Automated Perineal Hygiene in a Bed-Bound Homecare Patient with Muscle-Invasive Bladder Cancer and Parkinson's Disease:

A 21-Day Single-Subject Prospective Pilot Evaluation of the Carebidet® System (Curaco)

Manuscript type: Single-subject prospective observational pilot / Quality-Improvement (QI) report

Reporting standards followed: CARE Guidelines (case reports) and SQUIRE 2.0 (QI)

Target audience: Clinicians (community nursing, geriatric medicine, urology, palliative care, tissue-viability)

AUTHORSHIP & GOVERNANCE

Role	Detail
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Implementation lead	Alexander Coskinas — WeissenBlu Assistive
Frontline carers	Daniela (Cert III Aged Care); Carolina (Cert III Aged Care)
Investigational device	Carebidet® — Model Cura1020, Serial KOR0625230BI102B1
Manufacturer	Curaco
Pilot dates	21 April 2026 – 11 May 2026 (21 consecutive days)
Setting	Private home, community/homecare; Sydney, Australia

Funding: None. The Carebidet® device was supplied by the manufacturer for pilot evaluation only; no funds were transferred between authors and Curaco.

Conflicts of interest: None declared. No commercial transactions or sales were conducted in connection with this evaluation.

Patient consent: Written consent was obtained and is held on file. All identifiers (name, MRN, address) have been removed; the index participant is referred to throughout as "the participant".

Ethics & registration: This evaluation was undertaken as a single-site clinical service evaluation / quality-improvement activity. Formal Caldicott / Research Ethics Committee approval and prospective trial registration (ANZCTR / ClinicalTrials.gov) were not obtained — declared as a limitation (see §6.4).

Abstract

Background

Manual perineal hygiene in fully bed-bound homecare is associated with skin breakdown, carer musculoskeletal injury, and a high consumable burden. The Carebidet® (Curaco; model Cura1020) is an enclosed, sensor-driven automated wash-and-dry system designed to replace manual perineal cleansing in bed-based care.

Objective

To quantify the clinical, safety, occupational and economic impact of the Carebidet® over 21 consecutive days in a single bed-bound homecare patient previously requiring full assistance with hygiene.

Methods

Prospective, single-subject (n = 1), 21-day mixed-methods pilot. Daily clinical tracking captured Carebidet cycles (CC), manual cleanings (MC), Skin Score (SS, 0–3), Dignity/Distress (DS, 1–10) and carer time saved (T, minutes). Standardised pressure-injury risk was assessed at five timepoints using Braden and Waterlow scales. Resource utilisation, carer workload and cost (AUD) were benchmarked against the participant's pre-intervention manual-care baseline. Patient and carer experience were captured weekly using bespoke 1–10 Likert items. Adverse events were logged contemporaneously.

Results

Across 21 days, 115 automated cycles were delivered against 15 manual cleanings. Skin Score improved from 2 → 1, Braden from 8 → 10, and Waterlow from 20 → 17. Wet-wipe use fell by 97%, disposable pad/linen use by 100%, and lifting/log-roll events by 55% per week. Total carer time saved was 986 minutes (~16.4 hours) over the pilot. Direct consumable + labour cost savings totalled AUD 2,963.40 (≈AUD 987.80/week). Two device-related adverse events occurred (both non-serious, same-day resolution, no harm; protocol amendments captured). Patient ratings: Sense of Safety 10/10, Perceived Cleanliness median 7/10, Maintenance of Dignity stable at 6/10. Carer ratings: Ease of Operation 10/10, Reduced Physical Strain median 9/10.

Conclusion

In this single-subject homecare pilot, the Carebidet® was associated with measurable improvements in skin integrity, carer workload, occupational safety and direct cost, with an acceptable safety profile and high carer-acceptability. Findings should be considered hypothesis-generating; a larger multi-site evaluation with validated quality-of-life instruments and inferential statistics is warranted.

Keywords:

automated perineal hygiene; bed-based care; Carebidet; homecare; pressure-injury prevention; Parkinson's disease; bladder cancer; carer workload; quality improvement.

1. Introduction

Perineal hygiene in fully bed-bound community-dwelling adults is one of the most resource-intensive and physically demanding components of personal care. Inadequate or infrequent cleansing is a well-described contributor to incontinence-associated dermatitis (IAD) and pressure-injury formation, while the manual handling required for repeated perineal cleansing is a leading cause of musculoskeletal injury among informal and formal carers. In palliative and end-of-life homecare in particular, where transfers are limited and dignity becomes a central outcome, the trade-off between adequate hygiene and minimisation of patient distress is a daily clinical challenge.

The Carebidet® (Curaco; model Cura1020) is an enclosed, sensor-driven automated perineal wash-and-dry system designed to operate while the patient remains in their bed, with a single-use waste pathway and a programmable cleansing cycle. The intent of the device is to (i) deliver consistent low-friction cleansing, (ii) reduce the frequency and intensity of manual handling required for hygiene events, and (iii) reduce single-use consumable burden (wipes, gloves, pads). Despite the conceptual appeal, the published evidence base in true homecare settings — as opposed to long-term care facilities — remains limited.

