

# Experiences Carers' Breaks and Respite Provision in Coventry

October 2019



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# 1. Introduction

Healthwatch is the champion for health and social care in Coventry. We give local people a voice - making sure that patient, service user, carer and public views and experiences are heard.

We are independent of NHS and care services and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

Healthwatch Coventry is delivered by Voluntary Action Coventry a local charity in partnership with 3 other local charities.

## 2. Why we undertook this work

The Healthwatch Coventry Steering Group set work priorities every year based on intelligence about the issues affecting local people regarding health and care services.

An annual national survey is carried out to gather feedback from family carers to provide information to Local Councils, which have responsibility for respite care/carer support. <sup>1</sup> This had shown a deterioration in satisfaction rates but a lack of detail as to why. Therefore the Healthwatch Coventry Steering Group agreed that Healthwatch Coventry would link with Coventry City Council to gather views about respite care/carers breaks in order to understand the reason(s) for this.

A national review of Carer's Breaks and respite services was published in February 2019. Key themes identified included:

*“Carers cite a lack of flexibility, choice and accessibility as key concerns along with issues of cost and concerns about quality of provision”.*

*“The language and terminology around respite provision needs revision. The term ‘respite’ is contested as implying a burden and a negative representations of the relationship which takes place. Services need to meet both the needs of the carer and the person receiving care and for this reason the term ‘short breaks is preferred.”*

## 3. Our aims

This piece of work aimed to:

1. Gather views and opinions of people about Respite Care Services (time off for family carers) in Coventry.

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<sup>1</sup> Carers' breaks and respite services: Rapid review Summary for DHSC, SCIE and Carers UK (28 February 2019)

2. To find out if people think that the Respite Care Services they receive meets the needs of the cared for.
3. To find out if people think that Respite Care Services provided, meets the needs of family carers.

## 4. Method

Respite services currently provided range from allocating replacement care for a couple of hours through to residential respite care for extended periods, allowing family carers to have a break from their caring responsibilities.

After discussions, we felt that we needed to establish whether Respite Care Services in Coventry had:

- Enabled the carer of the cared for person to take a break
- Whether the cared for and their carer had choice and control and were able to make decisions regarding their respite care
- What people thought of their Respite Care provider

This project was split into 2 parts. For part 1, we drew up and distributed survey questionnaires to gather information regarding people's experience of the Respite Care Services they had received. The questionnaires which were distributed via:

- 1) Coventry City Council
- 2) The Carers Trust Heart England<sup>2</sup>

(The Carers Trust Heart of England provides people with in house Replacement Care Services as and when required by the carer of the cared for person, enabling family carers to have a break from their caring responsibilities).

Coventry City Council distributed our survey to 71 users of residential respite and then to 11 users, receiving a Direct Payments to purchase respite.

50 survey packs were supplied to the Carers Trust

These survey questionnaires were carried out:

- By post
- Over the telephone

Part 2 focussed specifically on adults with learning disabilities using residential respite care services. Authorised Representatives for Healthwatch Coventry carried out visits to 2 residential respite care providers and spoke with the service users, managers and staff working there.

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<sup>2</sup> <https://www.carerstrusthofe.org.uk/>

We were aware of the variety of the complex needs of people using the residential respite care services at the 2 care homes we visited, therefore, we drew up a further easy read/pictorial survey questionnaire to use in order to establish service users views and opinions of the service they received.

In the event that we would not be able to find out what people thought of the residential respite care they received, we drew up an observations form and staff questionnaire to use to help us understand the care given and received.

The surveys and visit tools we used can be found in the appendices to this report.

## 5. Respite care provision in Coventry

Respite care services currently provided in Coventry range from replacement care for a couple of hours' which is provided within the home, or residential respite care overnight, for a week or for more extended periods. This allows family carers to have a break from their caring responsibilities and enables them to continue in their role as carer.

Allocation of respite services is determined via a needs and wellbeing assessment, where the needs of both the cared for and their carers are assessed.

Families are usually allocated a number of weeks of respite provision to use during the year which is arranged with their respite service provider. As respite care is a service for the cared for person, it is chargeable. Brokerage will support families and social care practitioners for older adults, learning disability and mental health services to source respite care in Coventry.

### Replacement Care Provision

This is provided by Carers Trust Heart of England, which support people within their home, enabling family carers to have a break from caring for their loved one and do something of importance to them i.e. meet friends for lunch, go to the gym, hairdressers or attend an appointment.

Support can also be provided through a Direct Payment and an Individual Service Fund. An Individual Service Fund is when funds are paid to a provider of the person's choosing and the provider work flexibly with the person to meet their needs. The providers are accountable to the person.

### Residential Respite Care Provision for adults with learning disabilities

Most care homes in Coventry have offered respite services in the last 3 years. There are 2 dedicated Residential Respite Care providers for adults with learning disabilities in Coventry:

- Ellys Road Respite - provided by Life Path Trust
- Maurice Edelman House - provided by Coventry City Council

In Older Peoples Services, residential respite care is usually accessed as a one off, if things have reached a crisis or as a last resort. Fewer older adults access residential respite routinely and when they do, they tend to utilise different providers. People with learning disabilities use residential respite services regularly; this reflects the long term nature of caring from family carers, which is a lifetime commitment.

