



**Consultation Report Summary: Consultation on  
the Proposal to Provide Older People Residential  
Respite Support Services in the Independent  
Sector**

**Lincoln House Community Support Centre**

October 2014

## **Introduction**

A consultation was held between the 28th August and 8th October, on the Proposal to Provide Older People Residential Respite Support Services in the Independent Sector. Its aim was to understand the views of customers and carers on the proposal and a number of ways other than residential care to provide respite care so that people have increased choice and their preferences can be met. Options included:

- Care provided in the person's own home through home care services
- The Shared Lives service.
- Receiving a Direct Payment.

## **Feedback Analysis**

86 consultation responses were received by the Council. This included via the online form, telephone, emails, letters and face to face meetings. 61 were from customers, carers/family of Lincoln House users. A petition was also submitted expressing a wish to retain respite services at Lincoln House. This contained 1,469 signatures and was initiated by Cllr Dorothy Flude (Member for Crewe South).

### **A) Quality of Services**

#### **i) Quality of Care at Lincoln House**

##### **► Responses from Customers or their Carers (or those representing a customer)**

Many respondents praised the quality of the care provided by staff at Lincoln House (26 responses) and the suitability of the centre. 1 response criticised the care provided. 5 respondents emphasising the peace of mind the centre provides to families contrasting this with the care from the independent sector.

##### **► Other Comments (inc. those who didn't state if they were representing someone)**

Members of the public also praised the quality of care at Lincoln House (10 responses). 2 responses emphasised the reassurance that Lincoln House provides. 1 respondent cited the commitment to specialised care that was offered at Lincoln House, stating that this could not be easily replicated by the spot purchasing of beds.

#### **ii) Quality of Care in the Independent Sector**

##### **► Responses from Customers or their Carers (or those representing a customer)**

Many respondents expressed concerns about quality of care in the independent sector (13 responses). Examples were also given to illustrate views. 2 respondents felt it placed profit over the care of customers, and concerns were expressed about staffing and staff turnover, training and the overall quality of the workforce.

##### **► Other Comments (inc. those who didn't state if they were representing someone)**

Members of the public also expressed anxieties about the care offered in the independent sector (6 responses). Reasons given for this were; the level of facilities, a tendency of the

private sector to cut services, the perceived lower quality of services and training of staff, lower pay of staff and safeguarding issues.

### iii) The Role of the Public and Private Sector:

#### ► Responses from Customers or their Carers (or those representing a customer)

2 people commented that they were prepared to consider alternatives to current respite provision if it offered good quality care. However, 2 respondents stated that it was the role of the public sector to provide these services.

#### ► Other Comments (inc. those who didn't state if they were representing someone)

One member of the public again stated a case against use of the independent sector.

### iv) Dementia and Continuity of Care:

#### ► Responses from Customers or their Carers (or those representing a customer)

Individuals remarked that continuity of care was vital was those with dementia (13) (including 2 stating change was "very daunting"). 1 carer felt respite customers may not be seen as a priority for the independent sector and may be treated as "2nd class". 2 stated they would be unable to take up alternative provision for this reason.

#### ► Other Comments (inc. those who didn't state if they were representing someone)

Healthwatch felt any transition for customers with dementia would have to be managed carefully.

### v) Importance of Respite Services:

#### ► Responses from Customers or their Carers (or those representing a customer)

The value of respite services for carers was emphasised in feedback (6) and fears that it might be removed. 3 responses talked about the value of Lincoln House because of its ability to provide social contact. 1 respondent stated if the service was to move, this would break ties with what they saw as other "families and friends".

#### ► Other Comments (inc. those who didn't state if they were representing someone)

3 individuals stressed the significance of respite services e.g. due to social interaction. The Alzheimer's Society's emphasised the importance of respite providing space for the situation to be reassessed and to, "provide an opportunity to stabilise a situation [and]... to prevent a crisis from developing or carer breakdown".