We undertook a prospective 21-day mixed-methods pilot of the Carebidet® in a single bed-bound community-dwelling adult immediately following hospital discharge with a new functional baseline of bed-based care. The aim was to generate hypothesis-level evidence on safety, clinical effect, carer workload and direct cost in this real-world setting, and to inform the design of a larger multi-site evaluation.

2. Methods

2.1 Design

Prospective, single-subject (n = 1), open-label, 21-day mixed-methods pilot conducted in the participant's home. The pilot was structured as a clinical service evaluation / quality-improvement activity reported in line with the CARE Guidelines for case reports and SQUIRE 2.0 for QI work.

2.2 Setting and care delivery

Care was delivered in a private residence in Sydney, Australia, by a five-person team comprising two informal/contracted Cert III aged-care carers, one assistive-technology implementation lead, one care manager (Registered Nurse) and one clinical lead (Registered Nurse). Standard cares were delivered on a 24-hour basis with formal hygiene rounds in the morning, mid-afternoon and evening. The Carebidet® was installed and commissioned the day before Day 1 baseline tracking commenced; carer onboarding included a structured competency check signed off by the clinical lead.

2.3 Participant

A single bed-bound community-dwelling adult was enrolled. Selected de-identified clinical context, drawn from the participant's most recent hospital discharge summary immediately preceding the pilot, is summarised in Table 1. The participant was indicated for full bed-based cares with hoist transfer for chair mobilisation, in line with formal Physiotherapy and Occupational Therapy assessment. Key features relevant to the pilot were: muscle-invasive bladder transitional cell carcinoma (TCC) under palliative management with a long-term left percutaneous nephrostomy in situ, Parkinson's disease with chronic mild-moderate

oropharyngeal dysphagia, multilevel mild lumbar endplate compression fractures and a Waterlow score in the very-high-risk band at baseline.

Table 1. De-identified participant profile at pilot entry (verbatim from discharge referral).

Domain	Detail
Age / sex	80-year-old male
Functional baseline	Bed-based cares; 2× assistance with hoist transfer to chair (new baseline post-admission, below pre-admission 2× Sara Stedy transfer)
Primary oncological diagnosis	High-grade, poorly differentiated muscle-invasive bladder TCC (post-TURBT 20/04/2026); palliative pathway — not for surgical management; failed antegrade stent insertion
Urological device	Left percutaneous nephrostomy in situ since 18/03/2026; routine 8-weekly tube change
Neurological	Parkinson's disease with chronic mild-moderate oropharyngeal dysphagia; risk feeding agreed in favour of QoL
Renal function (admission)	Creatinine 131 µmol/L; eGFR 44 mL/min/1.73 m² (LOW)
Inflammatory / haematology (admission)	CRP 57.1 mg/L (HI); WCC 10.8 ×10⁹/L; Hb 109 g/L (LOW); albumin 29 g/L (LOW)
Pressure-injury risk (baseline)	Braden 8 (severe risk); Waterlow 20 (very-high risk); Skin Score 3
Other relevant findings	Severe prostatomegaly; multilevel mild lumbar endplate compression fractures; diffuse skeletal demineralisation; faecal loading on CT; 15 mm left-lower-lobe pulmonary opacity (for progress imaging)
Key medications carried into pilot	Levodopa-carbidopa 100/25 mg × 2 QID; colecalciferol 25 µg OD; TwoCal HN 50 mL QID; Movicol 2 sachets BD; paracetamol 500 mg × 2 TDS
Allergies	Nil known (NKA)
Care team coverage	Five-person team; mixed informal + agency; Registered-Nurse oversight

2.4 Intervention

Carebidet® (model Cura1020; serial KOR0625230BI102B1; Curaco). The device was used as the primary perineal hygiene modality from Day 1 onwards, replacing manual wipe-based cleansing whenever device function was available. Manual cleansing was retained as the back-up modality and was used (i) on Day 1 for baseline benchmarking, (ii) when device adverse events temporarily required manual mode, and (iii) as a routine adjunct (typically once daily for incidental contamination not reaching sensor activation thresholds). Weekly disinfection was performed in line with the manufacturer's instructions.

2.5 Outcomes and measurement

The primary outcome was a composite description of clinical effect, safety, carer workload and direct cost, captured against the participant's pre-intervention manual-care baseline. Day-level outcomes were recorded by attending carers on a structured tracker and counter-signed by the clinical lead at week-end. The metrics defined a priori are listed in Table 2.

Table 2. Outcome definitions.