- In 2017, there were 30 different respite care providers across Coventry.
- Coventry City Council arranged residential respite care for 176 people (April 2017-April 2018 )

## 4. Findings

### 4.1 Survey findings

#### 4.1.1 Survey respondents

18 people responded to the Healthwatch survey questionnaires distributed by Coventry City Council and The Carers Trust Heart of England.

Based on Coventry’s City Council’s distribution to 82 service users this was a response rate of 22%. Alternatively, if we presume that all 50 of the packs we supplied to the Carers Trust reached people receiving respite care, the response rate is 13.5 %. Both figures are healthy response rate for a survey.

#### Ethnicity

- 10 were White British
- 1 was Irish
- 5 were British
- 1 ticked Other
- 1 did not state their ethnicity

#### Gender

- 10 were female
- 7 were male
- 1 did not provide their gender

#### Age

16 under	1	55-64	5
16 -24	3	65-74	3
25-44	2	75+	0
45-54	2	Did not answer	1

#### Disability

Of the 18 people who completed out the survey, 6 considered themselves to be disabled; nine did not and 3 did not respond.

## Location

Post codes of the 18 respondents are broken down as follows:

CV1	2	CV4	2
CV2	1	CV5	4
CV3	2	CV6	6

One respondent said they lived in CV11.

Respondents had used the following respite care providers:

Life Path Trust, Ellys Rd	6	Trinity Lodge	2
Maurice Edelman House	7	Hereward College	1
Beechwood	1	Did not respond	1

### 4.1.2 Support needed and support received

8 respondents were people who received respite care and 10 were the family carers of the person who received respite care.

Of the 18 people who responded, the highest support need (44%) was for people with learning disability, followed by Autism (27.78%), Dementia (11%), physical health needs (5.5%) and complex needs (5.5%).

Primary support need identified	NO.
Autism	5
Learning disability	8
Dementia	2
Physical health needs	1
Complex health needs (physical and mental):	1
<b>TOTAL</b>	<b>18</b>

No one reported mental health or frailty/older age needs and 1 person did not respond to this question.

Of the different types of respite available residential respite care services were used by 12 respondents. 2 people experienced a short break of a few hours within the home, 2 people had someone come to stay and sleep over and 2 people purchased respite break hours through a direct payment<sup>3</sup>.

The majority of people (carers and the cared for) used respite care because they needed a break. 9 people said the carer needed a break and 4 that they both needed a break. 2 respondents said the carer had things they needed to do and 1 that the carer

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<sup>3</sup> Direct payments allow you to receive cash payments from your local authority instead of care services. This can give you much more flexibility and greater control of your support package

had to go away. 1 person gave no response and 1 person responded “other” giving comments that their existing care package had broken down.

### **4.1.3 Needs and wellbeing assessment**

We asked how useful the process of completing a needs and wellbeing assessment was.

12 people were positive about this process, saying that they found it very helpful or helpful. 3 said they found the process unhelpful. 2 respondents did not know and 1 did not answer the question.

People gave the following comments:

- *The adult social services staff were very helpful and informative. This process was all new to us and the help we got was invaluable*
- *Identified a care plan for my mum*
- *A full rounded exploration of both the wife's dementia needs and also the medical requirements/conditions of me the carer*
- *Allowed time for a new care package to be put in place*
- *Straight forward process*
- *Social worker doing the assessment not helpful. Rude and dismissive of needs*
- *We had problem trying to find care that we were happy with and could meet my son's needs*
- *Respite assessment was done many years ago - about 20 years. Social care assessment done August 2016 was never completed and I have not received a copy. Respite was very small part of it.*
- *Did not have this assessment completed*

### **4.1.4 Funding**

15 people (83%) said the council provided funding to cover the cost and 1 person said no, the council did not provide funding to cover the cost. 1 person did not know and another did not respond to the question.

10 people (55.5%) found that council funding met the cost of respite care, while 4 people (22%) said it that it did not. 3 people (17%) did not know and 1 did not respond to the question.

### **4.1.5 Organising respite care**

12 people provided information about how long it took to organise respite care. Four said that this was over 10 weeks. Four said it was done in a week; two in 2-3 weeks and 2 in 4-6 weeks.

The following comments were made:

- *“Book the allowance for the year”*
- *“We booked in advance”*
- *“Call to check availability then they book it in”*
- *“Arranged at the start of the year”*
- *“We arrange short periods of respite (5 nights) for every 8 weeks for the next 6 months”*
- *“Pre-booked 4 months ago, well in advance. Not a negative, very positive, helps being able to pre book and plan”*
- *“Able to pre book well in advance, not a negative, very positive to be able to plan breaks. We booked in October/November 2018 for a break in March 2019. Have been asked to swop once due to Ellys Rd having an emergency placement - we were happy to swop as we did not have anything arranged.”*
- *“Have 35 nights allocated per year, so able to pre-book to suit in advance”*
- *“Not really applicable. Respite is organised by me, usually several months in advance to ensure we have acceptable dates. Because service is very well used it is difficult if not impossible to arrange respite in an emergency”*
- *“Social worker delayed assessment from discussion for 2 - 3 months before doing assessment”*
- *“For respite for more than a day or two we had to let them know months in advance”*
- *“Have to book a long way ahead to make sure of a space. Easier to book someone to stay over if it is just one night (pay out of budget)”*

9 people found it easy finding the right service and 3 found it very easy. 1 person found it quite hard, whilst 3 found it very hard. 1 person did not know and another did not respond.

