



# Housing with Care

A report on our findings  
Autumn/Winter 2025



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# Housing with Care.

## A report on our findings

Following our Enter and View visits  
Autumn/ Winter 2025

### Introduction

#### About Healthwatch Coventry

Healthwatch Coventry is your local health and social care champion. We have government powers to enter health and social care services to hear the voices of local people using the care. We listen to people's experiences of health and social care services to bring them together to create reports to help improve health and care services.

This report is about our Enter and View Visits to Housing with Care schemes where we listened to peoples' experiences of living there. Enter and View visits are conducted by our trained Authorised Representatives and follow a process following Healthwatch guidance. We use the information we find to help service providers hear the voices of those people, reflecting positives and sharing recommendations for consideration to make changes to improve experiences.

For more information about the legislation and powers of Healthwatch to conduct an Enter and View visit to a service, whether NHS or Social Care see Appendix 1.

#### What is Housing with Care

Housing with Care is a term that reflects Coventry City Council Adult Social Care and Housing Providers delivery of housing, for vulnerable people who need additional support. In a "Housing with Care" setting, people have your own rented or purchased home in a scheme where care is offered within a supported living housing model but with communal areas. Often there are more facilities than in sheltered housing and some have option of night care." Carers based at the scheme can order medication for people and community health services attend regularly to meet the needs of the tenants.

The schemes visited operate under a supported living model within a housing with care framework. Individuals hold Assured Tenancies with a registered housing provider, giving them full tenancy rights and exclusive possession of self-contained accommodation.

Care is commissioned and delivered separately by Coventry City Council, consistent with supported living principles rather than residential care provision. This model is distinct from a care home setting, where accommodation and care are provided together and individuals do not hold tenancy rights. The separation of housing and care within these schemes confirms that tenants are not residents of a regulated care home, but individuals receiving care in their own homes.

Admission to Housing with Care is often subject to three assessments; eligibility criteria, including wellbeing, and finance, alongside considerations around age, capacity, and behaviour, ability to live independently and the persons potential future needs and whether the Housing with Care scheme can meet their needs.

This report highlights some of the ideas and themes we have identified during our Enter and View visits to Housing with Care.

## Executive Summary

Healthwatch Coventry carried out Enter and View visits to Housing with Care schemes across the city to understand peoples' experiences of living in these settings. The visits focused on the environment, food, activities, communication, personalisation of care and overall wellbeing of people.

Between autumn and winter 2024–25, we visited 11 Housing with Care schemes and gathered feedback from 109 people, 34 staff members and 5 family members or carers. We also carried out structured observations at each scheme.

Overall, people were positive about the care and support they receive, with many describing respectful, kind and family-like relationships with staff. Most people rated their care as good or excellent. The schemes were generally clean and welcoming; however, the visits also identified areas where relatively simple improvements could make a meaningful difference to peoples' day-to-day lives.

Our findings are intended to support providers, commissioners, and partners.

### Key findings and priority insights:

- Food provision varied across schemes. Affordable, nutritious and culturally appropriate food was highly valued by people, but availability, opening times and vegetarian or culturally diverse options were inconsistent.
- Activities were important to people wellbeing but were not always varied or accessible. People expressed a desire for more choice and greater involvement in planning activities, particularly as the tenants population becomes more diverse.
- Accessibility and communication generally worked well, but some information was not accessible to everyone. Issues included noticeboards positioned too high, limited large-print materials and a lack of translated information.

- The physical environment was mostly clean and welcoming, though some issues such as worn carpets, unclear signage, confusing taps and disabled parking bay markings were identified.

## Why this matters

Small, practical changes such as improving signage, completing minor repairs, making information more accessible, and offering affordable food with appropriate dietary options can support peoples' dignity, independence, inclusion and overall wellbeing. Involving people in shaping activities and services can also help reduce isolation and improve mental wellbeing. Addressing these areas can help reduce avoidable deterioration, support independence, and improve quality of life.

## What happens next

This report highlights examples of good practice and makes a series of recommendations for providers and commissioners to consider. Some recommended suggestions can be addressed through simple, low-cost actions, while others may require more detailed planning and resources. Full recommendations of what we suggest for consideration to improve are set out at the end of this report.