Metric	Definition	Source
CC	Carebidet automated wash-dry cycles delivered per day	Device log + carer tracker
MC	Manual cleansings required per day	Carer record
SS	Skin Score (0 = intact, 3 = compromised)	Clinical lead, daily
DS	Dignity / Distress, self-reported (1 = best, 10 = worst)	Participant, daily
T	Carer time saved per day (minutes vs baseline)	Stopwatch audit
Braden / Waterlow	Standardised pressure-injury risk	Clinical lead, 5 timepoints
Adverse events	Contemporaneous device-related event log with action and resolution	Clinical lead
Patient experience	Bespoke 1–10 Likert items (perceived cleanliness, dignity, safety)	Participant, weekly
Carer experience	Bespoke 1–10 Likert items (physical strain, workflow, ease of operation)	Carer team, weekly
Resource use & cost	Wet wipes, gloves, pads/linens, mean event time, total weekly toileting time, lifting count	Carer audit; cost in AUD at AUD 60/hr carer rate

2.6 Analysis

Descriptive analysis only. Counts, daily means and weekly totals were calculated; ordinal experience data are reported as median (range). Percentage change is reported for resource use and cost. No inferential testing was performed — the single-subject n precludes meaningful hypothesis testing. Recommended inferential approaches for any successor study are listed in §6.5.

2.7 Ethics, governance and consent

The activity was conducted as a single-site clinical service evaluation. Written consent was obtained from the participant prior to commencement and is retained on file. All identifiers have been removed from this report. Formal REC approval and prospective trial registration were not obtained (see §6.4 — Limitations).

3. Results

3.1 Daily clinical trends

Across 21 consecutive days the device delivered 115 automated cycles versus 15 manual cleansings (Figure 1A). Skin Score remained at 2 throughout Weeks 1 and 2 and improved to 1 from Day 15 onwards, sustained to Day 21 (Figure 1B). Dignity/Distress trended downward from a Week-1 mean of 3.14/10 to a Week-2 mean of 1.71/10 (Figure 1C); a Week-3 mean of 3.43/10 was driven by a single Day-19 spike (DS = 7) attributable to musculoskeletal pain on repositioning, prompting palliative-team contact — excluding this outlier the Week-3 mean was 2.83/10. Daily carer time saved became net-positive from Day 4 and stabilised at 50–72 minutes/day from Week 2 onwards (Figure 1D). The two negative time-saved values on Days 3 and 5 correspond to the two device-related adverse events.

