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Part 2 A Care Provider's Guide to AI

From curious to confident

Helping health and social care providers understand, adopt and benefit from AI with confidence.



2026/2027 Edition

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In Part One, we explored the foundations of artificial intelligence, from understanding the technology itself to examining why it matters for health and social care.

We addressed common misconceptions, explored the role of AI in supporting rather than replacing care professionals, and looked at the importance of introducing AI responsibly through strong governance, security and workforce engagement. Now it's time to take the next step.

Part Two focuses on implementation, helping providers move from understanding AI to embedding it within their organisation in a practical, responsible and sustainable way.

Throughout this guide, we'll explore how to create the right foundations for AI adoption, choose solutions designed specifically for care, understand the emerging role of agentic AI and discover how intelligent technology is already helping organisations reduce administrative pressures, improve workflows and create more time for high-quality care.

As AI continues to evolve, success won't be defined by adopting the latest technology. It will come from choosing solutions that enhance the expertise of care professionals, support better decision-making and improve outcomes for the people receiving care. Let's explore what that future could look like.



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Section Six: Creating Your AI Foundation

This section is your actionable toolkit.

Whether you're just starting out or formalising what's already in place, the resources here will help you build a solid, trustworthy foundation for AI in your organisation, one that protects the people you care for, supports your staff, and keeps you on the right side of regulation.

In this section we will talk about **creating an AI policy** and **AI government frameworks.**



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1. Creating an AI Policy

An AI policy is the cornerstone of responsible adoption. It's what sets out what your organisation believes about AI, how it will be used, and who is accountable when things go wrong. Without one, your staff may be left to make individual judgments, and that inconsistency creates risk.

Think of your AI policy as a living document, one that should be reviewed at least annually and updated whenever a new tool is introduced or a regulation changes.

Why should this policy exist?

This policy exists to ensure that AI is used safely, ethically, and in a way that upholds the dignity and well-being of the people in your care. It reflects your organisation's commitment to responsible innovation, embracing technology that genuinely helps, while never losing sight of the human relationships at the heart of care.

Your policy should define:

- Which AI systems are in scope - this includes tools you have procured directly, tools embedded within your existing software (like AI-assisted care planning features), and any AI tools staff may use independently (like general-purpose tools like ChatGPT or Microsoft Copilot).
- Who it applies to - all employees, agency workers, volunteers, and contractors who interact with AI tools in the course of their work.
- What activities does it govern - from care planning and rostering to documentation, communication, and administrative tasks.

AI in social care must never lose sight of the human element. It should enhance, not replace, the human touch that defines our sector.

Ethical Principles for AI in Social Care - Frameworks for the Future

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Approved Tools

Not every AI tool is appropriate for use in a care setting. Your policy should establish a clear process for approving tools before they are used, and a list of those that have been approved. What should it include?

Tool Name	Use Case	Approved For	Approval Date	Review Date
e.g. Access Care AI	Care planning support	All care staff	dd/mm/yyyy	dd/mm/yyyy
e.g. Microsoft Copilot	Administrative tasks only	Management	dd/mm/yyyy	dd/mm/yyyy

The key principles for approving tools are:

- The tool must comply with UK GDPR and your organisation's data protection obligations
- The vendor must be able to demonstrate how resident/service user data is stored, processed, and protected
- The tool must have been assessed for bias and fairness, particularly relevant where AI influences care decisions
- Staff must be able to explain, in plain terms, what the tool does and why it made a recommendation (explainability)

Shadow AI risk: Staff may already be using unapproved AI tools. Your policy should explicitly state that only approved tools may be used with any organisational or service user data, and explain the risks of using personal or sensitive data in public AI platforms.



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Acceptable Use

Your policy should be specific about what staff can and cannot do with AI tools. Vague guidance leads to inconsistent practice.

Acceptable use includes:

- Using approved AI tools to support care planning and documentation
- Using AI to draft communications, which are then reviewed and approved by a human before sending
- Using AI-generated insights as one input among many in a care decision, and not as the sole basis for action
- Reporting AI errors, unexpected outputs, or concerns through your standard incident reporting process

Unacceptable use includes:

- Entering identifiable resident or service user data into unapproved or public AI tools
- Relying on AI output without human review for any decision that affects a person's care, safety, or well-being
- Using AI to generate content that is then presented as a human's own professional judgement without disclosure
- Using AI tools for purposes outside their approved scope

Human Oversight Requirements

AI in care must always operate under meaningful human oversight. This is a regulatory and ethical imperative.

