HALO CONNECTED HEALTH

Connected care. Intelligent insights. Better outcomes.

Care Homes Buyer's Guide

A candid look at what connected monitoring actually delivers for a UK care home, what it costs, how to procure it, and how it maps to CQC, UK GDPR, DSPT and clinical safety obligations.

Edition: July 2026

DXN Design Ltd (Companies House NI684155) | Belfast, Northern Ireland

haloconnectedhealth.com | hello@haloconnectedhealth.com

Prepared under NDA on request. Framework alignments available on request.

Contents

This guide takes about 20 minutes to read end to end. Each section stands alone if you want to jump straight to it.

1. Executive summary

Halo is a connected-care platform for UK care homes, supported-living providers, home-care agencies and NHS teams. This buyer's guide focuses on the care-home use case: what you will actually deploy, what it will cost, how it maps to your regulatory obligations, and how to procure it.

Three commitments to care-home buyers

- Vendor-neutral hardware. Halo connects the devices you already have where possible, and integrates new hardware from any supported manufacturer. You are not locked to a single vendor's ecosystem.
- Audit-ready by default. Every event, alert, acknowledgement and configuration change is logged with actor, timestamp and IP address. Retention aligns with UK GDPR, DSPT and CQC requirements.
- Priced against reality. Per person actively monitored, per connected device, plus hardware and install. No hidden users, no seat licences, no minimum-consumption clauses.

Typical outcomes in the first 90 days

- Falls captured on average within 8-40 seconds of the event, versus a typical audit-round window of up to an hour.
- Night-time alarm volume down 30-60% versus previous nurse-call systems, driven by per-resident adaptive thresholds.
- Audit-pack generation time cut from days to minutes for CQC inspections.
- Family satisfaction (measured by NPS-style survey) up 15+ points where family view is enabled.

Bottom line for a decision-maker

For a typical 60-bed home you can expect a monthly Halo cost of around GBP 1,000 all-in with rented hardware, a one-off GBP 650 install, live in 4-6 weeks, and audit-ready compliance evidence from day one.

2. Why connected monitoring, why now

Care-home commissioners, insurers, CQC inspectors and families are all moving in the same direction: they expect evidence, not assertion. Continuous monitoring is what turns 'we check every hour' into 'here is exactly what happened, when, and how we responded'.

What has changed in the last 18 months

- CQC inspections increasingly ask for evidence of monitoring and response times, not just policy documents.
- NHS DSPT has become a de-facto prerequisite for care providers who touch electronic patient records.
- The Data (Use and Access) Act 2025 and updated ICO guidance have raised expectations around lawful basis and audit trail for special-category health data.
- Insurers now factor evidence-of-monitoring into premiums for larger operators.
- Ambient-radar and adaptive-threshold AI hardware has come down 40-60% in cost since 2023, changing the ROI equation.

What has NOT changed

The staffing challenge. Halo does not replace staff. It removes low-value interruptions (a false-positive alarm at 3am), surfaces the events that matter (a fall, a deteriorating vital sign, a resident who has not moved for an unusual period), and provides an auditable record that supports rather than replaces the professional judgement of your registered manager, nurses and carers.

3. What Halo does inside a care home

Continuous monitoring

- Presence, movement and gait across communal areas and resident rooms via ambient radar (no cameras, no audio).
- Vital signs where wearables are worn: heart rate, respiration, SpO2 trends, sleep quality, activity levels.
- Environmental: temperature, humidity, air quality, CO/CO2, door and window state.
- Bed-exit and long-lie detection via under-mattress sensors for high-risk residents.
- Bathroom-visit patterns as an early UTI/dehydration signal.

Alerting and escalation

- Per-resident alert profiles: baseline learned over the first 2-3 weeks, thresholds tuned to that individual.
- Severity tiers: Critical (fall), High (missed morning routine), Info (weekly sleep decline).
- Escalation chain: primary carer -> shift lead -> on-call manager -> clinical escalation, with configurable timeouts.
- Quiet-hours-aware: informational alerts held for morning handover; critical alerts always route immediately.

Clinical and operational tooling

- Digital care notes with structured observation capture (falls, incidents, MAR sheets).
- Family portal: opt-in, dignity-first view for next-of-kin, scoped by resident consent.
- Handover reports auto-generated from the last shift's events plus outstanding tasks.
- Audit pack export: CQC-ready evidence bundle covering any date range in under 60 seconds.

4. Alerting model - avoiding alarm fatigue

The single biggest failure mode of care-home monitoring is alarm fatigue: too many false positives, staff stop responding, real events get missed. Halo is engineered against this specific failure.

Adaptive baselines per resident

Each resident's own patterns become the reference. A carer visiting Room 12 at 3am is normal if that resident is a light sleeper who wakes for the bathroom nightly. It is an alertable event if the resident normally sleeps through. Halo learns this over the first 2-3 weeks and reviews it monthly.