## Background

We visited Housing with Care schemes in Autumn 2024, to speak to people about their experiences of NHS services, their GP, dentists and community care, we were aware that we weren't speaking to people about their views and opinions of care received within the scheme, we were also aware that we hadn't explored the views of people using Adult social care to find out what they felt and how they benefited or not, from their care. The Steering Group earlier in 2025 agreed that we could carry out an enter and view to Housing with Care, so we briefed our Authorised Representatives accordingly.

We were interested in how people experienced their care, and how it met their needs. We were also interested to understand more about Adult Social Care and how it works for the people of Coventry who need additional support and care.



## Methodology (how we carried out the Enter and View)

We devised surveys for tenants, staff, family, and carers using a similar model to previous Enter and View visits.

We developed an observation check list so that we could observe the building, including smells, car parking, and general cleanliness.

Visits were pre-arranged with scheme managers to ensure appropriate timing and access to everyone to share views/voices.

We provided schemes with a poster to display to encourage people to come and speak to us.

Engagement was largely in communal areas with some door-knocks; not all tenants were available or chose to participate. Language, sensory or cognitive impairments may have limited some individuals' ability to share views.

On the day we spoke to the people available in the communal areas but were also able to knock individual doors.

Sometimes, the staff would introduce us to the people living there.

We recorded the survey information onto Forms and completed adding the information shared.

Findings reflect views at the time of visits, and these findings represent what we heard and observed and, may not capture all perspectives.

During Enter and View visits, we act as listeners and observers, capturing the experiences and views of people as they describe them. Terminology within this report reflects, what people say and how people describe their experience, both the language used by individuals and the correct service model.

People living in these schemes hold tenancy agreements and are therefore tenants. The term 'resident' is used to reflect everyday language people used, how people refer to themselves as and does not imply a residential care setting.

References to catering and activities also reflect language used during visits. Catering provisions available, although terminology (e.g. 'restaurant' or 'café') may vary. The provision of activities may also differ, as these are not always commissioned, though some schemes provide them as an additional feature.

This approach reflects Healthwatch methodology, which prioritises capturing people's experiences in their own words while ensuring reports remain factually accurate.

For dates of visits and information about Authorised Representatives present at Housing with Care **see**

**Appendix 2**

## Considerations

There are many people in Housing with Care, all of them with needs. Including early dementia, mental ill health, physical disabilities, and everyone has a condition that prevents them from living completely independently. We needed to be aware of this and consider our communication accordingly.

We visited 11 Housings with Care schemes and spoke with 109 tenants, 34 staff and 5 people who are family and friends. We carried out observations at each Housing with Care scheme. For demographics of group see **Appendix 3**

We spoke to people from each scheme and asked them questions about how they experienced the scheme, what care they received and what they thought of that care, how they organised their food, what activities if any they participated in and whether they found the building met their needs. From their replies we use themes to understand what their experiences were to look at recommendations to help show best practice of make recommendations for change that were achievable.

## Our Findings

We had an overwhelming sense that most the people have positive experiences of their Housing with Care schemes, and through their care and support, the services have made a difference to people's quality of life, there were however, a few areas for consideration to improve them further.

For more information about each Housing with Care unit see **Appendix 3**

The youngest person was in their fifties, and the oldest person was over one hundred years old. Our overall impressions are that schemes house people with a vast array of different and sometimes complex support needs, some people live independently, while others require almost full-time care and support. Most tenants require some level of care which is provided through a care package.

95 of the 109 tenant we interviewed considered themselves to have a disability, this is reflected the persons' perception of themselves.

In some Housing with Care schemes, we met with people who were in a short-term placement due to a medical need such as an operation or a stroke which left them unable to live at home independently. During their six week stay they were given support for example from Occupational Therapy, Physiotherapy during which time they were assessed for their future care and living needs, to explore where they would live in the future. They could return home or find a space in the Housing with Care scheme or another venue depending on their needs.

We made observations about all the Housing with Care schemes we visited. Most of the outside areas felt well signposted but others were difficult to find, and some had rubbish in their car parks, including used plastic gloves. There was an issue with their disabled parking spots as they were hard to see as the paint had worn off. Inside the schemes, they all appeared clean, warm, and welcoming, with posters around the walls for different purposes however, some looked like they needed fresh paint and repair. In two the carpets on some floors looked like they needed cleaning.