### vi) Day Care Services

#### ► Responses from Customers or their Carers (or those representing a customer)

4 responses were received directly about the day care services at Lincoln House. These stated that the importance of having day/respite services together at the same place. 2 respondents said that they believed that a transfer would lead to an increase in costs for customers and 1 respondent felt it could also mean poorer quality care.

- Other Comments (inc. those who didn't state if they were representing someone)

Healthwatch stated that day care was not available elsewhere locally.

## **B) Availability of Respite Beds**

### **i) Demand and Availability**

- Responses from Customers or their Carers (or those representing a customer)

11 respondents stated there might be a lack of alternative beds in the independent sector for respite care. Demand for services was raised twice triggered by a rising ageing population/ people with dementia. 1 respondent stressed the unpredictability of independent sector provision. Cost was also seen as limiting availability. 1 person stated that there were; "only 2 providers within a 5 mile radius of Lincoln House who don't charge top-up fees". As such, it was felt families might be asked to pay more.

- Other Comments (inc. those who didn't state if they were representing someone)

The issue of demand was also raised by members of the public (2), again referencing the increasing elderly and dementia population. 5 responses (incl. Healthwatch) also referred to lack of availability of beds, with 2 respondents discussing this in relation to it putting further pressure on health services. The response from Healthwatch queried how the withdrawal of intermediate care would be managed, and the availability of specialist respite care for people with learning disabilities.

### **ii) Booking:**

- Responses from Customers or their Carers (or those representing a customer)

5 respondents stated that it was important to retain the ability to book respite months in advance. 7 respondents expressed doubt as to whether respite could be accessed in an emergency asserting that it was key that this was available. 4 people also emphasised the need for booking needed to be simple/flexible, e.g. because it might have to be used in an emergency or by older people.

### **iii) Travel/ Localness of Services**

- Responses from Customers or their Carers (or those representing a customer)

The need for local services was emphasised by 3 carers. 1 carer stated that they only had a 10 minute drive at the moment whereas another stated that they were open to going elsewhere because it was currently 40 minutes for them. The importance of closeness to family/friends was emphasised, e.g. to allow carers to visit in the day.

## **C) Alternative Services**

### **i) Service Options**

- Responses from Customers or their Carers (or those representing a customer)

A key part of the consultation was to understand the views of customers/carers on residential respite alternatives. A majority of customers/carers stated they would access residential respite from the independent sector, although views were given on other options. Common themes were these would not provide a sufficient break for the carer (6 comments) and would not provide enough social interaction/stimulation (3 comments).

Home Care - 8 responses stated that they did not view home care as a suitable alternative as it was “intrusive”, “disruptive and inflexible. Other comments included that it was lacking in quality, unable to provide sufficient respite, not able to provide social interaction and was not overseen by anyone.

Shared Lives - 11 responses were received on Shared Lives. Some expressed concerns it would not be able to deliver 24hr support. Other comments were; that customers may not wish to go to someone else’s home for respite, it would offer insufficient respite and that it may not be able to provide sufficient social stimulation.

Direct Payments (DPs) - 8 people commented on Direct Payments. 2 stated that they were currently successfully using DPs for other services. 1 respondent expressed their concern it would “create another job” for the carer. Others stated more information was needed, and it was irrelevant to full cost users. Concern was felt that services from DPs may not provide social stimulation, whilst someone else felt it, “expands the network of unknown people coming into contact with an individual.”

► Other Comments (inc. those who didn’t state if they were representing someone)

Most comments did not relate to specific options. However, a comment was received from one individual stating they already used Shared Lives and it was “very good”, offering consistent care. 1 respondent suggested that night care was more feasibly offered in a residential setting due to safety/costs. The Alzheimer’s Society’s and Healthwatch’s responses underlined the importance of a variety of options and flagged that this could be an opportunity to create a broader choice for people/families during the stages of the dementia journey. Healthwatch emphasised the importance of support and training for customers using Direct Payments.

