Abstract: Throughout the COVID-19 pandemic, nursing home facilities have been mandated to restrict residents to their rooms for meals and all activities and to prohibit outside families from visiting. Due to the increased pressure in the social care sector, care standards are under further strain to deliver high levels of care with limited resources. Family members play an increasingly important role as caregivers for vulnerable family members in care homes regarding their well-being, daily care, maintaining regular medical checks and, when safe, providing essential physical items. Residents in care homes are of acute risk of being subjected to misuses of power due to their marginalization from wider society. This environment has resulted in recent stories of neglect, abuse, and misdiagnoses of severe mental disorders to legitimize the misuse of powerful sedatives to keep care home residents at a manageable level across low staff levels [1]. Such a system results in a feeling of mistrust between vulnerable residents, their families, and caring institutions. This work details my use of an autoethnography of a technical intervention within such a context around patient care, surveillance, and distributed hazard prevention. With the express permission of both my elderly parent and the nursing home she occupies, I detail my actions of placing a camera in her room so as to better connect and provide support to my parent during quarantine. It enabled me to call for nursing care when my parent’s call for aid would go unanswered and speak to her through the microphone. This resulted in a reported increase in the quality of care my parent receives, with her reporting feeling safer and more relaxed. Such findings prompt interesting discussions around surveillance of vulnerable populations, power differentials between care staff, patients, and family members, and the use of digital technologies within residential private spaces.