

verso vision

AI-eyes for safer care

SAFER CARE - EVERYWHERE



AUREUM
CARE TECHNOLOGIES

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Moving from reactive care to predictive care

"The question is no longer whether AI will enter care homes. The question is how we use it safely, ethically and effectively."

The Reality We Face

- Falls remain one of the biggest causes of harm
- Staff shortages continue
- Increasing resident dependency
- Balancing independence and safety

Current model:

Resident falls → Staff discover → documentation → Investigation

Can we intervene before the fall occurs?

What Do We Mean By AI?

- Falls prediction
- Behaviour monitoring
- Pressure area monitoring
- Pain assessment
- Predictive risk modelling

Focus today:

AI-assisted fall prevention and risk detention

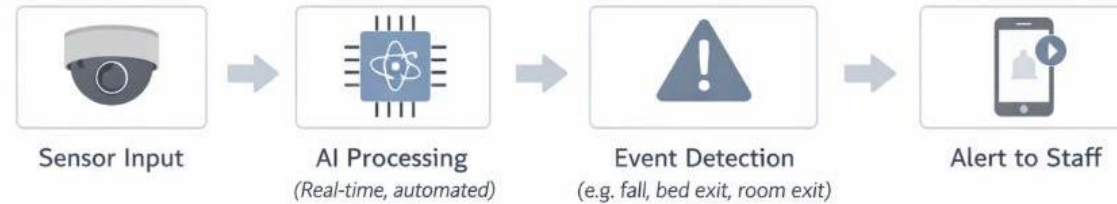
What Is Verso Vision?

Resident activity

- AI analysis
- Risk detection
- Staff alert
- Early intervention

Functions:

- Bed exit
- Room exit
- Wandering
- Night activity monitoring
- Fall detection



Is It CCTV?

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One of the biggest regulatory concerns.

Traditional CCTV

- Records continuously
- Stores footage
- Human review
- Retrospective playback

Verso Default Configuration

- No recording
- No storage
- No live viewing
- No retrospective review
- Frames deleted immediately after processing

The system performs real-time analysis rather than surveillance.

Privacy By Design

- No continuous recording
- No stored footage
- Immediate deletion
- GDPR aligned
- Data minimisation

Built around GDPR principles:

- Data minimisation
- Purpose limitation
- Storage limitation
- Access control

Regulatory Questions

Questions currently being considered by regulators:

- Is transient AI processing the same as recording?
- Should AI safety systems be treated differently from CCTV?
- How should proportionality be assessed?
- What level of safety benefit justifies deployment?
- These are important conversations for providers and regulators alike.

Case Study 1 – MS

"The Fall That Changed Everything"

Resident was independently mobile.

Bed exit alerts were initially not enabled because she was considered low risk.

Result:

Serious Bathroom Fall

- Eye injury
- Significant bleeding
- Ambulance attendance
- Multiple stitches

This was traditional reactive care.

MS – From Chaos to Predictability

Early: wandering, repeated bed exits.

Later: structured interventions, improved routines, reduced clustering.

MS – What Changed?

After activating alerts:

Staff interventions became common:

- Assisted to bed
- Assisted to commode
- Assisted after wandering
- Settled safely

Example of a care note

7 July 2025

Verso detected bed exit.

Resident slipped onto bottom.

No injury.

Immediate assistance provided.

A likely serious fall became a near miss

MS – From Chaos to Predictability

Early Period

- Multiple alerts
- Wandering
- Repeated bed exits
- Escalation patterns

Later Period

- Structured interventions
- Settled behaviour
- Reduced clustering
- Improved routines

AI helped staff recognise patterns before incidents occurred.

Case Study 2 – KH

Behavioural Stabilisation

Resident:

- High confusion
- Frequent wandering
- Previous head injuries
- On blood thinners
- High consequence risk

Frequent hazards:

- Toileting attempts
- Clutter
- Night wandering
- Unsafe transfers

KH – Behavioural Stability

Stability score improved from -8 to +67 through successful interventions and reduced clustering. The team measured:

Intervention Success Rate

versus

Clustered Risk Events

Month	Stability Score
Sept 25	-8
Oct 25	+15
Nov 25	+34
Dec 25	+50
Mar 26	+67

KH – Behavioural Stability

KH – What AI Really Did

The AI did not:

- ✗ Stop dementia
- ✗ Remove risk
- ✗ Replace staff

The AI did:

- ✓ Detect risk earlier
- ✓ Alert staff sooner
- ✓ Reduce escalation
- ✓ Support intervention

The technology supported care staff rather than replacing them.

Case Study 3 – RR

Detecting Frailty Before Falls Increase

RR had only 2 falls in her first 20 months.

Then:

- Bed-related falls increased
- Balance issues emerged
- Night movement increased

Verso began identifying:

- Bed exits
- Repositioning
- Increased night activity

before repeated falls occurred.

RR – Early Frailty Detection

AI identified:

- Increased movement in bed
- More repositioning
- More night activity
- Increased mobility transitions

These are recognised early frailty indicators.

The technology was detecting decline, not simply falls.

The Common Theme

The Common Theme

Across all three residents:

AI identified:

- Risk patterns
- Behaviour patterns
- Mobility decline
- Escalation triggers

before major incidents occurred.

This represents a shift from:

Event Detection

to

Risk Prediction

Evidence Base

What About The Evidence?

Independent study data reported by Verso:

79% reduction in fall risk

57% reduction in falls

under defined study conditions.

Our evidence has shown a 58% reduction in falls, but the soft evidence is in the reluctance of staff to step away from the technology.

Night staff feel secure in tending to a resident without worrying about others that might be at higher risk.

The severity of our falls have reduced dramatically – very few serious accidents and wounds.

Important note: Every home should evaluate outcomes within its own environment and governance framework.

Benefits Beyond Falls

Potential benefits:

- Earlier intervention
- Reduced unattended time
- Better staff prioritisation
- Improved night support
- Greater resident independence
- Reduced unnecessary checks

Ethical Questions

Ethical Questions

We must continue asking:

- Are residents informed?
- Is consent appropriately managed?
- Is the system proportionate?
- Is privacy protected?
- Does the benefit outweigh intrusion?

Technology should never replace dignity.

The Future of AI in Care

Today:

- Fall prevention

Tomorrow:

- Pressure sore prediction
- Deterioration prediction
- Pain detection
- Infection detection
- Behavioural analytics
- Personalised care planning

The next decade will fundamentally change care delivery.

Key Takeaways

AI does not replace carers.

AI helps carers be in the right place at the right time.

The greatest value may not be detecting falls.

The greatest value may be identifying risk before the fall happens.

Questions & Discussion

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Thank you!

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