

# Self-reported outcomes from the implementation of RITA with care settings in Sunderland

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## Background

This report summarises the self-reported outcomes and provides narrative regarding the successful implementation of RITA in care settings in the Sunderland region. This implementation was made possible due to the strong working relationship between Sunderland City Council and Trading Company Sunderland Care and Support. This report has been shared with the leads from Sunderland Care and Support who were predominantly responsible for RITA's introduction and implementation, and this report attempts to capture both the reported outcomes and the views and intentions of the teams concerned who provided this service.

Within Sunderland City Council is the Therapy Service which includes the Wheelchair Service, the Community Occupational Therapy Team, Community Rehabilitation Team and the Care Home Therapy Team. The teams provide specialist intervention to those in the community, those requiring bed based and community rehabilitation, customers in supported living schemes and customers who live in nursing and residential care.

With the advent of COVID 19, it will come as no surprise that these teams faced exceptional challenges with the isolation measures required to control the spread of COVID 19. These measures severely inhibited the rehabilitative function of the Community Rehabilitation and Care Home Therapy Teams. The need for isolation to prevent the spread of COVID infection brought with it the significant challenge of delivering effective rehabilitation within these operational constraints.

Very early on, the Community Rehabilitation Team and colleagues from Sunderland Care and Support made the significant observation that new residents coming to the rehabilitation settings from the hospital setting seemed to be in significantly poorer physical condition prior to transfer to rehabilitation. More support was required to rehabilitate these patients to return them to baseline, there was more distance to travel than previously. The enforced isolation measures attendant with COVID 19 also had a significant impact on the mental health of patients admitted to the rehabilitation settings. Generally speaking, anxiety observed on admission was much higher. It was generally observed that this appeared to be due to having reduced contact with their family during the hospital admissions due to COVID restrictions. Other behaviours were also observed to have increased in these settings with increased levels of agitation, walking with purpose and challenging behaviour generally. Early implementation by Sunderland Care and Support and the Community Rehabilitation team focussed on areas such as Farmborough Court. Farmborough Court is a community bed-based unit providing intermediate care to adults following an acute episode of illness or injury on a step-up or

step-down pathway. The care and rehabilitation provided in this setting is complimented with the provision of occupational and physiotherapy teams. However, COVID had an impact, particularly in regard to having to manage people in isolation following a hospital admission. Reintegration into the social norms of a rehabilitative setting is hard in this kind of environment with these kinds of circumstances.

Another area in which Sunderland Care and Support and the Therapy Service are active are in residential reablement services. These services provide care and support for small groups of clients who have learning disabilities or autistic spectrum disorders. People who are significantly neurodiverse find a change of setting difficult to cope with, and often require step down to effectively move from one care setting to another. They require familiarity, consistency and an anchor in an unfamiliar setting which can be anxiety provoking and perceived as threatening. These services in Sunderland and Washington can also support people to transition into their own homes following a period of assessment and rehabilitation. The use of RITA in these settings showed that all the residents were able to engage with RITA with its ease of use, and intuitive graphical interface. Furthermore, in this client group, the range of social impairments are significant and often inhibit the ability to make relationships. It was observed that RITA's games, films and music facilitated the development of relationships whilst providing a non-threatening environment. The team were able to introduce RITA into their assessment pathway as a means of facilitating learning more biographical detail of the person they were assessing, promoting relationship building and a shared understanding of who the client was. Additionally, where clients were moving from under 18 services to adult services, RITA supported the transition from child to adult services.

Early implementation of RITA convinced Sunderland Care and Support and Sunderland City Council that greater implementation would provide greater improvements. The second roll out included the following settings:

- Holly House Albany- **EMI unit and residential Care.**
- Holly House ESPA- **7 residents living with Learning disabilities.**
- St Marks- **34 available beds: Nursing Care.**
- Sycamore- **113 available beds: 52 beds at allocated Rita units; Hawthorn, Willow, Maple and Cedar. EMI Units.**
- Primrose- **21 available beds: Dementia Care and Residential Care.**
- Thornbury – **44 available beds: Residential Care and Dementia Care.**
- Haddington Vale- **Gentoo extra Care Scheme- supported Living.**
- Maple Lodge- **46 available beds: Residential and Nursing Care including Dementia Care.**
- Regent's view- **45 Available beds: Residential and Nursing Care including Dementia Care.**
- Bede House- **66 available beds: 10 EMI beds, 22 NHS rehab/assessment beds, 10 brain injury beds and 24 Enduring mental Health beds.**

The Care Home Therapy team have taken a proactive role in the prescription of the RITA packages, following up with areas to which RITA had been prescribed to review the packages' efficacy and confirm what improvements have been made. The Care Homes therapy team were keen to make sure that what was offered was personalised, so they ensured that some of the content offered for training purposes was from themselves. The Care Home Therapy team perceive that there is an advantage to not relying on internet integration as the packages are ready made to go for individuals which means that this package is not victim to geographical isolation and internet failure.