Figure 1. Daily Clinical Outcomes Across the 21-Day Pilot Period

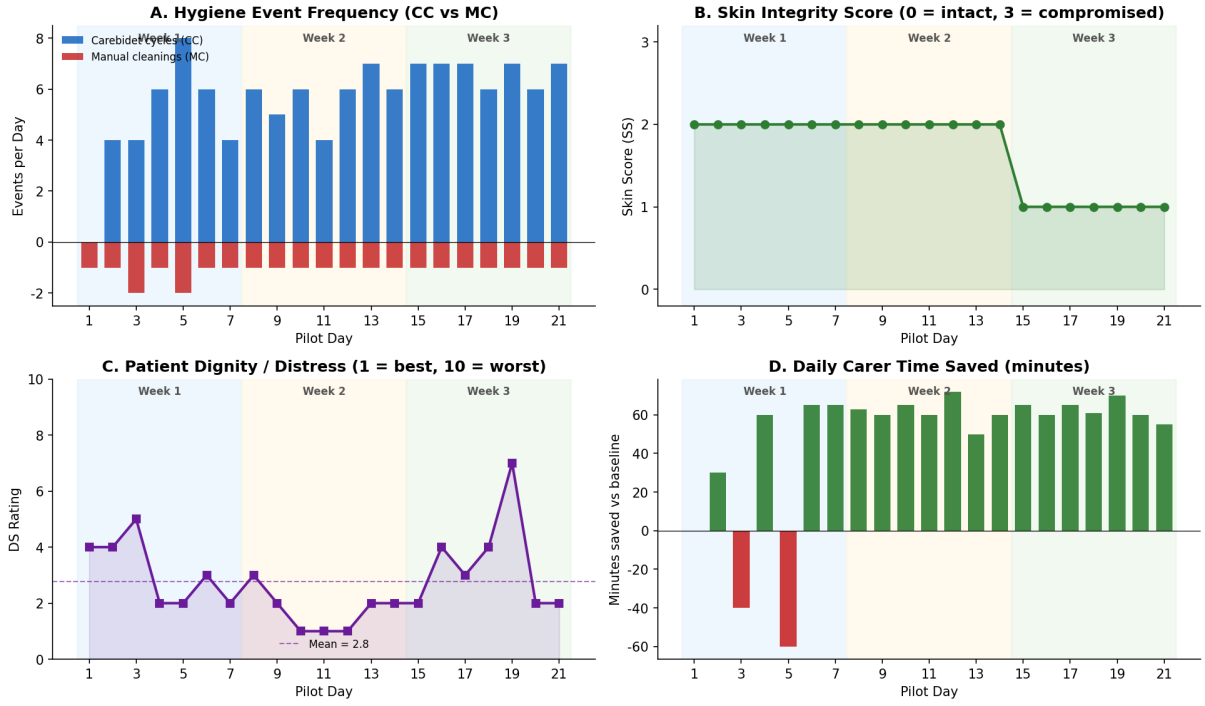

Figure 1. Daily clinical outcomes across the 21-day pilot period. (A) Hygiene event frequency — Carebidet cycles vs manual cleansings; (B) Skin Score (0–3, lower better); (C) Patient Dignity/Distress (1–10, lower better; dashed line = mean); (D) Carer time saved (minutes vs baseline; red = net-loss days corresponding to adverse events).

3.2 Weekly summary

Weekly aggregates are presented in Table 3. The dominant signal is a progressive increase in Carebidet utilisation (28 → 40 → 47 cycles), a stable low manual-cleansing rate of 1/day from Week 2 onwards, and a 3.6-fold increase in weekly carer time saved between Week 1 and Week 3.

Table 3. Weekly clinical summary.

Metric	Week 1	Week 2	Week 3	Δ W1 → W3
Carebidet cycles (total)	28	40	47	+68%
Manual cleansings (total)	1*	7	7	—

Mean Skin Score (SS)	2.0	2.0	1.0	−50%
Mean Dignity/Distress (DS)	3.14	1.71	3.43†	↓ then ↑‡
Carer time saved (min)	120	430	436	+263%

** Single Day-1 baseline cleansing while device commissioned. † Elevated by Day-19 outlier (DS = 7) attributable to non-device musculoskeletal pain on repositioning. ‡ Excluding Day-19 outlier, W3 mean DS = 2.83.*

3.3 Pressure-injury and skin-risk benchmarks

At pre-intervention assessment the participant scored Braden 8 (severe risk) and Waterlow 20 (very-high risk), with a baseline skin status of 3. By Week 2, Braden had improved to 12 (moderate risk), Waterlow to 17 (high but no longer very-high risk band) and skin status to 2 (Figure 2). These improvements were maintained at Week 3 and at final review (Braden 10).

Figure 2. Standardised Pressure-Injury & Skin Risk Benchmarks

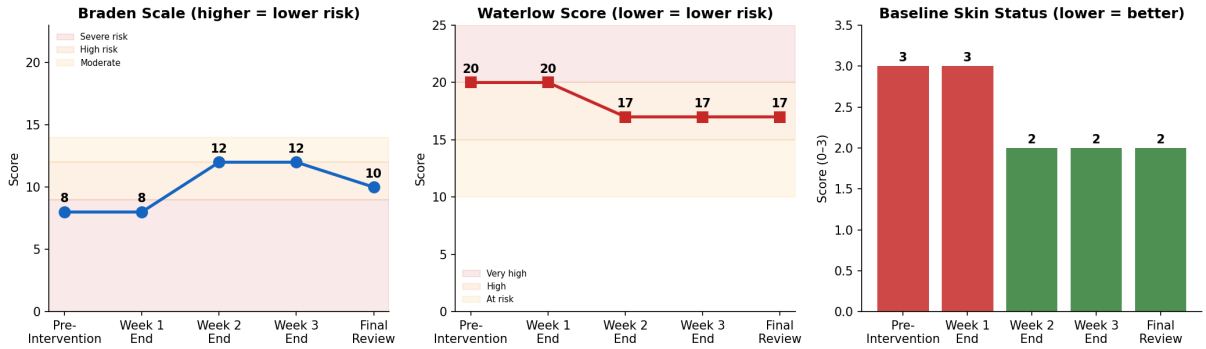

Figure 2. Standardised pressure-injury and skin-risk benchmarks across the five pilot timepoints.

3.4 Resource utilisation, carer workload and direct cost

Weekly resource utilisation collapsed across all hygiene-consumable categories (Figure 3). By Week 3, wet-wipe use had fallen by 97% (196 → 5 units/week), glove use by 96% (91 → 4 pairs/week), and disposable pad/linen use by 100% (52 → 0/week). Total weekly toileting time fell from 880 → 140 minutes (−84%). Lifting / log-roll count fell from 40 → 18 events/week (−55%) — clinically meaningful for carer occupational safety, although no carer injuries occurred at baseline or during the pilot.