We shall examine and talk about each Housing with Care unit as part of their clusters of Housing with Care separately in a different report format. But for each scheme we visited there was an individual look and feeling to the space we entered, these reflect our feelings and thoughts as a snapshot of the date and time when we visited the schemes.

Each Housing with Care unit is unique, as each of their tenants are unique, their needs and requirements, some of the themes were different for each one, but there were shared themes across all the schemes, we will look at each scheme, before identifying recommendations including in separate reports.

## Personalisation

According to “Think Local Act Personal” the care that best meets a person’s needs is one that is personalised to them, their needs, and preferences.

Within government advice frameworks Think Local Act Personally and best practice, personalisation should include aspects of “choice and control, coproduction, and links to the local community to make the most of people’s experiences of their lives. To enable them “to live their life as they want to” to ensure that they are at the heart of decision making and ensuring that “their unique needs preferences and aspirations drive forward the care and support they receive including most importantly dignity, respect, choice and control over their lives”.<sup>1</sup>

There was a range of people in the apartments with different physical and mental abilities, which meant it is difficult to organise activities, services and communication that meet everybody’s needs all the time.

However, personal care plans are in place, and in terms of good practice, we can see that tenants have their plans on boards at an accessible height in their rooms.

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<sup>1</sup> <https://thinklocalactpersonal.org.uk/about-us/what-we-do/>  
[.https://www2.local.gov.uk/publications/must-know-personalisation-and-making-it-real-adult-social-care](https://www2.local.gov.uk/publications/must-know-personalisation-and-making-it-real-adult-social-care)

Residents feel that their rooms are their own and they can “do what I like.”

### What residents told us

They told us about their experiences of care and support as individuals

- “They know me,”
- “Been here 6 years –I’ve been looked after. I have allergies and they understand and take care.”
- “Help me with personal care, they always help and listen to what I want”
- “The whole idea of Housing with Care is the reason why it is good. I still get to keep my independence. Staff get to know us, and it is wonderful being listened to”

When asked what was good about living in the scheme one replied, –

- “Freedom to do what you want, go out. I come down for company if and when wanted. I have my own home in the flat.”

Other statements include: –

- “Not been here long it’s just like home I like it.”
- “I go the pub for food at night on my own.”
- “Excellent – been here five years, very contented happy place, joking, banter having fun with each other”.

Many residents spoke of the schemes as being “**their home**” and the staff and some of the other tenants are like family. Important in terms of connection and mental wellness. These relationships are positive parts of people’s lives, but some feel that some of the practices prevent them being independent, for example the locking up of medications, and having to ask staff to get them, when they were self-medicating before.

### What staff told us?

When asked about what they most liked about their role staff members said:

- “Being able to help people live a productive happy life where they feel supported and safe.”
- “Making a difference and seeing the tenants happy.”
- “We are like a family we work as a team.”

All staff were clear about their role to support tenants and make sure they were looked after.

### What we observed

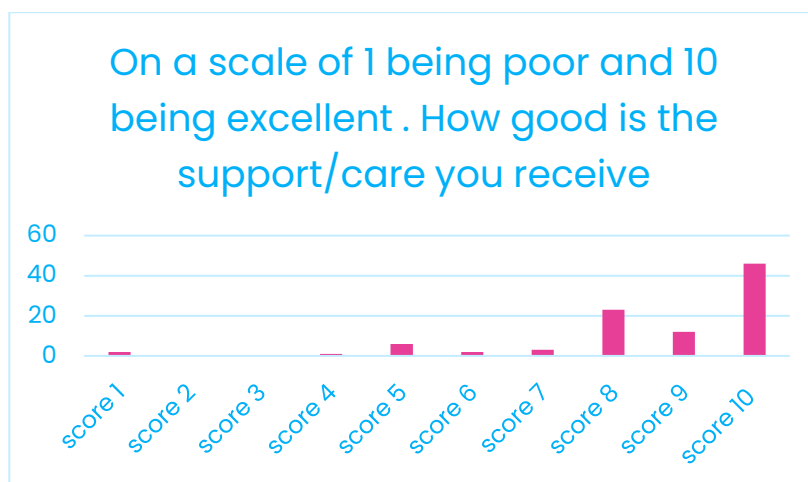
We observed staff working with tenants, talking to them about their needs and interests, as well as individual care and medical plans present in tenant’s apartments. We also observed cleaning staff interacting with tenants asking them where they wanted cleaning today.