The Occupational Therapists, Physiotherapists and Rehabilitation Therapy Assistants attached to the Care Home Therapy Team took the time to create user guides for RITA. Earlier independent evaluations of RITA demonstrated that with improved engagement with the RITA package, the settings experience enhanced outcomes, so investing time and energy to ensure that the most benefit is realized from the package pays dividends.

Implementation in the second phase provided even more information about the advantages and functionality of RITA. These included:

- The ability to prescribe RITA as a rehabilitation tool and therefore part of a customer's care and support plan. The team were also very stringent in their evaluation process to prove that the prescriptions were beneficial to the recipient and the setting in which they were situated.
- The ability to create accounts for each client meant that the package could be personalised and provide a biographical resource regarding the client for the care setting and any other team to which the client was being transferred.
- The intrinsic recognition of the value of life stories in the technology itself. The fact that RITA summarises the biography and life story of the client allowed staff to relate effectively to the client before engaging with them, improving carers' understanding of their clients' needs.
- There was observed engagement in reminiscent activities which the clients found fun and enjoyable, but also had ancillary benefits in terms of providing information to the carers about what reminiscence activities they preferred and in what medium.
- The utilisation of RITA does come with an appreciation that the technology requires power support. The large package for instance requires a constant power source which affects how it might be implemented in each setting.
- The visual display design was very effective, which increased and amplified the value of its use.
- Users and carers appreciated how much audio material was already included in the device.
- It should also be noted and was appreciated by the care teams how much work was put in by My Improvement Network to ensure that the devices were accessible, how partnership working ensured that all the clients and customers realised the full potential of RITA to support their settings.

## Methodology of self-reported outcomes

Following implementation of RITA, a post implementation questionnaire was sent out via My Improvement network to further capture the impact of RITA in the settings concerned. In total, at the time of the survey, 18 settings implemented RITA and provided returns via the self-reporting system Survicate. Survicate is an electronic survey system which had pre-set questions provided by My Improvement Network to gain feedback on whether settings derived benefit from the implementation of RITA. The questions were informed by the experiences of the Sunderland Team, and from previous implementations of RITA. This report by an independent reviewer highlights the findings of the self-reported outcomes. It includes verbatim comments taken from the comments provided on Survicate to contextualise the reporting, providing both quantitative and qualitative analysis of the questionnaire responses provided.

## Results

56% (10 of 18) settings reported using RITA daily or more often. 76% of staff in these settings reported having been trained with the use of RITA. This reflected the huge amount of work that the Sunderland Team and My Improvement Network had put in to ensure RITA landed effectively and that all potential users were onboarded efficiently.

Unlike the previously reported outcomes with RITA, only 13% (2 of 15) reported a decrease in falls and 13% (2 of 13) reported an improvement in the management of falls. However, when reporting a decrease in falls, 3 settings which reported “no” to this question did not have falls in the first place. Their associated comments were:

- the service that the equipment is in place does not have customers at risk of falls
- Customers are not prone to falls, so the addition of RITA system has not had if an effect in this case.
- No falls
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If one takes into account these comments and exclude these settings this increases the rate of falls reduction to 17% (2 of 12 settings). The Sunderland team report that in the right hands RITA can reduce falls by up to 77%.

9 settings reported that falls stayed the same which implies that RITA had no impact on this outcome, but it was not clarified what this baseline was. One setting reported “The facility to wheel RITA into a room where the customer is during the day, means that the customer is not restricted to where they can use RITA. This in turn, limits the need for the customer to put themselves at risk of falling, by having to continually get up and down when having to use this facility, as opposed to if it was static and in another area of the premises. “

Only 1 of 18 settings (6%) reported that they had been enabled to take people into the service that they had previously declined and the same number of settings (1 of 18, 6%) reported an improvement in the number of hospital admissions as a result of using RITA. The setting which reported that they had been enabled to take people they had previously declined said “*We work with people that have mobility issues and having Rita on wheels means that this facility can be made available to all our*

*customers rather than those who are more mobile.*" This comment is also interesting as it highlights that the associated functionality of RITA contributes to engaging clients that previously would have been excluded.