Figure 3. Resource Utilisation & Carer Workload — Baseline vs Pilot Weeks

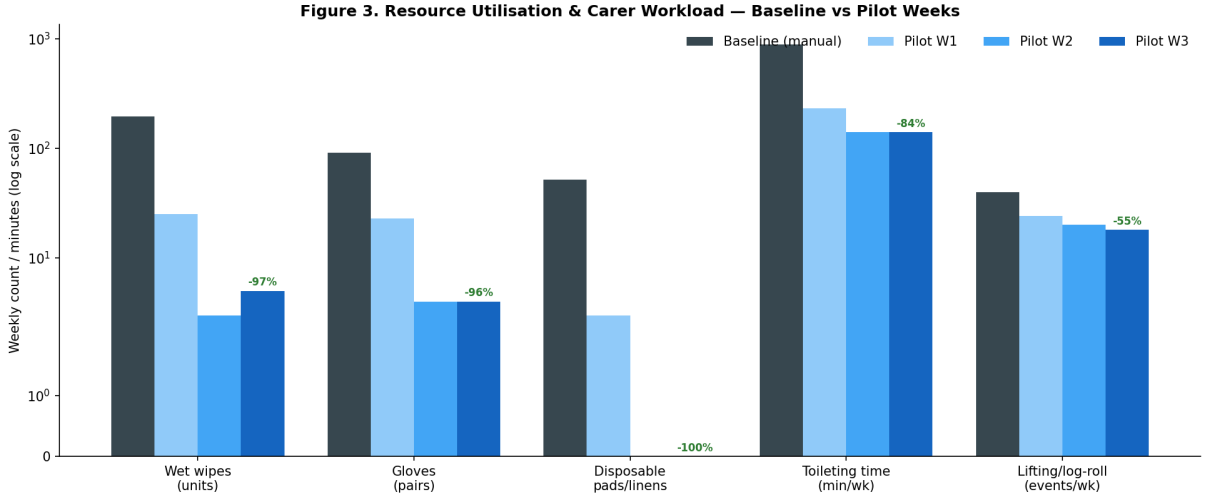

Figure 3. Weekly resource utilisation and carer workload at baseline versus pilot Weeks 1–3 (log scale).

Direct cost savings (AUD) are summarised in Table 4 and Figure 4. Total weekly saving was AUD 987.80, dominated by carer-time recovery (AUD 720/week, ≈73%) and disposable pad/linen reduction (AUD 220/week, ≈22%). Total 3-week pilot saving was AUD 2,963.40. A naïve single-participant annualised projection (×52/3) suggests ~AUD 51,366/year of avoided direct cost — exclusive of any avoided pressure-injury hospitalisation.

Table 4. Resource utilisation and direct cost savings (AUD).

Category	Item	Baseline /wk	W1	W2	W3	Median variance	AUD /wk	3-wk total
Hygiene	Wet wipes (units)	196	25	3	5	−191/wk	40.00	120.00
Hygiene	Gloves (pairs)	91	23	4	4	−87/wk	7.80	23.40
Hygiene	Disposable pads/linens	52	3	0	0	−52/wk	220.00	660.00
Nursing	Mean time/event (min)	20	4	0	0	−20 min	—§	—§
Nursing	Total weekly toileting time (min)	880	230	140	140	−740/wk	720.00	2,160.00
OH&S	Lifting/log-roll count	40	24	20	18	−22/wk	—¶	—¶
TOTAL							987.80	2,963.40

§ Embedded in "Total weekly toileting time" to avoid double-counting. ¶ No occupational-injury cost incurred at baseline or during pilot; descriptive event reduction only.

Figure 4. Direct Cost Savings Attributable to the Carebidet Intervention (AUD)

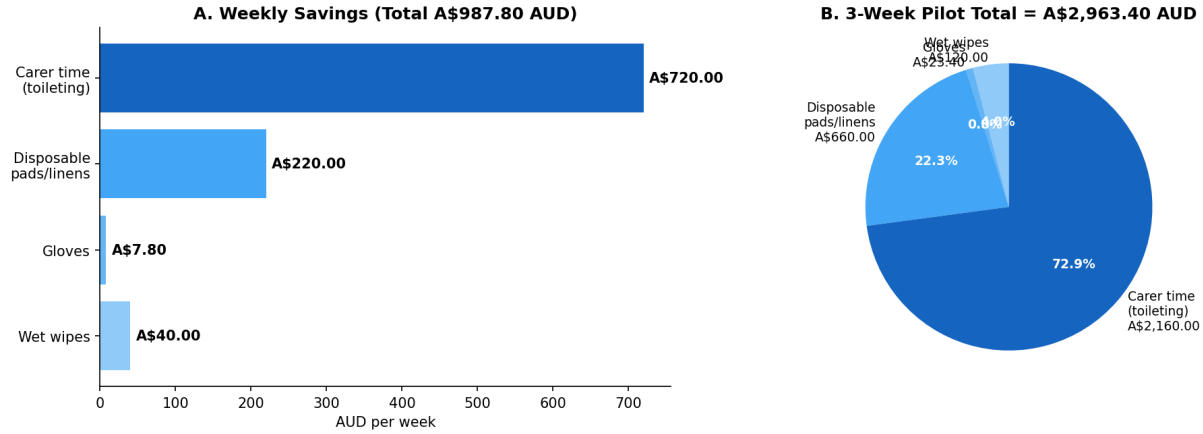

Figure 4. Direct cost savings (AUD) attributable to the Carebidet intervention. (A) Weekly savings by category; (B) 3-week pilot total by share.