#### **4.1.6 Meeting needs**

15 carers said that their needs were met very well or well, whilst 2 people said their needs were not very well met. 1 person did not respond to the question.

14 carers said their needs were met very well, 1 carer said their needs were not met very well and 3 people did not respond.

17 people (94%) said that their respite care was in an accessible location and 1 person gave no response.

#### **4.1.7 Receiving information**

We asked about information received from the social worker and 8 people said the information was very good or good, whilst 3 said it was poor, 1 person that it was very poor. 1 person did not know and 5 did not respond.

13 people said the information from the respite care provider was very good or good. 1 said the information was poor, 2 did not know and 2 did not respond.

When asked what extra information would have been useful, respondents gave the following comments:

- *Don't have a social worker*
- *My daughter has been receiving respite care at Maurice Edelman House for more than 25 years. I have very little recollection of the process*
- *More suitable placement needed entirely*
- *Trouble getting a named social worker. Get used to one, then they leave - but manage to get someone*

#### **4.1.8 Quality of respite**

16 people felt that the cared for was well looked after during respite. 1 person disagreed with this statement, no-one strongly disagreed. 1 person felt this was not applicable and another did not respond.

13 people strongly agreed and agreed that activities provided were good. 2 strongly disagreed with this statement, 2 did not respond and 1 ticked not applicable.

10 people strongly agreed or agreed that the cared for got to meet new people, 2 disagreed or strongly disagreed. 3 felt this statement was not applicable and 3 did not respond.

4 carers agreed or strongly agreed that they were not worried about the cared for during respite, 2 disagreed or strongly disagreed, 1 felt this was not applicable and another did not respond.

#### **4.1.9 Benefits for carer**

We asked about how respite care benefitted the carer. 14 people said that the carer felt refreshed. 1 disagreed, 1 strongly disagreed, 1 person ticked not applicable and another did not respond.

15 people agreed or strongly agreed that the carer was able to do the things they needed to. 2 people disagreed or strongly disagreed and 1 person felt this was not applicable.

14 people agreed or strongly agreed that respite care helped them to maintain their role as carer. 1 person disagreed, 1 felt this was not applicable and 2 people did not respond.

- *The respite care enabled me [the carer] to have a complete and greatly needed rest and recovery from total exhaustion. This then meant I was able to continue the care needed for my loved one*

#### 4.1.10 What works well about respite care?

The following comments were made:

- *Gives us both a break*
- *Everyone has break. Activity form sent to fill in*
- *Takes away worries for a while when I need a break*
- *The staff knows the family. Very friendly staff*
- *Mum was looked after while I had a break*
- *The booking system works well as long as there are no emergencies. My daughter is used to going and knows many of the staff members. Carers know my daughter and understand her more recent health problems*
- *Having various medical needs, I [as a carer] need frequent respite breaks to be able to continue. These have enabled me to care for my wife at home*
- *New skills, being independent*
- *Staff friendly, able to arrange dates to persons needs and requirements, good activities, support to carer (information) accessible to talk about concerns and needs of person needing respite*
- *Interaction with other people. Making new friends.*
- *It all works well*

One carer said that their family member liked their respite at Ellys Rd so much and want to be there, quoting them as saying, *“Nothing could make it better. I want my parents to go away more often or stay away longer”*

#### 4.1.11 What could make respite care better?

The following suggestions were made:

- *“More hours. More days”*
- *“This service was excellent until the staff left and have not been replaced. So left with only really one carer that can meet needs of son. Which is shocking as we also have 24 hours a week care from them too”*
- *“To do Arts and Crafts sessions for respite. Do lots of games to do in respite. I am residential DJ for them don’t ask me to do discos on weekend in respite. I want to do more hours and more days to be respite and other stuff as well”.*
- *“Little more details about eating and toileting over the period of respite. This would help me in settling her quickly back into routine when she comes home”*

- *“More opportunities for respite care, not just in term time at college. And through summer holidays. Social worker more polite and forthcoming with respite opportunities, felt like they didn’t want to do assessment or be bothered with person’s needs. Needs more respite for people like me and my carers”.*
- *“More trips out/info”*
- *Cared for not very keen on going. Does not do much there (e.g. go out). I think she gets bored. Most stays are short so not too bad. Booking system could be better.*
- *“There are only 3 care homes in Coventry that allow carers to book places in advance. How can carers book a holiday if they don’t know there is a place available for the person they care for?”*
- *The District Nurses were VERY difficult to deal with. They wanted to take mum’s bed and mattress away while she was in respite for only one week. It was not clear that it would be returned in time for her return home. Very frustrating!”*
- *There is rarely any feed-back following my daughter’s visits. My daughter is not able to talk and her communication skills are very limited which is why I have written don’t know to the questions about the cared for visits.*
- *More appropriate environment and location needs to be provided to suit service users’ needs and lifestyle. Need to be person centred with regular wellbeing checks from external professionals*
- *Staff that can do the job we pay for i.e. hoisting, toilet care. Hire more staff so when that member of staff is off sick someone else can replace her*

## **4.2: Visits to two facilities: Life Path Trust Ellys Road and Maurice Edelman House**

### **4.2.1 What we did**

Healthwatch Coventry interviewed managers and carried out 2 enter and view visits to the providers of two respite care facilities that they provide respite care services to adults aged 18 plus who have learning disabilities. This ranges from 1 night through to 6 weeks (this can be longer for emergency placements). We were told that emergency stays are usually related to safeguarding issues, or if a main carer has been taken ill or gone into hospital or for any other emergency situation until a permanent place has been found.