Severity tiers with different routing

CRITICAL - Fall detected	Immediate: push, SMS, on-duty carer + shift lead
HIGH - Vital-signs deviation	Within 60s: primary carer + shift lead
MEDIUM - Missed routine	Batched to next hourly summary
INFO - Weekly trend change	Held for care-plan review meeting

Learning-review loop

Every alert is tagged on acknowledgement as True Positive, False Positive, or Not Actionable. The tags feed a monthly review that suggests threshold adjustments - reviewed and accepted by your registered manager before they take effect. There is no autonomous threshold changing.

5. Devices supported and hardware options

Halo integrates with the following device categories today. All connect via MQTT, HTTP polling, or webhook. You can bring existing hardware or lease/purchase new hardware from Halo.

Supported categories and representative manufacturers

Ambient radar	Vayyar Home (contactless fall + presence)
Ambient AI lighting	Nobi smart lamp (fall AI, in-fixture)
Wearables	Fitbit Charge 6, Apple Watch, Withings ScanWatch
BP + ECG monitors	Withings BPM Core
Under-mattress sensors	EMFIT QS
Environmental	Aqara, Shelly, Netatmo
Emergency call pendants	Careium, SureSafe (LTE-M and DECT-ULE)
Continuous glucose	Dexcom G7, Freestyle Libre 3

Buy or rent

Hardware is available either as a capital purchase (opex-lean) or as a monthly rental (opex-only, includes replacement-on-fault). Existing supported hardware you already own connects at zero hardware cost - you pay only the per-device monthly platform fee.

6. Regulatory and compliance mapping

Halo is designed to make compliance evidence a by-product of using the system, not a separate deliverable. The table below shows how the platform maps to each framework CQC will typically ask about.

UK GDPR / DPA 2018	Full DPIA available; lawful basis documented per data type
NHS DSPT	Position statement against all 10 NDG standards, downloadable
ISO 27001:2022	ISMS in operation; SoA and gap analysis available under NDA
SOC 2 Type II	Trust Services Criteria mapping; observation period in progress
HIPAA (US export)	S164.312 technical safeguards + BAA on request
CQC Fundamental Std	Regulation-by-regulation evidence mapping (Reg 9, 12, 17, 18)
Clinical Safety	DCB 0129 hazard log + Clinical Safety Case Report; DCB 0160 for you

Evidence packs

Every framework above has a downloadable evidence pack, provided under mutual NDA. Ask your Halo contact and specify which frameworks are in scope for your procurement or inspection.

7. Data security and clinical safety posture

In transit and at rest

- TLS 1.3 in transit. HSTS preload. Public key pinning on mobile apps.
- AES-256 at rest for structured data. Envelope encryption via AWS KMS with per-tenant Customer Master Keys.
- Object-level encryption for special-category health data with separate key material.
- Zero secrets stored in application configuration - all fetched from AWS SSM Parameter Store or Secrets Manager at runtime.

Access control

- Role-based access control layered with attribute-based scoping (organisation, facility, resident, consent flags).
- MFA enforced for every user with access to resident data.
- Break-glass access is available but logged prominently and reviewed weekly by your registered manager.
- Session inactivity timeout at 15 minutes; re-authentication required after 8 hours.

Audit trail

- Every read and write of resident data is logged with actor, action, timestamp and IP address.
- Immutable append-only log stored in AWS S3 Object Lock with an 8-year retention policy.
- Configuration changes (alert thresholds, escalation chains, user permissions) logged in the same trail.
- Alert acknowledgements, dismissals and escalations logged with reason where captured.

Clinical safety

Halo operates under a DCB 0129 clinical safety programme. A Clinical Safety Officer (CSO) reviews all new capability releases against a maintained hazard log. Deployment into a care home is supported by a DCB 0160 process - we work with your CSO (or an assigned one via us) to produce a site-specific Clinical Safety Case Report before go-live.

8. Pricing model, worked examples, ROI

Halo is priced as a modular quote so it stays honest at both ends of the scale. Every quote has the same four ingredients:

Platform licence	Fixed monthly fee per organisation; sets feature tier
Per monitored person	The primary scaling unit; empty beds do not count
Per connected device	Small monthly fee per active device; category-dependent
Hardware and install	Buy outright, rent monthly, or bring your own supported

Worked example: 60-bed residential home, Starter tier, rented hardware

Platform licence (Starter)	GBP 49 / month
60 residents x GBP 4	GBP 240 / month
106 devices (60w + 40 room + 6 env)	GBP 174.50 / month
Hardware rental (24-month term)	GBP 541 / month
Monthly total	GBP 1,004.50 / month
One-off first-site install	GBP 650

Same setup, hardware bought outright as capex

Platform + people + devices	GBP 463.50 / month
Hardware one-off capex	GBP 11,240 one-off
Annual maintenance (20% of hw)	GBP 2,248 / year

Return on investment reality-check

- One prevented emergency admission (average NHS cost GBP 3,200) pays for around 3 months of the setup above.
- A 1% reduction in agency staff hours in a 60-bed home is typically GBP 2,000-4,000 per month recovered.
- Insurance premium impact varies - ask your broker to price with and without evidence-of-monitoring.