AI is the assistant. People remain firmly in charge.

What this means in practice:

- All AI-generated care plans, assessments, or recommendations must be reviewed and signed off by a qualified member of staff before being acted upon or added to a care record
- Staff must be able to override any AI recommendation, and should feel empowered to do so
- Where AI flags a risk (e.g. a fall risk alert, a change in behaviour pattern), a human must assess and respond - the AI alert alone is not sufficient action
- Any decision that significantly affects a person's care, living arrangements, or support must involve a human decision-maker

Document it: When a staff member reviews and approves an AI-assisted output, this should be recorded, noting that a human review took place. This is important for CQC inspection readiness and data protection compliance.

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Training Expectations

AI tools are only as effective as the people using them. Your policy should set minimum training expectations for all staff who interact with AI.

Role	Required Training
All care staff	AI awareness: what AI is, what it can and can't do, and how to use approved tools safely
Senior carers / team leaders	Above, plus: how to review AI outputs, how to escalate concerns, and oversight responsibilities
Registered managers	Above, plus: AI governance, policy implementation, and incident reporting
Procurement / IT leads	AI vendor assessment, data protection impact assessments (DPIAs), and contract requirements

Training should cover:

- How each approved tool works and what it is designed to do
- The limitations of AI, including the risk of errors, bias, and hallucinations
- Data protection obligations when using AI
- How to recognise and report a problem

Training records should be maintained and refreshed at least annually, or when a new tool is introduced.

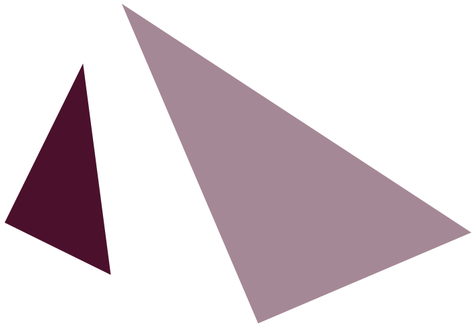
Governance and Accountability

Accountability cannot be delegated to technology; it must sit with named individuals. Therefore, your policy must make clear who is responsible for AI within your organisation.

Senior management, including a data protection officer (DPO), is accountable for understanding and overseeing AI governance. These issues cannot be delegated to data scientists or engineering teams.

Core governance principles:

- Every AI tool in use should have a named owner responsible for its oversight
- Incidents involving AI must be reported, investigated, and learned from, just like any other incident
- AI use should be subject to regular audit and review
- Governance arrangements should be documented and available for inspection



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2. AI Governance Framework

A governance framework defines the structure around your AI policy - who owns what, how decisions are made, and how risks are managed on an ongoing basis. Effective AI governance requires clear ownership across four key domains. In smaller organisations, one person may hold more than one of these roles. What matters is that each area has a named owner.

Risk Owner

Typically: Registered Manager / Director of Operations

Core governance principles:

- Maintains an AI risk register covering all tools in use
- Ensures risk assessments are completed before any new
- AI tool is deployed
- Reviews and escalates risks that exceed the organisation's risk appetite
- Ensures AI-related risks are included in the organisation's overall risk management framework
- Signs off on the deployment of new AI tools

Compliance Owner or Nominated Individual

Typically: Registered Manager / Quality & Compliance Lead

Responsibilities:

- Ensures AI use aligns with CQC requirements and relevant legislation
- Monitors regulatory developments (e.g. changes to the UK AI regulatory landscape, ICO guidance)
- Coordinates internal audits of AI use
- Ensures AI-related incidents are reported appropriately (including to the ICO where required)
- Maintains records to demonstrate compliance

Compliance Owner or Nominated Individual

Typically: Registered Manager / Quality & Compliance Lead

Responsibilities:

- Ensures AI use aligns with CQC requirements and relevant legislation
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Procurement Owner

Typically: Operations Manager / Finance Lead / IT Lead

Responsibilities:

- Manages the process for evaluating and approving new AI tools
- Ensures vendor contracts include appropriate data. processing agreements
- Assesses whether vendors meet the organisation's security and data protection standards
- Maintains the approved tools register
- Reviews vendor relationships periodically to ensure. ongoing compliance

Key questions to ask vendors:

1. Where is our data stored, and who can access it?
2. Is our data used to train your AI models?
3. What happens to our data if we end the contract?
4. How do you test for bias and accuracy?
5. What is your incident response process?