In Ellys Road care facility we spoke to 3 respite care service users, 1 member of staff and observed how people were cared for and how staff interacted with them. 1 service user was aged 16-24, 1 between 25 and 34, the other 55-64. 2 were male, 1 was female; 2 were white British, 1 did not respond. One lived at home with their parents, 1 with family members and the other did not say.

Due to their complex needs, we were unable to gather the views and opinions of service users at Maurice Edelman House, therefore, we carried out observations and talked to 3 members of staff.

#### **4.2.2 Ellys Road**

Life Path Trust, Ellys Rd, Coventry is a charity that supports people with learning disabilities aged 18 plus in Coventry and Warwickshire and Oxfordshire. The facility at Ellys Road has a maximum of 10 respite care places available and at the time of our visit, 6 were occupied. They have 30 regular service users.

Respite can be provided for:

- Overnight stays
- Weekly stays
- Emergency stays i.e. Safeguarding, if main a carer has been taken ill or gone into hospital or for other emergency situations or until a permanent place is found.

Sensory equipment is available for people with Autism and service users can bring their own specialist equipment with them.

#### **Observations**

When we visited respite service users were sitting with staff, who were chatting with and listening to them. One service user was excited because they were going to McDonalds for lunch with a member of staff. The atmosphere was very friendly and relaxed and the environment clean, homely and comfortable.

#### **Referral process**

The manager described the referral process to the facility. A social worker carries out a needs and well-being assessment, then approaches Ellys Rd to see if they can provide them with respite care. The manager also carries out an assessment to ensure that they can provide the support each individual requires. Referrals are reacted to as they are received. Emergency and safeguarding placements can be assessed and arranged in a couple of hours.

The manager reported that the referral process works well, even though not all respite placements are planned, urgent emergency referrals work well too.

Ellys Road offers trial visits and overnight stays so people can decide if they wish to go there. The manager could not express strongly enough the importance they place on ensuring that all the individuals they care for are treated as human beings and assessment through to the respite care provided is person centred.

NB: Individuals who are violent would not be accepted as a placement into respite care at Ellys Rd, as they have to consider the safety of the other residents.

## **Ensuring person centred care**

The manager told us that every service user has their own individual care and support plan.

All new staff have an induction and are then buddied up with another member of the care team. Staff cannot deal with food or manual handling until they attend an offsite course at the Coventry Training Consortium. Staff receive mandatory training, regular supervisions and are constantly reassessed in the workplace. Training includes Autism, Epilepsy, Dysphasia, Safeguarding, Challenging Behaviour and Medication, as well as Health and Safety etc. Training is updated as required, logged and monitored on a Matrix.

We were given an example that Ellys Rd would not rule out offering a placement to an individual for respite care who used a stoma bag, they would ensure staff received Stoma training prior to their placement, meeting their care needs.

2 people who completed the self completion survey indicated that they felt that the Ellys Road did not meet the needs of the cared for person. With one feeling that the facility did not look after the cared for person well and activities were not good.

## **Consent, choice, privacy and dignity**

Individuals are included in the development of their care plan, if they are happy with it, they sign it. A best interest family member or social services representative can provide consent if there is any issue relating to mental capacity.

Menus accommodate preferences and faith; service users chose what they want to eat. Staff always knock on the bedroom doors before entering. There are locks and signs on bedroom and bathroom doors. Respite care service users can help with food preparation and make their own drinks when they want (supported if required). 2 service users said the food was excellent and 1 that it was good.

They have a goal planner, which they are involved in creating and this makes sure they do activities they like such as going to a day centre, to visit friends or on a trip to the seaside for example. It is assumed that they have capacity at the time of making choices.

All 3 service user we spoke to said that they were made to feel welcome, staff showed them respect, were friendly and caring and listened to them. They felt happy, included in their care and could choose to do what they wanted to do.

The service users said they felt cared for and safe and their rooms were clean and comfortable.

## **Activities**

Service users can go out to the cinema, day care services, bowling, for a meal, shopping, swimming, on bus rides, to visit friends etc. There is Wi-Fi, a TV, DVDs and a Play Station. People also like to play quizzes and bingo. Any money an individual has spent and any activities they have done are logged and families/carers are informed of this.

All 3 service users we spoke to rated activities as excellent and they did activities that they liked such as music, arts and crafts, going to the cinema, quizzes, tombola, colouring and superhero books as well as word searches. They have BBQs and celebrate birthdays and Christmas. During our visit, a service user was very happy as they were being supported to go out and have lunch at McDonalds.

### **Communication with carers and the cared for**

The staff team is diverse with different community languages spoken including Punjabi, Shona, British Sign Language and Makaton. We were advised that Interpreters are rarely required, but can be used if necessary, i.e. for meetings.