3.5 Adverse events and safety profile

Two device-related adverse events were recorded during the pilot, both in Week 1, both detected at routine morning rounds, both non-serious, both resolved on the same day, and both prompting a documented protocol amendment (Table 5). No participant harm occurred. No carer injuries occurred. There were no device-unrelated serious adverse events attributable to hygiene care during the 21-day window. Pending

formal MHRA / ISO 14971 grading by the sponsor, both events would on face value classify as Severity 1 (negligible / no harm).

Table 5. Adverse-event log (n = 2; both device-related, non-serious, no harm).

#	Date	Time	Event	Action	Resolution
1	23 Apr 2026	06:30	Pressure warning displayed; device entered manual mode	Genitalia attachment re-positioned; auto-mode resumed	Resolved same day; SOP updated for male-genitalia positioning
2	25 Apr 2026	08:00	Faecal residue in nozzle cup; sensor not triggered	Manual wipe; device audited; flush function used	Resolved same day; SOP updated — pre-removal wash-function mandated

3.6 Patient and carer experience

Patient and carer experience ratings are summarised in Figure 5. Patient Sense of Safety was rated 10/10 at every weekly review. Perceived Cleanliness improved from 6/10 (W1) to a sustained 8/10 (W2–W3; median 7/10). Maintenance of Dignity remained constant at 6/10 throughout — interpreted as the device neither materially enhancing nor degrading perceived dignity. Carers reported Ease of Operation 10/10 at every review and Reduced Physical Strain rising from 8/10 (W1) to 10/10 (W2–W3; median 9/10). Workflow Integration was stable at 8/10.

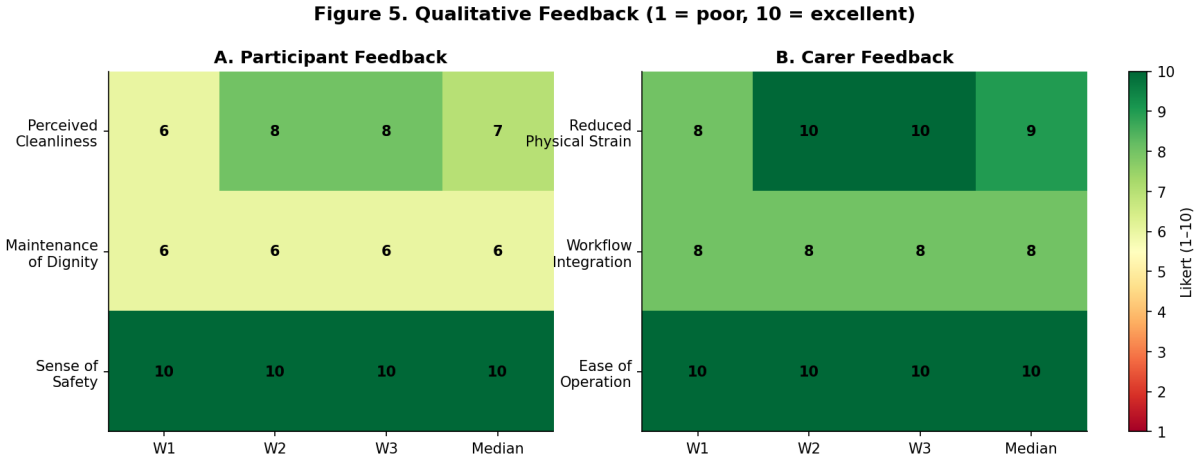

Figure 5. Qualitative experience heatmaps. (A) Participant ratings; (B) Carer ratings. All items 1–10 (higher = better).