Data Protection Owner

Typically: Data Protection Officer (DPO) or nominated lead

Responsibilities:

- Ensures all AI tools that process personal data have a completed **Data Protection Impact Assessment (DPIA)**
- Advises on the lawful basis for processing personal data through. AI systems
- Manages data subject rights requests relating to AI-assisted decisions
- Ensures AI tools comply with UK GDPR, including transparency obligations (people should know when AI is being used in decisions about them)
- Acts as the point of contact for the ICO on AI-related data protection matters

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Section Seven: Choosing The Right AI Tools



The AI market is moving fast, and the number of available tools for care providers is growing just as quickly.

Instead of comparing features, it's worth asking - does this tool make care better?

It's easy to be impressed by a product demonstration, but a tool that looks powerful in a sales meeting can create real problems in a care setting if it hasn't been built with your context in mind.

Before evaluating any AI tool, think about what you actually need it to do.

What problem are you solving? What does success look like for your staff and the people in your care?

The right AI tool is the one that delivers those outcomes - reliably, safely, and in a way your team can trust. Use the questions below as your evaluation framework:

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Six Questions Every Provider Should Ask

1. Is the AI designed specifically for care?

General-purpose AI tools are built for general purposes. Care is not a general context, as it involves vulnerable people, complex needs, regulated environments, and decisions that carry real consequences.

What to ask vendors: *Was this tool built for social care, or adapted for it?* There is a meaningful difference. AI trained on care-specific data, workflows, and terminology will produce more relevant, more accurate outputs than a generic tool retrofitted for the sector. Look for evidence that the vendor understands CQC requirements, care planning frameworks, and the day-to-day realities of frontline care work.

2. Is there human oversight built in?

No AI tool should operate without a human in the loop, particularly where outputs influence care decisions. This isn't just good practice; it's a regulatory expectation.

What to ask vendors: *Where does the AI make recommendations, and where does a human review and approve?* A well-designed tool will make human oversight easy. It should flag uncertainty, present its reasoning clearly, and make it straightforward for a staff member to review, edit, or override any output. If a vendor can't explain where the human checkpoint is, that's a red flag.

3. How is data protected?

Care data is among the most sensitive personal data that exists. Any AI tool that processes it must meet a high bar for security and compliance.

What to ask vendors: *Where is our data stored? Is it used to train your AI models?* What happens to it if we end the contract? Make sure the answers are clear and not packaged as vague reassurances. Ensure the vendor can provide a Data Processing Agreement, confirm compliance with UK GDPR, and demonstrate that your residents' and service users' data will never be used to benefit another organisation.

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Six Questions Every Provider Should Ask

4. Can outputs be trusted?

AI can be wrong. It can produce plausible-sounding outputs that are inaccurate, incomplete, or, in the worst cases, harmful. In care, the stakes of an error are high.

What to ask vendors: *How do you test for accuracy?* How do you handle errors when they occur? Look for vendors who are transparent about the limitations of their tools, who have processes for identifying and correcting errors, and who treat accuracy as an ongoing commitment. A trustworthy vendor will tell you what their AI can't do, not just what it can.

5. Is the technology transparent?

No AI tool should operate without a human in the loop, particularly where outputs influence care decisions. This isn't just good practice; it's a regulatory expectation.

What to ask vendors: *Can you explain how the AI reaches its conclusions?* Avoid tools that operate as a black box, where outputs appear without any explanation of the reasoning behind them. Transparency builds trust with staff, supports accountability, and is increasingly expected by regulators.

6. Will it integrate with your existing systems?

An AI tool that sits in isolation creates more work, not less. Staff end up switching between systems, duplicating data entry, and losing the efficiency gains the tool was supposed to deliver.

What to ask vendors: *How does this tool connect with our care management, HR, finance, and compliance systems?* The most powerful AI implementations are those that work across an organisation, sharing data, reducing duplication, and giving leaders a joined-up view of operations. Integration isn't a nice-to-have; it's what makes AI genuinely transformative.

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How The Access Group Is Handling AI Responsibly

At Access, we believe AI in care must be built on a foundation of trust. That means being transparent about how our AI works, keeping humans in control of every meaningful decision, and designing tools that reduce the burden on staff so they can focus on what matters most: the people in their care.