Staff told us that respite service users have their own communication passport, staff use communication methods suited to individuals i.e. pictogram cards, Makaton, BSL. Evaluation forms and follow up calls are used to gather feedback from the cared for and their carers.

Two service users informed us that they had all the information they needed in relation to their respite break prior to taking their break. 1 person said it had been given to their relative. 2 people rated the information they were given as excellent, 1 was unable to comment as the information was given to a relative.

### **Service monitoring**

The service is monitored via feedback forms.

Care plans are reviewed quarterly and staff can change them as and when changes occur.

Medication, infection control, health and safety and fire checks and audits are carried out regularly.

### **What works well and what changes would help you?**

- Staff said that as long as they have the right equipment (which is regularly maintained at Ellys Rd), such as wheelchairs, they can meet the needs of the service user and everything is ok.
- Referring social workers have a good understanding of Ellys Rd and know what they can provide.
- To make sure that any information relating to any changes that may occur and impact on the support and care individuals require, however small and insignificant, is passed on. This is to make sure the care provided supports individual's needs.
- To have an up to date service costing
- The Charitable Trust places great emphasis on the care and support that they give. The safety of individuals (users and staff) is paramount and they are proud of their reputation as a charity.

## Views of service users

When asked how they felt after their respite break, 2 people said “happy” the other said they lived there. All 3 rated their respite break experience as excellent and said they would use the service again.

When asked what they liked or disliked about Ellys Rd, we were given the following comments:

- *“Nothing to dislike”*
- *“It’s alright”*
- *“I like Ellys Rd”*
- *“I like the staff here”*

### 2.2.3 Maurice Edelman House

Maurice Edelman House is a residential care home funded by Coventry City Council. It provides respite care to people aged 18 plus who have learning disabilities. They provide support for people with complex care needs, including total care and peg feeding, as well as those who are fairly independent and others who have challenging behaviour, learning disabilities or Autism. There are 16 residential care places, 5 of which are allocated for the provision of respite care.

Respite can be provided for:

- 1 night
- Long weekend
- Up to 6 weeks
- Longer for emergency placements

They have equipment including wheelchairs, hoists in bedrooms and a specialist bath with a hoist. Service users can also take their own equipment.

#### Observations

When we visited staff were sitting with and supporting service users who were eating. They were making sure that they were enjoying their food, coaxing them to eat and asking if they wanted anymore to eat or drink. One service user found the environment a little noisy and rushed away to their room, a member of staff went and checked that they were ok. The atmosphere was friendly, calm and relaxed and the environment was bright, clean and comfortable.

#### Referral process

The manager told us that referrals to Maurice Edelman are via the All Age Disability Team at the City Council. Maurice Edelman House contact the family of the person requiring respite care and arrange for potential service users to visit the care home. Visits consist of lunch, tea or an overnight stay, whereby people requiring respite care can get to know the team and the team can get to know them. People can then decide if they wish to go ahead with the placement for residential respite care at Maurice Edelman House.

It was stressed to us that Safeguarding is paramount at Maurice Edelman House; if someone is in crisis and they need a bed, they will do the best they can, but will not agree to provide respite care if they are not able to fully support that person as well as those already receiving respite

### **Person centred care**

Discussions with the assistant manager, senior carer and staff at Maurice Edelman House, indicated that the respite care and support they provide is person centred.

Service users have an individual support plan drawn up in their best interest. This is agreed by the service user or their family.

Staff said they receive all the training they require to support the people in their care. This is managed on a matrix and monitored by the manager.

Information can be given in pictorial form eg for medicine, using a MARS chart showing what medication to take and when. Individuals are informed why they have to take the medication, when and what would happen if they did not.

### **Consent, choice, privacy and dignity**

The cared for and their families are involved in drawing up their individual care plan, which they will agree to and sign.

If someone is non-verbal in terms of communication, staff observe body language and visual clues for their consent.

Staff always knock on bedroom doors before entering. They support service users to choose their own clothes, this could be by using simple language, pictorial cards or through body language and facial expressions.

People choose the food they wish to eat from a menu and can help themselves to breakfast and drinks etc. At weekends, often service users will have a takeaway evening.

### **Activities**

Service users choose what activities that they want to do. Many go out during the day to day care services or into town. Service users have been to a Pop Up Café and trips to Cadbury World etc.

### **Communication with carers and the cared for**

Families are telephoned 2-3 days prior to placement to find out if there have been any changes that might affect a person's stay e.g. a change in medication. Family carers are contacted weekly and they are given reassurance that the manager is always available if they have any queries or concerns.

Staff have a weekly catch up and carry out an end of respite questionnaire with the families to find out what they thought of the respite care and how they think it could be improved.

### **Service monitoring**

Monitoring is via feedback from family carers and service users.

The manager carries out observations daily.

Training is logged on a Matrix and there are regular audits i.e. medication, finances, health and safety and first aid.

