



The Princess Royal Trust  
for Carers



Ymddiriedolath y Dywysoges Frenhinol  
i Ofalwyr



## Health and Social Care Committee Inquiry into residential care for older people

RC27 – The Princess Royal Trust for Carers and Crossroads Care, Wales

### Inquiry into Residential Care for Older People

We are the two biggest providers of services for carers in the UK and work together at a national level to promote policies and guidance that will support carers.

As two of the leading organisations working with and for carers, we strive to enable carers to have a life outside their caring role and we share a vision for society where:

- The role of carers and the contribution they make to our communities is fully acknowledged, understood and valued.
- Carers are able to make informed choices about their caring role and the services that support them and the person they care for.
- Carers, no matter where they live, have access to a more comprehensive and consistent range of service provision.
- Helping carers can access breaks and employment.

**The Princess Royal Trust for Carers** currently helps over 19,000 adult and over 360 young carers in Wales to cope with their caring role through a network of 11 Carers' Centres and young carers' service across 16 local authority areas.

The Trust also provides information, support and advice to thousands more carers through interactive websites, [www.carers.org](http://www.carers.org) and [www.youngcarers.net](http://www.youngcarers.net).

**Crossroads Care operates throughout England and Wales with 96 local and regional schemes.**

We are the largest provider of respite care amounting to 4.6million hours every year. We have 35 years of unparalleled experience and expertise in providing personal care and vital support for the carer. A Crossroads service is about giving time - improving the lives of carers by giving them a break from their caring responsibilities. Our aim is to provide a reliable, tailored service for each carer and the person they care for. A trained Carer Support Worker will take over from the carer to give them 'time to be themselves'.

**We are glad to have this opportunity to respond to this inquiry and would make the following points:**

The unpaid carer is the vital chain in the link in which older people enter residential care, either through undertaking the liaison role between services and the service user or because the

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demands of care are so great they are no longer able to offer the amount and/or skill of care needed by the service user.

The safety net that services to carers provide can mean the difference between the service user taking the decision to delay entry to residential care or not. If sufficient skilled care is available in the home, then residential care does not come into the equation and this is an area that can offer the most benefit by service redesign.

However, the money available to pay for skills uplift for the unpaid carer or to provide them with a break by someone taking over their caring role has yet to be prioritised in current funding regimes. This is an area that provides a greater return on investment than most other areas and the research evidence supports this assertion with big savings to be made on delaying entry into residential care.

However, reablement and domiciliary care services are under greater pressure than ever through reducing funding.

This is having an effect on the current skilled workforce with reducing investment in training and the overall percentage of skilled workers falling and is a consequence of the economic pressures being felt in the public sector.

With regard to the skills mix within residential care, it is felt by the carer's centres (that support the unpaid carer in Wales) that there is often not enough qualified staff on duty and that training is one of the first areas to be targeted in any financial cutbacks. This issue of profit over values is one that is repeatedly raised where the service is provided by the independent sector.

The other issue is that of language and the ability to communicate with service users in the language they understand. It is recognised that there are a minimum of twenty different community languages in every local authority area and it is known that older people revert to their first language as frailty increases. This is a growing issue that carers are aware of and increased attention should be paid to it by regulators and commissioners.

Involving carers throughout the process is essential not only on entry into residential care, but throughout the entire period of their cared for's residence. This is important not only for the service provider, but also for the regulators. Regular contact on quality and the living experience must be a core activity and the quality assurance that carers have knowledge of and can provide should be inbuilt into inspection and compliance processes.

Communication and information giving is a weak aspect of residential homes and should be subject of greater scrutiny. Assessments that occur once a year on the service users' experience are insufficient and should be increased in regularity. Collaboration with Third Sector bodies; reintroducing unannounced lay inspections within a 24 hr period ; encouraging longer inspection visits including living in arrangements and operating a 'hot desk' system within residential care settings are all improvements that will reduce the risk of elder abuse.

Information regarding the quality of residential care is very difficult to ascertain and when it comes to choice there is a need for improvement in finding out how good a place is. Pooling of information and collating such information from different sources is a vital tool in this. Feedback from services users and carers should be made available to the general public in all the communication tools now

available such as online or social network sites. They should also be included in all CSSIW's inspection reports which should be produced from a customer point of view.

To overhaul the system of inspection, intelligence gathering to test against the standards set by CSSIW should be based on the services user and carer's experience and brought together with knowledge drawn from other supporting information providers. Other aspects such as financial tests, skill requirements could then form a holistic approach to service quality, not only in this area, but in domiciliary care and health inspection bodies.

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