Our approach is guided by a clear principle: **that AI should enhance the human side of care, never replace it.**

Access Evo - AI Built for Care

Access Evo is our AI layer, built specifically for health and social care and embedded directly into the tools your teams already use. It's designed to work within your existing workflows, reducing friction and delivering value from day one.

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Reducing documentation burden

One of the most consistent pressures in care is the time staff spend on paperwork. Documentation is essential, but when it pulls carers away from the people they support, something has gone wrong. Access Evo is designed to reduce that burden, automating routine documentation tasks and surfacing the right information at the right time, so staff spend less time at a screen and more time delivering care.

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Smart Notes - Transforming Care Recording

Smart Notes uses AI to support care workers in capturing accurate, meaningful notes faster and with less effort. Rather than typing lengthy entries after a visit or shift, staff can record observations naturally and let Smart Notes structure and complete the documentation.

The result: richer care records, reduced administrative time, and notes that are completed promptly, improving both compliance and continuity of care. Human review remains central; Smart Notes supports care teams, and it **doesn't** replace their professional judgement.

> **"AI works best when it is connected across the whole organisation."**

Navigator - One Connected Experience

Navigator brings together care, HR, finance, compliance, and workforce management into a single, connected ecosystem. Rather than managing AI tools across disconnected systems, Navigator gives providers a unified view of their organisation, with AI working intelligently across every part of it.

When your care management system talks to your rostering tool, which connects to your HR platform, which feeds into your finance and compliance reporting, AI can surface insights that no single system could provide alone. Navigator makes that connection real: one ecosystem, one source of truth, and AI that genuinely understands the full picture of your organisation.

Choose With Confidence

The right AI tool is the one that solves real problems for your staff and the people you care for, without creating new risks in the process.

Use the six questions above every time you evaluate a new tool and demand transparency from vendors. Insist on human oversight and look for technology that connects, rather than complicates.

When AI is chosen carefully, implemented thoughtfully, and governed well, it becomes one of the most powerful tools available to care providers, not despite the complexity of care, but because of it.

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Section Eight: AI in Action

This section brings AI to life through three scenarios drawn from everyday situations in UK social care, showing what AI contributes, and where human judgement remains essential.



Safeguarding concerns

A senior carer at a residential home for older adults raises a concern about a resident, Margaret, 84. Over the past three weeks, Margaret has seemed withdrawn during personal care, has made two comments that staff found difficult to interpret, and has had a bruise that was recorded but not followed up on. The notes are spread across three different shifts, written by five different members of staff.

The registered manager needs to understand what has happened - quickly, clearly, and in a way that can be documented and escalated if necessary.

Without AI, the manager spends the first hour manually reading through weeks of care notes, trying to piece together a timeline and identify whether there is a pattern. Important details are buried in lengthy entries. Some notes are brief to the point of being unhelpful. The picture is incomplete.

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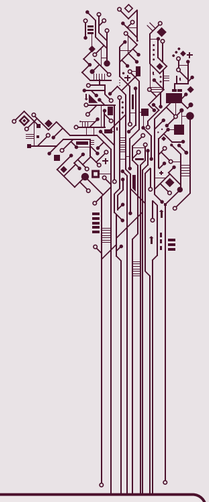
What can AI do

What AI can do:

✓ **Summarise notes** - AI reviews all recorded entries relating to Margaret across the relevant period and produces a clear, structured summary, pulling out the observations most relevant to the concern.

✓ **Organise timelines** - incidents, observations, and interactions are arranged chronologically, making it immediately visible when things changed and what happened in sequence.

✓ **Identify key themes** - AI flags recurring language, patterns of behaviour, and entries that may warrant closer attention, for example, multiple references to Margaret declining to engage with a particular member of staff.



In minutes, the manager has a structured overview that would have taken an hour to compile manually.

What the manager does:

AI organises the information.
The manager makes the decisions.



✓ **Reviews the findings** - with professional curiosity - not taking the AI summary at face value, but using it as a starting point for deeper enquiry.

✓ **Applies professional judgement** - considering context that AI cannot access: their knowledge of Margaret as an individual, the dynamics of the team, conversations that weren't recorded.

✓ **Makes decisions** - whether to escalate to the local authority designated officer (LADO), involve the family, commission a GP review, or take immediate action to protect Margaret's safety.

The safeguarding referral, if made, is supported by a clear, well-organised evidence trail, compiled faster and more thoroughly than would have been possible without AI.