### **What works well and what changes would help you**

- Staff said that as long as they were fully staffed, everything was ok. If they were short, staff would be bought in from the main residential area.
- On the whole, the referral process works well. Friday to Monday and Monday to Friday respite placements work well. Whole week placements would be ideal.
- Emergency placements are more challenging to manage as they are such short notice and it is important to have all the information necessary to make sure that the service can meet the needs of the individual.
- More notice for emergency placements would be ideal. If someone is in crisis they will always do the best to provide support.
- Communication with social workers was slow at times and sometimes things could change between assessment and placement. Staff feel it is important that any changes, however small, were communicated to make sure individual's needs were fully supported.
- Staff would like to see more awareness given to the compatibility and dynamics between service users. This way, they could ensure that both existing and new placements were fully supported during their stay.

### **Views and opinions of service users**

Due to their complex needs, we were unable to gather any views and opinions from the service users.

## 5. Conclusions

Our survey and visits provide information about the experiences of both family carers and the cared for who access respite services. Both have identified many positive aspects in their experiences of services. People used different types of respite provision although the majority (12) experienced a residential stay with a respite provider.

Most family carers indicated that the respite received supported them to continue in their caring role by providing a break or enabling them to do other things they needed to do. Some carers indicated that more respite hours would be beneficial.

Most people thought that the respite care they experienced meets the needs of the person who was cared for. Carers flagged that they need to book respite care ahead, some saw this as a positive but for others there were some issues around availability of/finding the right provision.

It was less clear if current provision could accommodate needs which came up quickly/in an emergency situations of need.

The assessment process was not positive for some as they did not feel needs had been taken on board/addressed and an assessment had not been done for some time.

The skills and approaches of staff delivering respite care, in whatever setting, are very important. The two facilities we visited demonstrated a strong approach to staff training. However if there were staff vacancies or absence this could impact on delivery.

Family carers highlighted a desire for more information and some issues around making sure information about circumstances/needs is up to date, as well as some issues in how services communicated with each other.

Some simple steps could be taken to enhance and collate the feedback gathered from those experiencing services. It seems the main routes currently are feedback to particular facilities and an annual generic survey. It may be that Facebook or an online feedback form could be used by family carers and this should be tested out as an option.

This piece of work has not gathered the views of those who may have sought access to respite care and not been successful or those who have not tried to access respite care or are not aware of how to go about this and therefore cannot make conclusions about how available respite care is and if there are others whose family caring roles could be supported by this type of provision.

## 7. Recommendations

Based on these findings Healthwatch Coventry makes the following recommendations to Coventry City Council:

- 7.1 The City Council should review access to respite services:
  - Whether the provision available matches the profile of users
  - How effectively urgent respite needs are being met
- 7.2 Review effectiveness of or set up a system for updating on any changes that may impact on individual care plans and support required as they occur.
- 7.3 All stakeholders (social services, respite care providers, other professionals) to ensure they pass on information relating to any changes that may occur.
- 7.4 Respite care facilities to ensure there is a process for providing feedback to family carers after respite.
- 7.5 Set up a clear and universal feedback mechanism about experiences of respite care services and replacement care (however it is delivered) to gather feedback as people use services. Use of online routes for family carers to use should be explored alongside traditional methods.

## 8. Response to recommendations from Coventry City Council Adult Social care

Our report was sent to the Adult Social Care for response in July 2019 and a meeting was held to discuss the findings and our recommendations. An extension to the response time was agreed meaning this action plan was received on 1 October 2019.

Healthwatch recommendation	Agreed Actions in response to Healthwatch recommendations	Owner	Review date
<p>The City Council should review access to respite services</p> <ul style="list-style-type: none"> <li>• Whether the provision available matches the profile of users</li> <li>• How effectively urgent respite needs are being met.</li> </ul>	<p>As part of preparation for the Healthwatch survey we completed an analysis of respite usage and uptake. This started to demonstrate trends in the usage of respite provision within Coventry (some of this is reflected within the Healthwatch report), we will expand this further to look at how people utilising Direct Payments and Individual Service Funds are purchasing respite provision and what choices this is leading to.</p> <p>We are working around increased transparency in the way that respite is allocated and that practitioners plan for carers to take breaks. Part of this is around practitioners identifying a dedicated indicative budget for a carer to take a break. This will help practitioners &amp; families plan for breaks but more strategically will enable us to look at carers that needs indicate they require a break.</p> <p>We have recently worked with the Carers Trust Heart of England to enhance their offer of replacement care delivered within the home through the CRESS emergency response service. The change in the delivery of this service will hopefully enable more</p>	<ul style="list-style-type: none"> <li>• Joint Carers &amp; Engagement Lead</li>   <li>• Independent Living Advisor</li> <li>• Joint Carers and Engagement Lead</li>   <li>• Carers Trust Heart of England</li> <li>• Joint Carers and Engagement Lead</li> </ul>	<p>January 2020</p> <p>In progress (training already taken place, predicted to be place Autumn 2020)</p> <p>Commenced June 2019</p>

