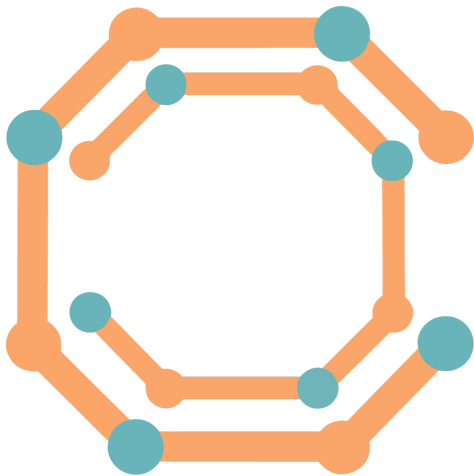


# Carpe Care x Home From Home Care Pilot Report

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## Acknowledgements

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Finally, and most importantly, we would like to thank the individual at the heart of this pilot. Carpe Care aims to improve outcomes for people living with epilepsy, and progress is only possible when individuals engage in the development of the service. We are deeply grateful.

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## Introduction

Carpe Care is a UK-based startup focused on improving epilepsy care through wearable video camera technology used by carers. The system is designed to capture real-time footage of seizures to support more accurate clinical assessment and treatment decisions. This addresses a well documented gap in epilepsy care, where clinicians often rely on incomplete or inaccurate descriptions of seizure events (Mannan and Weishmann, 2003; Elger and Hoppe, 2018).

A first pilot aimed to validate assumptions about how the Carpe Care service could integrate into a care setting, explore technical and ergonomic practicalities of the service, and test whether useful (as reported by care and neurology teams) seizure footage could be collected from a carer-worn body camera.

## Background

The project was conducted with Home from Home Care (HFHC), a medium-sized residential care provider which supports adults with complex needs. The pilot involved an individual with severe learning disabilities, who had recently been diagnosed with epilepsy and was experiencing an increase in seizure frequency. HFHC connected with Carpe Care to explore how the service could support this individual to evidence their presentation.

In care environments, accurately documenting epileptic seizures is challenging due to the high-pressure nature of incidents and reliance on staff recall after the event. Additionally, clinicians frequently request video evidence to inform diagnosis and medication adjustments, as video recordings have been shown to improve

diagnostic accuracy and clinical-decision making (National Institute for Health and Care Excellence, 2025; Ricci et al., 2021).

To address this, the care provider agreed to pilot with Carpe Care to capture seizure events in real time and assess the efficacy of this prototype.

## Timeline

The pilot study took place over a three-month period from December 2025 to March 2026. Care staff were equipped with security grade wearable cameras (Hytera SC580) which were to be worn during shifts by the person supporting the individual, in an attempt to capture seizure events as they occurred. This person would then upload footage to the Hytera video management software, stored locally on a HFHC laptop.

Any footage could then be used to support clinical review with the individual's clinicians. The Carpe Care team did not review nor manage footage. The pilot focused on feasibility within a real-world care home environment rather than controlled conditions.

## Outcomes

### What happened

One seizure was witnessed by the care team and footage of this was successfully obtained during the three-month pilot period. The individual's seizure frequency during this time meant that witnessed events were relatively infrequent; the camera was worn consistently during shifts, so the limited captures reflect the individual's presentation rather than gaps in usage.

The footage obtained was of sufficient quality to show the seizure's duration and motor presentations clearly. However, the care team reported that at the beginning of the video, it was difficult to see detail due to "blurring... movement and the camera not facing the right direction", though they noted that when the camera was taken from the chest mount and given to a second colleague, the footage is higher quality.

The footage captured during the pilot was subsequently shared with the individual's neurologist, who was able to confirm the type of seizure from this. They gave no further observations.

Prior to the pilot, the individual's neurology specialists had not been able to observe seizure activity directly and seizure records consisted of written descriptions only. This footage capture represents an additional input for clinicians to ground decisions in.

## **What the care team reported**

Following the pilot phase, anonymous online surveys were provided to care staff who took part in the pilot for more in-depth investigation. The survey questions are outlined in Appendix 1.

## **Technological successes**

The care team were digitally confident and open to utilising the cameras. HFHC as an organisation has fully embedded digital care technology, which eased the introduction of this new system. High-quality footage was captured of the witnessed seizure event, and the cameras remained in good physical condition following three months of use. Staff also noted that training provided prior to implementation was crucial in helping the team feel comfortable with the equipment.

## Technological issues

While footage was captured of the seizure event, there were significant issues with uploading it to the video management software. Colleagues were unable to access the software without IT administrative authorisation, and the application repeatedly opened unexpectedly on the laptop, disrupting workflow. As a result, the software was uninstalled, meaning footage could not be uploaded through the intended route. Instead, the video was played on the camera's built-in screen and filmed using a workplace smartphone in order to store it within the individual's digital care plan.