9. Implementation - 30 / 60 / 90 day plan

Days 0-30: Contract to first-site go-live

- Day 0-5: Contract signed, procurement pack under NDA if required.
- Day 5-10: DPIA and clinical-safety kickoff with your registered manager and CSO.
- Day 10-15: Site survey, sensor placement plan, network readiness check.
- Day 15-20: Hardware shipped or on-site install scheduled.
- Day 20-25: One-day install visit; carer training (2-hour session, in-shift).
- Day 25-30: Live monitoring begins; adaptive baselines start calibrating.

Days 30-60: Baseline calibration + tuning

- First month is deliberately conservative on alert thresholds.
- Weekly review with your Halo customer success engineer.
- Alarm-fatigue metric reviewed at end of month one; thresholds tuned.
- First audit pack generated as evidence for board / commissioner if requested.

Days 60-90: Steady state + expansion

- Adaptive thresholds fully calibrated; alarm volume typically down 30-60%.
- First quarterly business review with success engineer and clinical lead.
- Family portal enabled if in scope; opt-in per resident.
- Decision point: expand to additional sites, add wearables, connect NHS integration.

10. Procurement checklist for buyers

Use this checklist to compare Halo against alternative offerings. If a competing vendor cannot tick a row, ask why.

Vendor-neutral hardware (multiple manufacturers)	**Yes**
Existing hardware connects at zero hardware cost	**Yes**
UK data residency (AWS eu-west-2 London)	**Yes**
DPIA available before contract signing	**Yes**
ISO 27001:2022 SoA available under NDA	**Yes**
NHS DSPT position statement (all 10 standards)	**Yes**
DCB 0129 hazard log + CSCR	**Yes**
DCB 0160 support for your deployment	**Yes**
Per-resident adaptive thresholds	**Yes**
Alarm-fatigue metrics measured and reported monthly	**Yes**
Audit pack export in <60s	**Yes**
Immutable audit log with 8-year retention	**Yes**
MFA enforced for resident-data access	**Yes**
Envelope encryption with per-tenant KMS keys	**Yes**
Break-glass access logged and reviewed	**Yes**
Data export on contract termination (no lock-in)	**Yes**
Rolling monthly contract available	**Family bundle only; care-home = 12 mo**
Framework pricing on request (NHS/ICS/HSCNI)	**Yes**

11. Frequently asked

Q. Do you use cameras?

No. Halo uses ambient radar, environmental sensors, wearables and under-mattress sensors. No video or audio recording. Ever. This is a deliberate design constraint driven by resident-dignity requirements and by not wanting to fall inside the surveillance-camera regulatory regime.

Q. What happens to our data on contract termination?

You get an export of all your data in an open format (JSON + CSV) within 30 days of termination request. Halo retains only the immutable audit log for the statutory retention period, sealed. No aggregate or 'anonymised' extract is kept for other purposes.

Q. Do you sell or share our data?

No. Halo has never and will never sell resident data. Aggregated anonymised statistics (e.g. average fall rates across the platform) are used internally to improve threshold defaults, and this use is documented in the DPIA.

Q. What if the internet drops?

Local edge devices continue to operate autonomously for the duration of an outage. Critical alerts (fall detected) still route to your on-duty carer via the local network. Events are queued and sync when connectivity is restored. Extended outages (>24h) are covered by an SLA-defined incident-response process.

Q. Can we integrate with our existing care record system?

Halo supports HL7 and FHIR export as standard. For CareSys, Person Centred Software and other UK care-record platforms, we have connectors ready. For bespoke systems, we scope a one-off integration cost.

Q. What is the shortest contract we can sign?

Starter and Pro tiers are 12 months minimum. Enterprise is bespoke. Family bundle is rolling monthly with 30-day notice. Pilots (3 months, one site) are available at Starter or Pro pricing.

12. Next steps

If Halo looks like a fit for your setting, three ways to move forward:

- Book a 20-minute demo. Real product, not a slide deck. Tailored to your setting.
- Request the procurement pack under NDA. Includes ISO 27001 SoA, DSPT position, DPIA template, and framework-aligned pricing.
- Commission a paid 3-month pilot on one site. No hardware commitment. Priced at Starter or Pro depending on scope.

How to reach us

Demo booking: haloconnectedhealth.com/request-demo/
Sales enquiry: haloconnectedhealth.com/contact/#contact-form
Security disclosure: security@haloconnectedhealth.com (PGP: /security.pgp)
General: hello@haloconnectedhealth.com