

CareOps: A Multi Agent Control Room for Independent Living with Care

Demonstration Track

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ABSTRACT

This paper introduces CareOps, a multi-agent control-room dashboard for Independent Living with Care (ILWC) that coordinates heterogeneous sensors and a Buddy robot across multiple simulated homes. Agents fuse radar, audio, bed, passive infrared (PIR), and gait data into single prioritised incidents with human-readable explanations, and support one-click dispatch of either a robot (via socket) or a human carer (via smartphone notification). The demo presents a single decision-support workflow that orchestrates sensors, software agents, and robots through a unified interface. It provides a human-in-the-loop platform for exploring how professional care staff understand multi-sensor evidence and choose between robot and human responses.

KEYWORDS

Multi-agent Coordination; Assistive robotics; Human-robot interaction; Independent living

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1 INTRODUCTION

Independent living with care (ILWC) increasingly relies on digital technologies to extend overstretched staff and support ageing-in-place at scale [13, 14]. Care homes now deploy acoustic monitoring [5, 15], radar-based fall detection [4, 10], sleep and continence analytics [17], and ambient or wearable mobility tracking [12, 16]. These systems promise continuous, unobtrusive observation but usually act as isolated alert channels. Each portal raises notifications using its own logic, leaving staff to fuse signals, prioritise incidents,

and choose responders. This fragmentation leads to alarm fatigue, cognitive overload, and inconsistent escalation, especially during busy periods such as morning routines or night supervision [3, 11]. From a multi-agent systems (MAS) perspective, ILWC is therefore a distributed decision-making system in which residents, carers, family members, robots, and software services act as agents with partial information and constraints [6, 19], while AI models for health decline prediction and autonomous response must operate under uncertainty and organisational policy [7, 18]. Rather than treating each device or robot as an isolated detector, ILWC can be framed as a coordinated MAS in which software agents fuse evidence, manage information flows, and help allocate scarce human and robotic resources.

Our CareOps dashboard treats ILWC as a human-in-the-loop MAS coordination problem [8]. A single control-room interface lets operators oversee multiple homes, residents, sensors, and robots, while software agents fuse multi-sensor evidence, rank incidents, and coordinate mobile assist robots. Humans inspect explanations, choose responders, and close incidents, turning *alerts everywhere* into coordinated, explainable incident management. An Alert Fusion and Risk Agent combines virtual radar, audio, bed, PIR, and gait into a single incident object with a confidence score, missing-information flags, and a short explanation of why the event matters now [2, 4], and a Decision Agent maintains a cross-home priority queue over severity, recency, and resident risk [1, 9]. False alarms and triage behaviour are made explicit. Each incident is closed with an outcome label and notes. Learning and Audit Agent aggregates live metrics (reliability, false-alarm rate, mean resolution time) as a basis for learning alert-triage and workload-aware notification policies [3, 11]. Because care staff remain legally and ethically accountable for outcomes [7, 18], operators always see sensor level evidence and context, choose whether to send a human or the Buddy robot, can override suggestions with a recorded reason, and complete an audit-ready closure form. In this demo, these logs support descriptive analysis, and future work will use them to study decision patterns and governance style protocols between software agents, robots, nurses, and managers [8].

Demo Video: https://youtu.be/yiVN5xfKq_U



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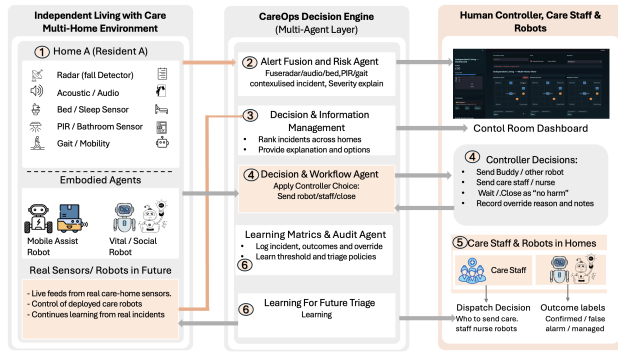


Figure 1: Decision workflow in CareOps: sensors raise incidents, the dashboard supports dispatch or closure, and outcomes feed the Learning & Audit agent.

2 SYSTEM ARCHITECTURE

We instantiate the ILWC Control Room as a compact multi-agent decision engine (Figure 1). Dashboard modules act as agents over a shared incident stream, Alert Fusion & Risk, Decision Priority, Dispatch, and Learning & Audit—forming a closed human-in-the-loop decision cycle from sensor signals to responses and logged outcomes.