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Preparing For Inspections

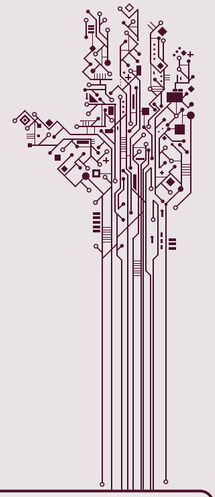
What does AI do:

✓ **Surface evidence** - AI searches across records and documentation to locate relevant evidence against the regulators' questions and criteria.

✓ **Identify gaps** - rather than waiting for an inspector to find what's missing, AI flags where documentation is incomplete, out of date, or absent - for example, care plans not reviewed in the past 12 months, or staff without up-to-date mandatory training.

✓ **Summarise audits** - recent medication audits, falls reviews, and quality monitoring reports are summarised into concise, readable overviews that the manager can present or reference quickly.

✓ **Organise compliance records** - documentation is structured and grouped by theme, making it straightforward to navigate during the inspection itself.



The manager arrives at inspection day with a clear picture of the service's strengths, a plan to address any gaps identified in advance, and organised evidence ready to share.

What the manager does:

✓ **Use the AI-generated gap analysis to prioritise actions in the days before inspection** - addressing what can be resolved and preparing an honest account of what is in progress.

✓ **Contextualise the evidence** - understanding which data points reflect genuine service quality and which need explanation.

✓ **Lead the inspection with confidence** - drawing on a well-organised evidence base rather than searching through folders under pressure.



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Section Nine: The Future of AI in Care

This guide has focused on what AI means for care providers today.

The policies, the tools, the governance, the practice. But the organisations that will use AI most effectively in the years ahead are the ones thinking now about where this is heading.

This section looks forward to 2030 and beyond, to help you prepare for it with confidence.

This section is grounded in real technological trajectories like developments already underway in research, in adjacent sectors, and in early-stage care technology. They are not science fiction. But they are not certainties either. The purpose of this section is to give care leaders a clear-eyed view of what is coming, so that the decisions you make today, about governance, about culture, about values, position your organisation well for what lies ahead.



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2030: What Care Could Look Like

1. Ambient AI and Passive Documentation

The shift from recording care to care that records itself.

Today, one of the greatest pressures on care workers is the time spent documenting care after it has been delivered. Notes written at the end of a shift, from memory, under time pressure. This is the reality for thousands of care workers across the UK right now.

By 2030, ambient AI is likely to change this fundamentally. Ambient AI refers to technology that listens, observes, and records passively, in the background, without requiring the care worker to stop and type. A conversation during a morning routine, a medication prompt, a moment of distress, all captured, structured, and drafted into a care record automatically, ready for the care worker to review and approve.

This is not surveillance. Done properly, with the right consent frameworks, privacy safeguards, and human oversight, ambient AI removes the administrative burden without removing the human relationship at the centre of care. The care worker's attention stays where it belongs, with the person in front of them.

What this means for providers today: Begin thinking about consent frameworks, privacy policies, and how your physical environments might need to adapt. The governance you build now will determine how ready you are to adopt ambient technology responsibly.

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2030: What Care Could Look Like

2. AI Agents That Support Workflows

The shift from AI as a tool to AI as a co-worker.

Most AI tools today respond to a prompt - you ask, it answers. By 2030, AI agents will be capable of taking sequences of actions autonomously: scheduling a review meeting when a care plan flags a change in need, alerting a manager when a pattern of incidents suggests a safeguarding risk, or automatically generating a compliance report ahead of an inspection.

These are not AI systems making decisions. They are AI systems completing tasks, freeing up human time for the work that requires human judgment. The distinction matters enormously. An AI agent that drafts a safeguarding referral for a manager to review is a powerful tool. An AI agent that submits one without review is a governance failure.

The organisations that benefit most from AI agents will be those that have already done the work of defining where human oversight is required and built that into their processes before the technology arrives.

What this means for providers today:
Your AI policy's human oversight requirements are the foundation for governing AI agents in the future. Review them with this in mind.



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2030: What Care Could Look Like

3. Predictive Care and Risk Analysis

The shift from responding to risk to anticipating it.

Care has always involved risk in the form of falls, safeguarding concerns, and hospital admissions. Today, identifying risk relies heavily on the experience and vigilance of individual care workers and managers. By 2030, AI will be able to analyse patterns across thousands of data points, like care records, health metrics, behavioural observations, medication history, and surface early warning signals that no individual could reliably detect alone.