This issue proved highly insightful, revealing the complexity of integrating new software into an organisation with sophisticated technological security and management structures. Software design and compatibility with existing infrastructure is a major factor that must be addressed in future iterations.

## Ergonomics

There were multiple accidental recordings made during the pilot, suggesting the activation button may be too easily triggered. Some respondents also noted that the cameras were heavy and would pull clothing down during wear, and described them as appearing "delicate", requiring extra care in handling.

Body-worn cameras intended for use in care settings should take into account the environment, clothing, and physical demands of the work. The cameras used in this pilot are more typically utilised by security personnel and law enforcement, whose requirements differ considerably. Alternative camera designs should be considered for future pilots.

## **Ethical considerations**

There were initial concerns about maintaining the dignity of the individual with epilepsy, given the unpredictable nature of seizures and the possibility of events occurring during personal care. The care team managed this proactively by ensuring cameras were not active during such situations. In future pilots, this concern should also be addressed on a person-by-person basis through individual risk assessment and consent processes.

Concerns were also raised about camera use around other individuals receiving care in the same environment. Respondents noted that other individuals did not appear to react to staff wearing the cameras, though further consideration is needed around how incidental footage of others should be managed, stored, and governed.

One respondent also noted that wearing cameras in public settings felt "odd", as members of the public may have concerns about their privacy. In addition, it was noted that an obvious camera may draw attention to the fact that the individual is receiving support, potentially compromising their privacy and dignity. A discreet camera design may be beneficial to address both these concerns.

These are areas which would benefit from dedicated ethical review in future work.

## **Information sharing**

The care team were engaged with the project around the shared goal of capturing footage to support diagnostic insight. Prior to the pilot, information about the individual's condition was described as "scattered", with seizure records containing written descriptions only. The footage collected during the pilot was shared with the individual's neurology team, enabling clinicians to classify seizures directly for the first time, informing decisions about treatment.

## Reflections

This pilot demonstrated that carer-worn body camera technology can feasibly capture clinically useful seizure footage within a residential care setting, and that care teams can integrate this into their practice with appropriate training and organisational support.

Reflecting on the survey responses and practical challenges encountered, future development of the Carpe Care prototype will need to prioritise software usability, governance, and accessibility, ensuring carers can operate systems without requiring IT-level permissions. The ergonomics and design of the camera hardware will also be reviewed to reduce discomfort and the risk of accidental activation. There will also need to be additional exploration of perceptions and management options for incidental footage capture of other people.

Future pilots may focus on individuals with more frequent or predictable seizures to increase the likelihood of capturing multiple events. This would also allow for greater comparison of footage against written seizure records and existing descriptions of the individuals' seizure types. Analysis comparing footage and written descriptions may be helpful for informing the level of detail requested by care staff in seizure records, balancing time burden and specificity.

Testing in private home environments may also offer advantages, including lower-pressure conditions and greater control over recording setup.

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# Appendices

## Appendix 1

### BEFORE:

1. Describe your experiences of supporting the individual with epilepsy/seizure related presentations prior to this pilot programme.
2. Describe your experiences of communicating and sharing information with colleagues, managers, family, and any medical professionals (paramedics, epilepsy doctors etc) prior to this pilot programme.
3. What were your initial expectations of the body camera pilot?
4. Did you have any concerns before starting the pilot? If so, please describe
5. On a scale of 1 to 5, how confident did you feel about using the cameras in your usual shift before you started using it?

### DURING:

1. On a scale of 1 to 5, how easy was the system to learn and operate?
2. On a scale of 1 to 5, how did the system affect your workflow?
3. How was your experience of wearing and using the body cameras?
4. How was your experience of using the software system?
5. Were there any technical issues encountered?
  - Battery Life
  - Connectivity
  - Storage
  - Other:
  - Please describe these issues.
6. On a scale of 1 to 5, how comfortable was the camera during use?

7. Did you face any issues with the cameras or equipment, e.g., battery, accessibility, comfort?
8. Do you feel that the presence of the body camera influenced the behaviour of the individual, other individuals, other staff, or yourself in any way?
9. Please describe any privacy or ethical concerns that arose during use.
10. What aspects of the system worked well?
  - Footage quality
  - Accessibility
  - Comfortability
  - Ease of use
  - Other: (please specify)
11. What aspects of the system did not work as expected?
  - Footage quality
  - Accessibility
  - Comfortability
  - Ease of use
  - Other: (please specify)

AFTER:

1. On a scale of 1-10, rate the impact of implementing body cameras? E.g. on your ability to work, on your confidence, on the individual, etc.
2. What impacts were the most noticeable?
3. What do you think were some pros and cons of using the body camera?
4. How would you improve the body camera system? (e.g. battery life, design, software usability)
5. On a scale of 1-10, how comfortable would you be with continuing to use the body camera in future?
6. Is there anything else you would like to add about your experience?