	<p>carers to take breaks at least as a one-off to attend significant events (such as wedding, graduation, family event) and for medical appointments. This is a universal service and does not require a statutory assessment meaning that self-funders are able to access the service, who might otherwise have found it difficult to access this type of care for a one-off event.</p> <p>This service will help us identify carers more widely and gather more understanding of carers requiring breaks.</p> <p>We will engage with the Care Home Provider Forum to explore any issues in uptake of respite, any barriers to delivery and any reasons</p>	<ul style="list-style-type: none"> <li>• Commissioning Manager</li> </ul>	
<p>Review effectiveness of or set up a system for updating on changes that may impact on individual care plan and support required as they occur.</p> <p>All stakeholders (social services, respite care providers, other professionals) to ensure they pass on information relating to any changes that may occur.</p>	<p>People are usually allocated respite following the completion of a Needs Assessment and support plan. People are usually allocated a level of respite for the year, to help them plan throughout the course of the year. Most people at this stage, do not have an allocated social worker and therefore the interactions are with the provider and the family member. We have been working with operational staff to ensure there is a clear reviewing mechanism for people who are receiving respite provision and that people are reviewed either at the 6 week stage or following a their first period of respite, to explore the efficacy of the stay.</p> <p>A provider should maintain an open dialogue with the family and will complete their own support plan, this will usually contain more detailed information than an</p>	<ul style="list-style-type: none"> <li>• Joint Carers and Engagement Lead / Operational Leads / Team Leader</li> <li>• Commissioning</li> </ul>	<p>Ongoing</p> <p>Ongoing</p>

	<p>LA support plan, such as detailed information around medication, routine, time specific preferences. This would be an expectation of all providers.</p> <p>Small changes in someone's care plan should be discussed between the family and care provider. If someone's needs change significantly then the family should request a reassessment to ensure the on-going appropriateness of the care. Needs assessments are not service led (for example someone would not expect to receive a "Respite Review") but would more generally have an assessment of their need and how effective the support is in meeting the person's needs and outcomes. Commissioning will check that these requirements are being met.</p>		
Respite care facilities to ensure there is a process for providing feedback to family carers after respite.	We will do further exploration around how providers feedback / handover processes and how information is shared between families.	<ul style="list-style-type: none"> <li>• Commissioning</li> </ul>	11 <sup>th</sup> October 2019
Set up a clear universal feedback mechanism about experiences of respite care services and replacement care (however it is delivered) to gather feedback as people use services. Use of online routes for family carers to use should be explored alongside traditional methods.	<p>Although not specific to respite provision, from 1<sup>st</sup> October we are rolling out the "Adult Social Care" experience survey which will be completed at the point of a review. (Which happens either annually or 6 weeks after the start of a support plan). This will enable us to gather real time feedback about people's experience. The data will be fed into Adult Social Care Leadership Team and there will be scope for the data to be further analysed as to services used / client group etc.</p> <p>The survey will initially be undertaken with a social worker or practitioner supporting the client to</p>	<ul style="list-style-type: none"> <li>• Head of Practice Development</li> <li>• Joint Carers and Engagement Lead</li> </ul>	1 <sup>st</sup> October 2019

	<p>undertake the survey. There are two mechanisms for feedback, the person with care and support needs and the carer, so we will be able to discern between the two. Specific to carers is a statement around the ability to maintain a life alongside caring.</p> <p>The feedback from the survey will also be fed to stakeholders who attend the Adult Social Care Stakeholders Reference Group.</p> <p>Through the Care Home Provider Forum we will try to determine more intelligence around the experiences of providers and self-funders.</p>		
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## 9. Acknowledgements

Healthwatch would like to extend its thanks: Gabrielle Borro, Joint Carers and Engagement Lead, Strategic Commissioning' People's Directorate, Coventry

- The manager and staff at Ellys Road Respite Care, Life Path Trust
- The manager and staff at Maurice Edelman House
- Carers Trust Heart of England Coventry

## 10. Appendices

### A) What is a needs and Wellbeing Assessment?

The assessment can look at both the young person's needs and the parent/carer needs. We call this a Needs and Wellbeing Assessment in Coventry.

The assessment will look at the following:

Your strengths, interests and what you want to achieve.

What you are finding difficult and how this affects your day to day life.

Looking after yourself (washing, dressing, meals, shopping, looking after the house)

The things that are important to you, keeping in touch with friends and family, working, getting out and about.

Your health and how it affects you, including medication, visits to the GP or hospital.

That's already working well and the support around you.

If you struggle to be involved in the assessment we will ask you who you want to support you. If you haven't got anyone who can support you with the assessment and you might struggle to answer the questions we will make a referral for a Care Act Advocate.

[www.coventry.gov.uk/directory\\_record/36850/adult\\_social\\_care\\_-\\_needs\\_and\\_wellbeing\\_assessment](http://www.coventry.gov.uk/directory_record/36850/adult_social_care_-_needs_and_wellbeing_assessment)

## B) Service user/family carer survey

### Give your views on respite care or replacement care in Coventry: A Healthwatch Coventry Survey

We are collecting experiences of respite/ replacement care in order to understand how well this support is working.

Respite care also known as replacement care or short breaks is any care arrangement designed to give rest or relief to family/unpaid carers. It aims to support carers with a break from their caring responsibilities

**Healthwatch Coventry** works to give local people a say about their social care and health services. We do not run respite services and work in the interests of local people. Find out more at [www.healthwatchcoventry.co.uk](http://www.healthwatchcoventry.co.uk)

Our findings will be shared with Coventry City Council. We will also publish a report in order to show what works well and what should be changed. We will not use your name or contact details in the report.