The number of settings which had reported it had had no effect on taking people they would otherwise decline is misleading when one takes into account the contextual comments that they supplied. Three settings which reported "No" actually stated that this was not applicable in their additional comments. The other nine settings said:

- *Customers are assessed for an individual service following a social worker needs assessment.*
- *The customers who live at the service have lived there for several years.*
- *No changes in residents since RITA implemented.*
- *Although this system is beneficial to all customers who use the facility and would also benefit other people coming into the service because of the wide range of activities.*
- *Guests at Grindon Mews are referred by social work team.*
- *We are a supported living team.*
- *However, as we support a diverse customer group anyway, it has improved both their experience and the experience of staff involvement.*
- *Very rarely decline service off as it is an assessed need.*
- *Not applicable as this is a short break service. assessments would not be influenced by RITA.*

2 of the 17 settings (12%) reported improvement in the prevention of avoidable hospital admissions and the same number reported preventing readmission after patient had come to them. Of those who said that RITA had not made improvements in avoidable hospital admissions, two settings said that this was not relevant as: *"Due to the relative young age of people living at Blackwood, hospital admissions are rare and not the norm to begin with."* And *"There have been no hospital admissions at Grindon Mews."* Other settings reported in the comments that this was not applicable as either they were a day service and would not arrange hospital admissions or *"We have not had any hospital admissions previously or since getting RITA"*.

44% of settings (7 of 16) reported that RITA was *"very effective"* at improving mental health and stimulation after residents returned from hospital. When considering *"any effect"* from RITA improving mental health this number rose to 63% (10 of 16 settings). Customers who reported benefits to mental health from using RITA provided the following additional comments:

- *Loneliness and isolation is destructive and RITA has helped to alleviate this, also we have utilised the exercises along with the therapy team to improve mobility, well-being and general health.*
- *Improves people's confidence and increased engagement. Give some customers new interests.*
- *It has improved customers stimulation whilst in isolation.*
- *A customer had been admitted to hospital in recent weeks. Upon his discharge we used the RITA system as he was spending time in his bedroom, we found the system to be beneficial as he likes music and films which was great as there are lots of choice available.*
- *Customers engage more with staff, less behaviours.*
- *Feedback from managers have been extremely positive especially in the learning disability services. it has supported customers with their development and as a leisure pursuit.*

- *Gives the opportunity for the customer to engage fully as it simulates specific personal memories from that individuals past and they are happy to talk about and therefore we find out more about the person.*
- *RITA system has been an effective tool with some of our customers with the old songs/movies. None in regard to hospital medical treatment as this hasn't been required during this period.*

8 out of 17 settings (47%) reported that the number of challenging behaviours reduced with the introduction of RITA. However, on further examination, of those areas which reported 'no' they commented that this category was not applicable so it would be more accurate to report this measure as 67% or 8 out of 12 settings once this adjustment is made to take account of the additional comments. Of those who derived benefit, their comments made interesting reading:

- *A customer who had challenging behaviour could be engaged in meaningful activity prior to it reaching crisis point. Hard to say definitively as our customers change approximately every 3 weeks but it supports those whose behaviours do challenge.*
- *I believe this is due to the variety of content within the rita system.*
- *interact more with the staff.*
- *One of our customers thoroughly enjoys the music that we can play through the RITA system. We do have issues in regard to challenging behaviours with this customer but with the RITA system it adds another string to our bow in terms of PBS techniques.*
- *The RITA system is a great tool to use to distract customers if they are wanting interaction, we found the touch screen games - Whack-a-mole and coconut shy to be a way to include customers in activities to lessen their behaviours they may display.*
- *we have been able to use the equipment as a diversion to prevent behaviours from escalating.*
- *Without doubt, as Rita refocuses the thoughts and potential behaviours. Some of our customers use RITA when they are feeling that they are getting angry or anxious and a simple game or activity on Rita deflects these thoughts.*

81% (13 of 16 settings) reported an improvement in the mental health of those using RITA In their settings. 65% (11 of 17 settings) reported an improvement in the calmness of residents when RITA was used.