## **D) The Building/Staff**

► Responses from Customers or their Carers (or those representing a customer)

2 comments were received about the building itself, both posing the question as to what would happen to the premises. 4 responses from customers/carers questioned why money had been invested in Lincoln House. 1 respondent noted the closure of Santune House had been justified because of Lincoln House. 3 respondents raised questions/comments about what would happen to staff.

► Other Comments (inc. those who didn’t state if they were representing someone)

One comment was received emphasising how Lincoln House had been built as a specialist dementia centre. Another individual stated that they thought that the building was, “in an ideal spot with lovely gardens”, and as such should remain open.

## **E) The Financial Aspects of the Proposal**

### **► Responses from Customers or their Carers (or those representing a customer)**

6 respondents felt the proposal was financially driven. 3 suggested the costs of respite would increase meaning reduced access and rising health inequalities. Another also said it would mean increased carer breakdown and Council costs. A further respondent stated that they did not feel the Council should be in the business of inspecting homes. One respondent stated that the Council should reprioritise the way it spends money and not put funds into meaningless projects e.g. HS2. Competing views were given on the issue of paying extra to keep Lincoln House.

### **► Other Comments (inc. those who didn't state if they were representing someone)**

3 members of the public also felt the proposal was for financial reasons, with 3 respondents also arguing money had been wasted in other areas.

## **F) The Consultation**

### **i) Opinions about the Proposal**

#### **► Responses from Customers or their Carers (or those representing a customer)**

Comments about the proposals were; that closure would be devastating; Lincoln House was well run and should remain; and that it was not possible to buy its quality of care. 3 qualified remarks were given in favour of the Council's options.

#### **► Other Comments (inc. those who didn't state if they were representing someone)**

Members of the public also made comments expressing a wish for Lincoln House to remain open and that closure was wrong. Healthwatch wanted particularly recognition for the assertion that the service is valued by service users.

### **ii) The Process**

#### **► Responses from Customers or their Carers (or those representing a customer)**

Responses on the process included; 1 person did not like the way customers were informed by letter; 1 response felt the Consultation should have been opened out to the wider community; 1 response stated that Councillors should have been present at the face to face meetings; another respondent said the cost of the consultation was excessive ; 1 respondent felt a 30 minute face to face session was insufficient. 3 carers said that they wanted to know which homes would be available for respite. 1 felt that this lack of information made the consultation invalid; 3 respondents felt that the Information Pack was insufficiently detailed; with 1 stating it was written unhelpfully. 2 people stated that they wanted to know who had the original idea for the proposal; and 1 respondent felt the process had pushed her "close to the edge".

#### **► Other Comments (inc. those who didn't state if they were representing someone)**

Another response gave concerns about feedback mechanisms (including user-friendliness for those with dementia). 1 respondent said a public meeting was needed, another wished to know which residential homes would be available. 2 respondents (including Healthwatch) felt provided information was insufficient.

iii) The Integrity of the Consultation:

► Responses from Customers or their Carers (or those representing a customer)

4 customers/carers were concerned that the decision had been taken prior to the consultation. 1 respondent stated that there had been a failure to respond to queries. 1 carer said they appreciated the opportunity to voice their opinions.

► Other Comments (inc. those who didn't state if they were representing someone)

2 members of the public felt the consultation decision had already been taken.

**G) Miscellaneous**

► Responses from Customers or their Carers (or those representing a customer)

4 respondents felt vulnerable people were being targeted, 4 respondents likewise stated Crewe was being discriminated against. Other comments covered many topics; including that it did not fit with the dementia strategy (2 comments), eligibility for respite would become tighter, there was an agenda to move learning disabilities customers in, that older people/dementia should not have been considered as "the same parcel", the difficulty of people unfamiliar with social care accessing respite care.

► Other Comments (inc. those who didn't state if they were representing someone)

3 respondents felt that vulnerable people were being targeted. Another felt robust monitoring should ensure the quality of independent sector care. 1 further respondent stated concerns that Councillors/staff had been blocked from speaking.