2.1 Alert Agent for Fusion and Explanation

The Alert Fusion & Risk Agent analyses radar, bed-exit, PIR/appliance, audio, and gait signals. For each incident i and sensor s , the simulator provides a confidence score $c_{i,s} \in [0, 1]$ and a short “why” explanation; these are fused into an incident-level confidence

$$C_i = \sum_s \alpha_s c_{i,s},$$

where α_s encodes the reliability of each modality. The agent renders a structured explanation card (e.g., “possible fall in bathroom: radar impact & lying posture; audio thud & silence; no bed exit spike; high baseline fall risk”), and the fusion layer is modular so alternative evidence combination schemes (e.g., *fall / no-fall / uncertain*) can be swapped in without changing the operator view.

2.2 Decision Agent for Prioritisation

The Decision Agent maintains a live priority queue of active incidents and drives the incident list and risk indicators in the dashboard. For each incident i , it conceptually computes

$$P_i = w_{sev}S_i + w_{age}A_i + w_{risk}R_i + w_{conf}C_i,$$

where S_i encodes severity (GREEN/AMBER/RED), A_i is age in seconds, R_i is the resident’s risk profile, and C_i is the fused confidence. The weights w_* are initialised from discussions with clinical partners and can be varied between runs to represent different triage policies. In the current demo, the agent also surfaces simple intervention options (e.g., dispatch Buddy robot or send a human carer) with explicit labels and timing, so operators see a ranked, contextualised set of decisions rather than isolated alerts.

2.3 Dispatch and Learning Agents

Once an incident is selected, the Dispatch Agent chooses a responder and logs the decision. Given incident i and responders $j \in \mathcal{R}$ (humans or Buddy), it conceptually selects

$$d(i) = \arg \max_{j \in \mathcal{R}} U_{ij},$$

where U_{ij} encodes grid distance, current workload, and required skill. In the prototype, this utility is rule-based: *Send Buddy Robot* sets Buddy’s target room on the 5×5 grid and sends a socket command to the Android client, while *Send Human Carer* triggers a Pushcut notification to the carer’s phone. As responders move towards the incident, the dashboard updates the last action, budget, and a simple trust index. On arrival, the operator closes the incident with a label (confirmed / false alarm / managed with no harm). A Learning & Audit Agent aggregates all events and actions into a structured activity log (downloadable as CSV), providing traces from which future MAS algorithms can recalibrate sensor and priority weights and learn workload aware triage policies.

3 DEMONSTRATION SCENARIO

The demo runs a fixed five-event script over multiple simulated ILWC homes (Residents A, B, C). Every 60 seconds, the system injects one random incident from the set of urgent events (possible fall, bleeding, chest pain) and two lower-severity events (unusual inactivity, unusual movement). Each incident is placed in a resident’s room on a 5×5 grid (Bedroom, Bathroom, Kitchen, Living Room, Common Space) and appears both in the multi-home overview (red marker, urgency badge) and in the sidebar incident queue with its age in seconds. The video follows a single control-room operator who notices each new alert, clicks through to the relevant home, and inspects the event panel: a fused evidence card summarising radar, audio, bed, PIR, and gait signals with a confidence score, a short “why” sentence, and per sensor breakdown. From this screen, the operator chooses whether to *Send Buddy Robot*, *Send Human Carer*, or close the event. *Send Buddy Robot* sets the robot’s path on the grid and issues a socket command (e.g., SAY:urgent) to the Android Buddy client; *Send Human Carer* triggers a Pushcut notification with the incident and explanation to the carer’s phone. As responders move stepwise towards the incident room, the dashboard updates last actions, budget, and a simple trust index, and the operator records the outcome (confirmed, false alarm, managed with no harm) before closure. All events and actions are written to the Activity Log and can be downloaded as CSV.

4 CONCLUSION AND FUTURE WORK

We presented CareOps, a multi-home ILWC control-room dashboard that treats sensors, software agents, and robots as a multi-agent system with decision logging. In future, we will run a simulation based study with professional care staff from St Monica Trust¹ to compare baseline and AI-assisted use in terms of prioritisation, workload, and trust, informing learned triage policies, personalised risk models, and integration with real sensor feeds and care workflows.

¹Study protocol “Testing a Care Management Incident Response Dashboard with Professional Care Staff”, ERGO/FEPS/110534.

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