity, a question which is going to be mission critical.

In a report commissioned by iplicit, the cloud accounting software company, to be prepared and published by DECISION magazine later this year, owners and directors in the care sector will be talking about the issues and how they can be reconciled.

This is one of the interviews to be included.

Complete shift of emphasis

As change goes, this couldn't be more fundamental, more far reaching.

"Technology is moving the provision of care from being reactive to preventative and anticipatory, and data and predictive analytics are enabling a care home to optimise staffing levels and manage inventories more efficiently."

That's the conclusion of Paul Newman, chief executive of Greensleeves Care, a not-for-profit provider with twenty-eight homes in the UK with 1500 personnel (and, he adds, fifty-six awards).

"The first thing to say is that I've been impressed by how excited people in the care sector are about integrating technology," he says. "There could have been the potential for tension between technology and the delivery of care, but there is a realisation that it can make a real positive difference."

Equally, he believes, there is a myth about IT which should be dispelled. "There is a commonly held view that older people have no interest in technology, that they are fearful of it, which

Paul Newman

is wrong. During covid, residents of care homes routinely used FaceTime, Teams, and Zoom to keep in touch with their families."

And technology provides a vice-versa scenario. As part of a new care planning system being rolled out by Greensleeves Care, family members will be able to log in with a password to see what and how much their love one has had for lunch for example, their interaction with staff, whether anyone has visited them today, that their medication has been given at the right time.

"This is transparency at a granular level, which just wouldn't be possible without technology," observes Newman.

"When we are selecting technology, the primary concern isn't just functionality but privacy and security. We have looked at software which would have been of value but which we didn't feel would meet that criteria, and we weren't assured the vendors had effective walls around the data."

According to Newman, there is no reason why robotics can't contribute to well–being in a care home. "From a lifting efficiency point of view," he points out, "it's a task which would no longer require two people with a manual hoist. We've also been looking at the potential of using robotics to assist in dispensing medication.

"We are piloting what we call 'falls technology', in effect acoustic monitoring, in a number of our homes. Sensor mats can be a trip hazard, so normally the routine in a care home is to carry out a physical check of a resident's room every two hours at night, but the ingress of light into the room can wake the occupant. Acoustic monitoring picks up if someone is getting out of bed so a carer can go and check whether they need assistance. Acoustic monitoring can also detect a change in their breathing.

"Certainly medium and large care home providers can introduce new technologies because their size means they can raise the funding. For a local care home, run by a husband and wife, it is harder because margins are tight. It isn't just about being able to afford the technology which is out there. It's having people who can implement change based on the implementation of the technology."

It wouldn't be such a problem if the UK government followed the example of their Australian counterparts, Newman suggests. "Artificial intelligence based facial recognition was developed in that country so when a carer opens a particular app, someone who has difficulty in communicating can be scanned and any pain cues will be picked up. The Australian government deciding to fund every care facility so they could have the app.

"If someone can't respond to being asked if they are in pain, the technology means the carer can determine whether they need medication rather than it being given perhaps needlessly."

"Technology," says Newman, "or rather the need for its introduction and the cost, could be a driver of consolidation in the care sector, together with the increasing regulatory environment, which makes it harder for individual independent care homes. If new governance has to be introduced, we can divide the cost across our twenty–eight locations, Newman explains.

"Our company has a digital transformation programme with each element having a project lead who balances the introduction of the actual technology with the training needs and the complexity of change management."

The point Newman is making is that rather than it being about individual projects, it's a continuous process delivering a strategy.

"What would put us off introducing new IT earlier," he continues, "is that so many systems are arriving in the market with little

interoperability. Our strategy is best in breed for each type of software, with the caveat that part of best in breed is its ability to be able to talk to all our other software so care home leaders can go to a dashboard and see what they need to know because everything is joined up."

As chair of the BSI national standards committee for quality of life for older people, Newman visited China to see how that country with an ageing population was dealing with the provision of care, which for them was a unique challenge.

"Traditionally, parents in older age there were cared for predominantly by a daughter, but the combination of a single child policy and a need to have said daughter working in the booming economy meant that model was breaking, so there had to be investment in care homes which hadn't previously existed," he observed.

Which is where technology has a significant part to play. "In villages far from urban locations, remote monitoring has been

introduced in China, which means a specialist physician in a city many miles away can access real time data on someone's biometrics and to arrange an intervention if needed," continues Newman. "The challenge here in the UK is developing a system which enables the NHS to discharge older patients to a less clinical setting which has telehealth technology in place.

"Definitely in China the balance between humanity and technology wouldn't be acceptable here because their care homes are largely laid out as dormitories rather than private rooms. They are more like hospital wards, a collective approach that is different to what would be considered in keeping with the dignity and respect of the individual in this country."

Dignity and respect are why Newman is keeping an eye on the risk of an over reliance on technology. "That would result in a loss of human touch, a depersonalisation of the care environment, diminishing the compassionate element."

And he makes the point: "We have not made anyone redundant because of the introduction of new technology."

greensleeves.org.uk

About iplicit

Providing a cloud-based finance and management software solution that allows the care sector to focus on what really matters.

Tailored for those frustrated by on-premise legacy software, iplicit provides greater flexibility and enhanced levels of reporting, integrating with other cloud applications for a seamless migration path from a user's existing system, enabling organisations to 'step up' to next generation finance software without losing the functionality they currently enjoy.

iplicit received the Accounting Excellence award for mid-market and enterprise software of the year in 2020, and the top product for enterprise accounting/ERP in the Accounting Web software awards, 2021.

124 City Road, London EC1V 2NX
County Gates House, 300 Poole Road, Bournemouth BH12 1AZ

0207 729 3260
info@iplicit.com
iplicit.com

Unit F7 Riverview Business Park, Nangor Road, Dublin 12, Ireland
info@iplicitireland.com
(+353) 1 592 0850

The interview with Paul Newman was undertaken with Tim Bryars, specialist at iplicit in working with the care sector.

About DECISION magazine

First published in 1988, DECISION magazine reflects the business lifestyle, the trials and tribulations, the hopes and aspirations of directors and managing partners responsible for businesses with a turnover of £5million and above.

07737 308371

mail@decisionmagazine.co.uk

www.decisionmagazine.co.uk