A person's sleep pattern changes subtly over three weeks. Their appetite declines. They are quieter during morning routines. Individually, each observation might be noted and forgotten. Together, they may indicate the early stages of a urinary tract infection, a depressive episode, or the beginning of a significant health deterioration. AI can hold all of that data simultaneously and flag it, allowing care workers and clinicians to intervene earlier, more effectively, and with greater confidence.

Predictive care does not replace clinical judgement. It informs it. The care worker who knows the person, who has built the relationship, who understands the context - they remain the most important variable in any care decision. AI simply ensures they have the best possible information to work with.

What this means for providers today: The quality of your future predictive capability depends entirely on the quality of your data today. Consistent, accurate, structured care recording, the kind that AI-assisted documentation tools already support, is the foundation on which predictive care is built.

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2030: What Care Could Look Like

4. Predictive Connected Care Ecosystems

The shift from fragmented systems to a single, intelligent picture.

One of the most persistent frustrations in social care is fragmentation. Care records in one system. HR and rota management in another. Finance in a third. Compliance documentation somewhere else entirely. Information that should flow between these systems often doesn't, creating duplication, gaps, and risk.

By 2030, connected care ecosystems will make this fragmentation a thing of the past. A single, integrated platform, connecting care delivery, workforce management, finance, compliance, and family communication, will give every person in the organisation a real-time, accurate picture of what is happening across the service.

When a care plan changes, the rota adjusts. When a compliance gap is identified, the relevant manager is alerted. When a family member wants an update, they can access it securely and immediately. The organisation stops operating in silos and starts operating as a coherent whole.

This is the direction that the best care technology providers are already moving in, and it is the reason that integration capability is one of the most important criteria when evaluating any AI tool today.

What this means for providers today: Every technology decision you make now either moves you towards a connected ecosystem or further away from one. Prioritise platforms that are built to integrate, and be cautious of tools that create new silos.

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2030: What Care Could Look Like

5. Personalised Care Planning

The shift from standard care plans to truly individual ones.

Care plans have always been intended to reflect the individual. In practice, time pressure, template constraints, and staff turnover mean that many care plans are less personal than they should be, updated reactively rather than proactively, and rarely as nuanced as the person they describe.

By 2030, AI will be able to support genuinely personalised care planning at scale. Drawing on a person's history, preferences, outcomes, and real-time observations, AI will help care workers build and maintain care plans that evolve continuously, reflecting the person as they are today, not as they were when they were first assessed.

Personalisation will extend beyond clinical need. AI will help capture and honour the things that matter most to the people in care: the music they love, the routines that bring them comfort, the relationships that sustain them. This is care that sees the whole person, and technology that helps make that possible at scale, without losing the human touch that makes it meaningful.

What this means for providers today: Invest in care recording practices that capture the person, not just the task. The richer your data about individual preferences and outcomes, the more powerful personalised AI-assisted planning will become.

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2030: What Care Could Look Like

6. Voice-First Care Technology

The shift from screens and keyboards to natural conversation.

For many care workers, technology still feels like an interruption, something that pulls them away from the person they are supporting in order to tap information into a screen. For some people receiving care, particularly older adults or those with cognitive impairment, technology can feel alienating rather than enabling.

Voice-first technology changes this. By 2030, care workers will be able to update records, check care plans, flag concerns, and communicate with colleagues through natural spoken language without touching a screen. People receiving care will be able to interact with their care environment, request support, and communicate preferences through voice, reducing dependence and increasing dignity.

Voice-first technology is already present in everyday life - in smartphones, smart speakers, and virtual assistants. Its application in care is accelerating. The challenge for providers is not whether this technology will arrive, but whether their governance, consent frameworks, and staff training will be ready when it does.

What this means for providers today: Consider how your current approach to consent and data protection would apply to voice-captured data. Begin conversations with your data protection lead now, before the technology is at your door.



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What Will Not Change

Amid everything that AI will transform, some things will remain constant.

The relationship between a care worker and the person they support. The trust that families place in the people looking after someone they love. The professional judgement that comes from years of experience, empathy, and presence. The ethical responsibility that every care provider carries is to act in the best interests of the people in their care, always.

Technology will change the tools available to care workers. It will not change what care is.

The organisations that thrive by 2030 will likely be the organisations that have combined technology with compassion, governance with humanity, and innovation with integrity. They will be the providers that used AI to give their people more time and use that time to deliver better care.