1. In what way have you come into contact with respite services?

A. I have received respite care	
B. I am the carer of a person who received respite care	

2. What is the primary support need of the cared for person?

Please tick one

Autism	
Complex Health Needs (physical and mental)	
Dementia	
Learning disability	
Mental health	
Physical health	
Frailty/older age	
Other please say	

3. Which respite care service(s) have you experience of in the last year?

Tick all that apply

Short breaks within the home (a few hours)	
Someone comes to stay (sleep over)	
A stay in a residential home	
A direct payment to purchase residential care	
A direct payment to purchase break hours	
Other - please say	

4. The last time you had respite care what did you want to get from the respite care?

Carer needed a break	<input type="checkbox"/>
Carer had to go away	<input type="checkbox"/>
You both needed a break	<input type="checkbox"/>
Carer had things they needed to do	<input type="checkbox"/>

Other what was that?

5a. How helpful was the process of completing a social care assessment (needs and wellbeing assessment) identifying support and carer needs

Very helpful     Helpful     Not very helpful     Unhelpful     Don't know

5b. Why was this?

6a. Does Coventry City Council provide funding to cover the cost of respite care for you?

Yes     No     Don't know

6b. If the council provides funding does this meet the cost of respite/replacement care?

Yes     No     Don't know

7. The last time you had respite care how long did it take to organise the respite care?

one week <input type="checkbox"/>	7- 9 weeks <input type="checkbox"/>
2-3 weeks <input type="checkbox"/>	10 -12 weeks <input type="checkbox"/>
4-6 weeks <input type="checkbox"/>	Longer please say <input style="width: 100%;" type="text"/>

If it took a long time why was this?

8. How easy was it to find the right service(s)?

Very easy     Easy     Quite hard     Very hard     Don't know

9. What is the name of the respite care provider you last used?

Name of respite care provider

10. Was the respite care provided in an accessible location for you?

Yes     No

11. How well did the respite service meet the needs the cared for person and carer?

	Very well	Well	Not very well	Not at all	Don't know
Cared for	<input type="radio"/>				
Carer	<input type="radio"/>				

12. Did you receive all the information you needed and in a format that was right for you?

	Information was very good	Information was good	Information was poor	Information was very poor	Don't know
From respite provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From the council (social care/worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please say what extra information would have been useful

13. Do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Carer felt refreshed after respite					
Cared for was well looked after during respite					
Good activities were provided during respite					
Cared for got to meet new people					
Carer able to do the things needed to do					
Carer not worried about the person cared for during respite					
Respite care helped me maintain my carer role					

14. What works well about respite care and what would you like to be better?

Say what worked well about respite care

Say what could be made better about respite care

**About you** (we collect his information so that we can give details of our survey sample)

First part of your post code

**What ethnic group would you say you are from?**

<b>White</b>		<b>Asian or Asian British</b>	
British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Traveller/Romany	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	Other Asian (please say)	<input type="text"/>
Other White (please say)	<input type="text"/>		
<b>Mixed</b>		<b>Black or Black British</b>	
White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Black (please say)	<input type="checkbox"/>
Other Mixed (please say)	<input type="text"/>		
		<b>Chinese or other ethnic group</b>	
		Chinese	<input type="checkbox"/>
		Other ethnic group (please say)	<input type="text"/>

Your Gender    Male     Female     Transgender

**Please indicate you age**

Under 16     16-24     25-34     35-44     45-54     55-64     65-74     75+

Do you consider yourself to be disabled?    Yes     No

*Thank you for taking the time to complete our survey - we really appreciate it*

**Please return this survey by 25<sup>th</sup> March 2019 to:**

Freepost RTZK-ABRX-HKXG  
Healthwatch Coventry  
Voluntary Action Coventry  
27-29 Trinity Street  
Coventry  
CV1 1FJ

### C) Guided Questionnaire for managers of respite care facilities

Date and time	
Name of Authorised Reps	
Name of Care Home	
Name of manager	

1. How many places for respite care do you have?  
*Are these places fully occupied at present?*
2. What type of respite care do you provide and who for?  
- *For residential how long is the average stay?*
3. Talk us through the process of referral to your services for respite care - what happens?  
- *How much notice do you get for a referral?*  
- *How are needs identified and packages of care developed?*
4. What works well and what could be improved about receiving referrals and the referrals process?
5. What training do your staff undertake for their roles working with people on respite?  
- *What ongoing support is provided to staff?*
6. How do you ensure the following?
  - a) Person centred care that tailored to meet an individual's needs and preferences
  - b) How is consent for any care you provide obtained?
  - c) How do you ensure privacy and dignity are respected at all times and people are supported to be independent and involved?
  - d) How are users of respite care supported to make informed choices?
  - e) How are users of respite care supported to feel that they are safe and feel cared for?
  - f) How is equality and diversity respected?  
Ethnic background, language, culture and faith.
  - g) How do staff ensure individuals have enough to eat and drink?

7. What activities are provided for people receiving respite care?
8. What equipment do you have to enable you to care for individuals?  
How do you arrange specialist equipment you may not have to be supplied?
9. How does your service communicate with carers and the person receiving respite care?
10. How do you gather feedback from carers and cared for about respite provision
11. How do you monitor your service?
12. What works well and what changes would help you?

Thank you for your time answering these questions

# healthwatch Coventry

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CV1 1FJ  
024 7622 0381

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[www.healthwatchcoventry.co.uk](http://www.healthwatchcoventry.co.uk)

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