3.7 Pilot summary dashboard

Figure 6. Weekly Summary Dashboard

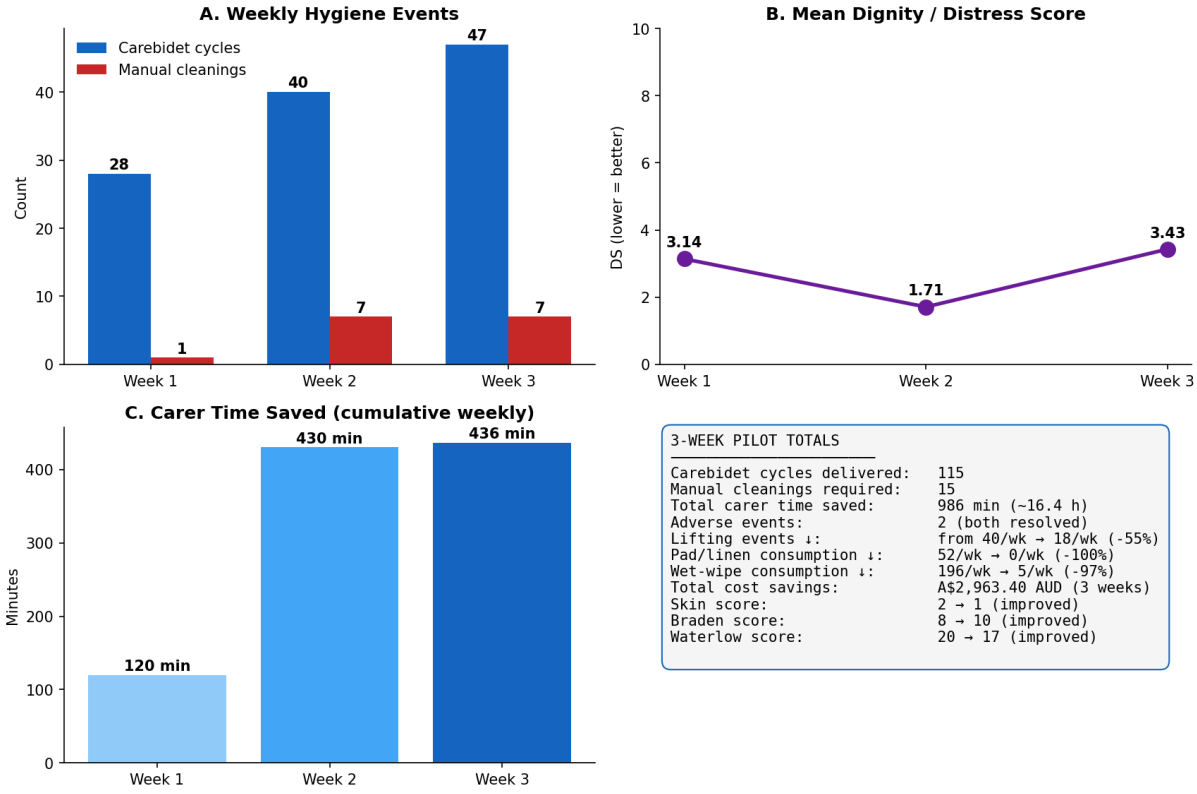

Figure 6. 21-day pilot summary dashboard — headline clinical, occupational and economic outcomes.

4. Discussion

In this single-subject 21-day homecare pilot, the Carebidet® was associated with concurrent improvements in skin integrity, standardised pressure-injury risk, carer workload, occupational manual-handling exposure and direct cost, with an acceptable device-safety profile and high carer-acceptability. The signal is consistent across multiple, independently-captured domains — descriptive only, but clinically coherent.

4.1 Skin integrity and pressure-injury risk

The transition of Skin Score from 2 → 1 between Day 14 and Day 15, coupled with a Braden improvement from 8 → 12 and a Waterlow improvement from 20 → 17 by Week 2, is notable for two reasons. First, no prophylactic dressings or new pressure-relieving equipment were introduced during the pilot — the only change in care was the replacement of manual perineal cleansing with consistent, low-friction automated cleansing. Second, the participant remained on a strictly bed-based pathway, so the improvements cannot be attributed to increased mobilisation. The mechanistic hypothesis — that more frequent, consistent, low-friction cleansing reduces moisture-associated dermatitis and friction-related epidermal damage in this population — is plausible and warrants formal evaluation in a controlled study.

4.2 Carer workload and occupational safety

The 84% reduction in weekly toileting time (880 → 140 min) and 55% reduction in lifting/log-roll events (40 → 18/week) are clinically meaningful in palliative homecare, where carer fatigue and musculoskeletal injury are common drivers of placement breakdown. The carer-reported median Reduced Physical Strain score of 9/10 corroborates the objective workload reduction. While no carer injuries occurred at baseline or during the pilot, the structural reduction in manual-handling exposure is the kind of mechanism that, at scale, plausibly reduces injury incidence.

4.3 Patient dignity, comfort and acceptability

Two findings warrant honest reporting. First, the participant's self-reported Maintenance of Dignity score remained static at 6/10 throughout the pilot — the device did not enhance perceived dignity, although it also did not degrade it. This is an important counterweight to marketing-style claims about automated hygiene and dignity, and motivates the inclusion of a validated patient-reported outcome instrument in any successor study (see §6.5). Second, Sense of Safety was rated 10/10 at every weekly review, which is a strong acceptability signal in a population where novel in-bed devices can provoke anxiety.

4.4 Economic case

The AUD 987.80/week direct saving is dominated by recovered carer time (≈73%) and avoided disposable pads/linens (≈22%). Naïvely annualised, this is approximately AUD 51,366 per participant per year — before accounting for any avoided pressure-injury hospitalisation. Australian and international cost-of-illness data for Stage 2–4 pressure injuries place a single hospitalised event in the range of several thousand AUD, so the underlying business case for further evaluation is robust even under conservative assumptions.