A Closing Thought

This guide began with a question that many care providers are asking right now: **What does AI mean for us?**

The honest answer is that AI means opportunity and responsibility. The opportunity to reduce the burden on care workers, to improve the consistency and quality of care, to make better decisions faster, and to build organisations that are more resilient, more responsive, and more connected. The responsibility to do all of that in a way that keeps people safe, respects their dignity, and never loses sight of what care is actually for.

AI is not the future of care.
People are.

AI simply helps them deliver even better care.

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Section Ten: Access Evo Agentic

The next step in intelligent care technology.

Artificial intelligence is moving beyond simply answering questions or generating content. The next evolution is agentic AI: technology designed to support more complex tasks by understanding goals, using information, taking actions within defined boundaries and helping people complete workflows more efficiently. For health and social care providers, this represents an exciting opportunity.

Care teams already work with vast amounts of information every day. From care records and assessments to compliance requirements, workforce data and operational processes, professionals need access to the right information at the right time to make informed decisions.

Agentic AI has the potential to help bring this information together, reduce administrative complexity and support care professionals in delivering better outcomes.

However, successful adoption is not simply about making AI more powerful. It is about making AI more useful, responsible and aligned with the needs of the people using it. That is where Access Evo Agentic comes in.



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What is agentic AI?

Traditional AI tools typically respond to a specific request. For example, a user might ask an AI tool to:

- Summarise information
- Draft a document
- Answer a question
- Find relevant content

Agentic AI takes a more advanced approach. Instead of only responding to individual prompts, AI agents can support broader objectives by helping complete a series of connected tasks. For example, an AI agent may be able to:

- ✓ Understand the goal a user is trying to achieve
- ✓ Gather relevant information
- ✓ Identify the next steps
- ✓ Support workflows
- ✓ Provide recommendations or summaries

Importantly, responsible agentic AI is not about removing people from the process. It is about helping professionals work more effectively by reducing unnecessary complexity and allowing them to focus their expertise where it matters most.

Why agentic AI matters for care providers

Care providers operate in an environment where time, information and decision-making are critical. Managers and care professionals need to balance:

- Delivering high-quality care
- Supporting staff teams
- Maintaining compliance
- Managing operational pressures
- Responding quickly to changing needs

Much of this work involves gathering information, reviewing records and completing administrative tasks.

Agentic AI has the potential to support these activities by helping people navigate complexity more efficiently.

Rather than replacing professional judgement, it can act as an intelligent assistant that helps teams access insights, organise information and make better-informed decisions.

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Moving from automation to assistance

Traditional automation focuses on completing predefined tasks. Agentic AI introduces a more adaptive approach. Instead of simply following a fixed instruction, AI agents can help users achieve a wider goal by understanding context and supporting multiple steps.

For care providers, this could mean moving towards a future where technology can help professionals:

- Find relevant information more quickly
- Understand trends across services
- Prepare information for reviews or inspections
- Reduce repetitive administrative work
- Support more proactive decision-making

The key difference is that AI becomes less of a standalone tool and more of an intelligent partner supporting everyday work.

Putting people at the centre of agentic AI

In care, technology must always serve a clear purpose: improving outcomes for people. Agentic AI should not replace the relationships, judgment, and compassion that define high-quality care.

A care professional will always be responsible for understanding the individual, considering their circumstances and making decisions that reflect their needs. AI can support this by helping reduce the workload around those decisions. For example:

- AI can help organise information.
- A professional applies their experience.
- AI can highlight patterns.
- A professional considers the wider context.
- AI can support preparation.
- A professional makes the final decision.

This combination of technology and human expertise creates the greatest opportunity for positive change.

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Responsible AI by design

As AI becomes more capable, responsible development becomes even more important. For care providers, trust is essential. Any AI technology used within health and social care must consider:

- **Security and privacy** - Sensitive information must be protected through appropriate safeguards and responsible data management.
- **Transparency** - Users should understand how AI is being used and where human judgment remains essential.
- **Human oversight** - AI outputs should support professionals rather than replace accountability or decision-making.
- **Ethical development** - Technology should be designed around improving experiences and outcomes for people.

At Access, these principles are central to our approach to AI innovation. We believe the most valuable AI solutions are not those that simply introduce new technology, but those that solve real challenges faced by care providers while maintaining the trust of the people who rely on care services.