Between 24 and 29% of settings (4-5 out of 17) reported a reduction in the need for 1 to 1 observation with their clients. It should however be noted that as in other reporting categories, in the additional comments 8 of the reporting settings made it clear that in fact the category is not applicable to their settings. When this is taken into account the adjusted percentage is in fact 44% (4 out of 9).

RITA was reported by 8 of 18 settings (44%) as being very effective at residents engaging with group work activity and 14 of 18 settings (78%) as having any effect on improving residents' engagement and resulting in greater stimulation and confidence. However only 24% (4 of 17 settings) reported improvement with interaction with relatives and friends.

2 settings of 17 reporting (12%) reported improvement in nutrition and hydration and reductions in PRN medication.

## Discussion

The settings in the Sunderland local authority area which implemented RITA showed promising improvements in the experience of their clients when RITA was introduced. Despite 76% of settings reporting that all their staff had been trained in RITA, disappointingly in this survey only 56% of settings reported that RITA was used daily or more often.

The strongest reported improvements in the use of RITA were in the area of mental health (81% improvement), calmness of residents (65% of settings), and engagement in group work activity (78%). After adjustments for 'not applicable', 67% of settings reported improvement in challenging behaviours, and 63% reported that there was a perceived derived effect from RITA in improving the mental health of their clients.

Unlike other evaluations of this kind, the impact of RITA on falls was quite low (13-17%) as was the reduction in the number of avoidable admissions or readmissions (12%). The supplementary comments suggest that this would not have been an improvement that the settings themselves would expect to occur as this was not an issue that they experienced much of in the first place.

## Conclusion

The heart of this report is that as the Sunderland Therapy Services have taken a prescriptive approach to their use and implementation of RITA, they have also been able to capitalise on their great working relationships with the local care providers and social work team. Because of their approach, they have been able to robustly evidence the impact RITA has had in all the settings in which it has been implemented. Furthermore, this model recommends itself to other areas thinking of, or in the midst of implementing, RITA in their settings as it allows for both great client and end user experience, and evidences robust systems level impact simultaneously.

The data from the self-reported outcomes is in line with previous evaluations of RITA. Given that so much was required during the COVID 19 pandemic, the results from Sunderland show significant improvement in the areas of mental health, calmness and engagement, and challenging behaviours. Further work is ongoing to quantify whether there is a quantifiable reduction in falls or medication use.

## Appendix one Summary of results

Evaluation question	Percent	Ratio of settings
Is RITA used daily or more often?	56%	10 of 18
Have incidences of falls decreased since the introduction of RITA or since your last RITA survey?	13%	2 of 15
Has the RITA system in your opinion improved the management of falls?	15%	2 of 13
Has RITA enabled you to take people/residents into the service that you may have previously declined?	6%	1 of 18
Has the number of hospital admissions reduced since the introduction of RITA or the last survey?	6%	1 of 18
Has the RITA system in your opinion improved the prevention in hospital admission that could have been avoided?	12%	2 of 17
Has the RITA system in your opinion prevented readmission into hospital?	12%	2 of 17
Has the RITA system been VERY EFFECTIVE at improving mental health and stimulation after residents have returned from hospital/medical treatment and aided their recovery?	44%	7 of 16
Has the RITA system had ANY EFFECT at improving mental health and stimulation after residents have returned from hospital/medical treatment and aided their recovery?	63%	10 of 16
Has the amount of challenging behaviours reduced since the RITA system was introduced?	47%	8 of 17
Has the RITA system in your opinion improved the mental health and wellbeing since the RITA system has been introduced?	81%	13 of 16
Has the requirement of 1to1 reduced since the RITA system was introduced?	24%	4 of 17
Has the RITA system in your opinion reduced the 1to1 required since the RITA system has been introduced?	29%	5 of 17
Has the RITA system been VERY EFFECTIVE at improving residents engaging in group work activity resulting in greater stimulation and confidence?	44%	8 of 18
Has the RITA system had ANY EFFECT at improving residents engaging in group work activity resulting in greater stimulation and confidence?	78%	14 of 18
Have you seen an improvement in food and fluid intake by residents using the RITA system?	12%	2 of 17
Has medications, PRN's (sleeping pills/anti-psych) reduced for residents as the RITA system is used?	12%	2 of 17
Has the RITA system created a calmer environment and improved wellbeing?	65%	11 of 17
Has engagement and interaction with family members and friends improved since using RITA by residents?	24%	4 of 17
Have all of your staff (including management, care staff and activities coordinators) been trained and use RITA?	76%	13 of 17



## Sunderland self reported results