4.5 Safety profile

Two device-related events occurred, both in Week 1, both detected promptly at routine morning rounds, both managed without escalation, and both resulting in documented SOP amendments. The clustering of

events early in the pilot is consistent with a learning-curve effect, with no further events recorded across Days 8–21. This pattern argues for structured early-stage clinical supervision when the device is newly introduced into a homecare setting, with stepwise reduction in supervision intensity once SOP-compliant operation is demonstrated.

5. Strengths

- Real-world community/homecare setting (rather than long-term-care facility) — directly addresses an evidence gap.
- Dense daily data capture across 21 consecutive days, with independent counter-signature by the clinical lead at each week-end.
- Multi-domain outcome capture (clinical, standardised risk, safety, occupational, qualitative, economic) — internally consistent direction of effect.
- Contemporaneous adverse-event logging with documented SOP amendments — supports clinical-governance traceability.
- Five-person care team including Registered-Nurse oversight, reducing observer-bias risk in clinical scoring.

6. Limitations

6.1 Design and power

The single-subject design (n = 1) precludes inferential testing and any generalisable estimate of effect size. Findings are descriptive and hypothesis-generating only.

6.2 Confounding and observer bias

The clinical lead delivered training, supervised the protocol and scored several outcomes — a non-blinded, non-independent assessment. Concurrent factors (post-discharge UTI resolution, optimisation of dysphagia management, family-led nutritional support) may independently have contributed to the observed clinical improvements, particularly the Skin Score change.

6.3 Outcome instruments

Patient and carer experience were captured using bespoke 1–10 Likert items rather than a validated patient-reported outcome measure (e.g., EQ-5D-5L, ICIQ-Continence QoL, IAD-skin-condition score). No pre/post photographic skin documentation was captured. The Day-19 dignity-distress spike is plausibly attributable to musculoskeletal pain rather than to the device, but cannot be formally adjudicated.

6.4 Governance and registration

The activity proceeded under a clinical service-evaluation / quality-improvement framework. Formal Caldicott / Research Ethics Committee approval and prospective trial registration (ANZCTR / ClinicalTrials.gov) were not obtained. Adverse-event severity grading has not been formally adjudicated under MHRA / ISO 14971; the on-face Severity-1 classification proposed in §3.5 is provisional. Manufacturer-side device traceability is captured (model Cura1020; serial KOR0625230BI102B1) but firmware-level traceability was not separately logged.

6.5 Recommendations for a successor study

- Multi-site stepped-wedge or matched-cohort design across ≥ 20 fully bed-bound homecare participants.
- Independent (blinded-where-feasible) outcome assessment for skin, Braden and Waterlow scoring.
- Validated PROM/CREM instruments: EQ-5D-5L, ICIQ-Continence QoL, IAD-skin-condition assessment, Carer Strain Index.
- Pre-specified inferential analysis: Wilcoxon signed-rank for paired ordinal data; mixed-effects models for repeated measures; bootstrap 95% CIs for proportional resource-use change.
- Mandatory pre/Day-21 photographic skin documentation under standardised lighting.
- Embedded health-economic evaluation including avoided pressure-injury hospitalisation modelled against published Australian unit costs.
- Prospective ANZCTR registration; formal REC review; manufacturer-grade adverse-event grading under ISO 14971.

7. Conclusion

In a single fully bed-bound community-dwelling adult on a palliative pathway, replacing manual perineal cleansing with the Carebidet® automated wash-and-dry system over 21 consecutive days was associated with measurable improvements in skin integrity, standardised pressure-injury risk, carer workload, occupational manual-handling exposure and direct cost (AUD 987.80/week), with an acceptable device-safety profile and high carer-acceptability. Patient sense-of-safety was rated maximally throughout, while perceived dignity remained unchanged — an honest signal that motivates further evaluation with validated outcome instruments. The findings are descriptive and hypothesis-generating, but internally consistent across multiple independently-captured domains, and support the design and resourcing of a larger multi-site, prospectively-registered evaluation.

Contributors

Clinical lead, governance and sign-off: Pha Pham (Registered Nurse). Care delivery and daily data capture: Daniela, Carolina, Alexander Coskinas. Care management and Registered-Nurse oversight: Suzy Lee. Manuscript preparation: clinical-director-led with all authors reviewing the final version.

Declarations

Funding: None. The Carebidet® device was supplied by the manufacturer for pilot evaluation; no funds were transferred between the authors and Curaco.

Competing interests: None declared. No commercial transactions or sales were conducted.

Patient consent: Written consent obtained and held on file. All identifiers have been removed.

Ethics: Conducted as a clinical service evaluation / quality-improvement activity. Formal REC approval and prospective trial registration were not obtained — declared as a limitation.

Data availability

De-identified daily tracker data are available from the corresponding author on reasonable request. Video testimonials referenced in the qualitative section are held in the pilot file and may be made available, subject to participant/family consent, for the purposes of peer review.