Our approach is built around responsible innovation, ensuring AI is developed and implemented in a way that supports care professionals, protects sensitive information and keeps people at the heart of every decision.



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Access Evo Agentic:

Supporting the future of care delivery

Access Evo Agentic represents the next stage in how AI can support health and social care providers.

By combining intelligent technology with the expertise of care professionals, the aim is to help organisations work smarter, reduce administrative pressures and create more time for meaningful care. The future of AI in care is not about replacing the workforce. It is about giving professionals better tools.

- Tools that help them access information more easily.
- Tools that reduce repetitive tasks.
- Tools that support confident decision-making.
- Tools that allow them to spend more time focusing on the people who need them most.



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The future: connected, intelligent care ecosystems

The biggest opportunity for AI will come from connected technology. Rather than isolated tools working independently, the future of care will increasingly involve intelligent systems that work together across an organisation.

This creates the potential for a more connected care ecosystem where information can flow more effectively between teams, supporting better visibility and more informed decisions.

For providers, this means AI should not simply be viewed as another piece of technology.

It should be considered as part of a wider digital strategy designed to improve efficiency, strengthen quality and support better care experiences.



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Key takeaway

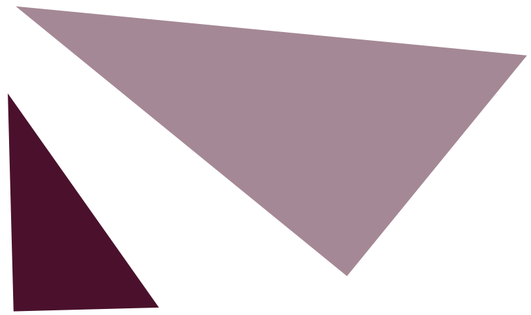
Agentic AI is not about creating technology that replaces people.

It is about creating technology that helps people achieve more.

The future of care will always depend on people.

For health and social care providers, the opportunity is significant: reducing administrative pressure, improving access to information and supporting professionals to focus on what they do best.

Agentic AI simply helps those people deliver even better care.



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Looking Beyond Today's AI

Artificial intelligence is evolving rapidly, and agentic AI represents an important step in that journey.

Rather than simply responding to requests, AI is becoming more capable of supporting connected workflows, surfacing valuable insights and helping organisations work more efficiently.

For health and social care providers, this creates exciting opportunities, but technology alone is never the answer. The greatest value comes from combining intelligent innovation with the expertise, compassion and professional judgement of the people delivering care every day.

At Access, our vision is to develop AI that works alongside care professionals, helping organisations reduce administrative pressures, improve access to information and create more time for meaningful interactions.

But understanding where AI is heading is only part of the story. The next chapters show what this looks like in practice.

We'll explore real-world scenarios where AI can support care providers, before looking ahead to how AI may continue to shape the future of health and social care over the coming years.

The future of care will always be powered by people. AI simply helps those people achieve even more.



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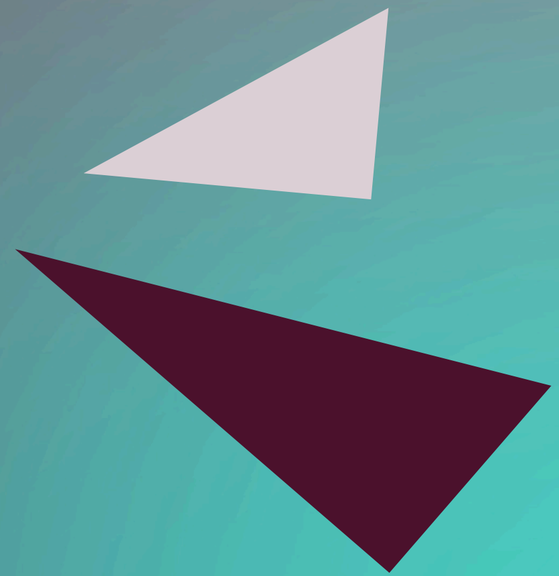
From curious to confident with Access Evo

Our expert team of software specialists are ready to show you how you understand the journey to adopt and benefit from AI with confidence.

Book a call



About The Access Group

The Access Group is one of the leading providers of business management software to mid-sized UK and Asia Pacific organisations. It helps more than 60,000 customers across commercial and not for profit sectors become more productive and efficient. Its innovative Access Workspace cloud solutions transform the way business software is used, giving every employee the freedom to do more. Founded in 1991, The Access Group employs approximately 5,000 people.

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