- **“Where do you want me to start today, what needs to be done?”**

Some staff may not always identify their actions as part of personalisation, though they recognise the importance of the support and care they provide.

## Care and Support

We asked tenants on the scale of one being poor and ten being excellent how good is the support/care you receive.



**95** people said that they receive care and support, whether with medications, personal care, cleaning, and laundry.

We also asked what does it feel like living in this Housing with Care scheme?

Both sets of answers show that for the majority of people, the care and support is good, and it feels good to live in the scheme.



80% people spoken to think their care and support is excellent or good, one resident said:

- **"My best life this is. Getting support for myself"**

Three other comments by residents: -

- **"I love it here, it's fantastic."**
- **"Excellent it feels like a hotel. staff are always very pleasant, and friendly, they know who we are."**
- **"The care and support I receive meets my needs and helps me in my everyday life. I feel that they are aware of my privacy, dignity, and respect it".**

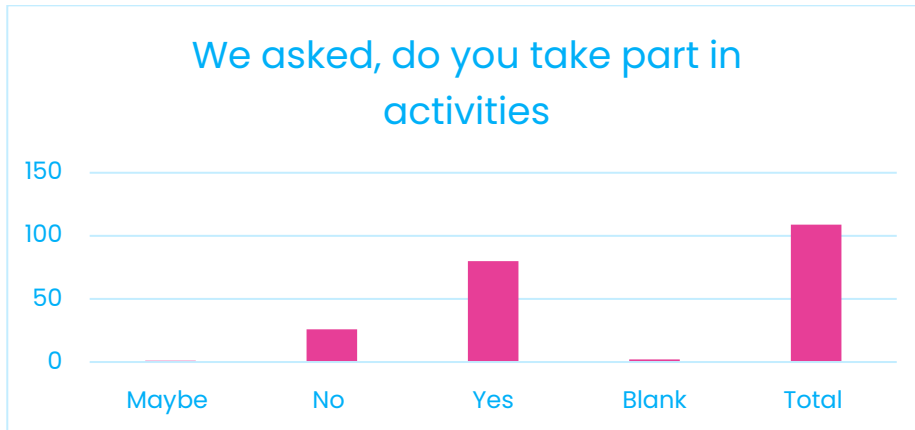
Reflecting the positive impact of living in the Housing with Care scheme, not all reflections were positive, and tenants had concerns about staff they did not know or some of their feelings were negative. Some of these less positive comments from residents were:

- **"I am not happy – I don't know them (some staff), and they write in my book" -**
- **"Some carers are ok and some are not. Want to have happy, cheery people. Sometimes it feels like they don't want to be here."**
- **"Sometimes you have to keep reminding carers what they need to do."**
- **"There could be more common sense, they shower and dress me, without drying my hair, they dress me they put incontinence pads on, but don't wash me first."**

Some of the issues identified, were not knowing some of their care support workers, especially at night and, finding it difficult to communicate with carers. There is a juxtaposition between what people want and their concerns/ reticence/reluctance about how they can communicate it with carers to ensure that they have their care needs met in the way they want.

## Activities

We asked tenants whether they took part in activities and over **75%** said they do take part in activities, although it can depend on their availability or whether the activities were of interest to them.



Without activities, contact with the community and others, residents can suffer from mental ill health. This was mentioned to us by residents as being an issue for them. If people are stuck in their rooms for hours, their mental health may suffer. It's also important as the reason that some people are being placed in Housing with Care is because of their mental ill health.

According to Age UK, older people are more likely to suffer mental health and struggle due to a variety of factors, but they are less likely to benefit from the same levels of support and therapy that are more widely used by the general population. Age UK are aware of many different barriers including awareness of support, taboo, digital inclusion, physical mobility/ older people may not receive the help they need. But it is vital to people's quality of life to have their needs for meaningful mental health activity to be met. These included:

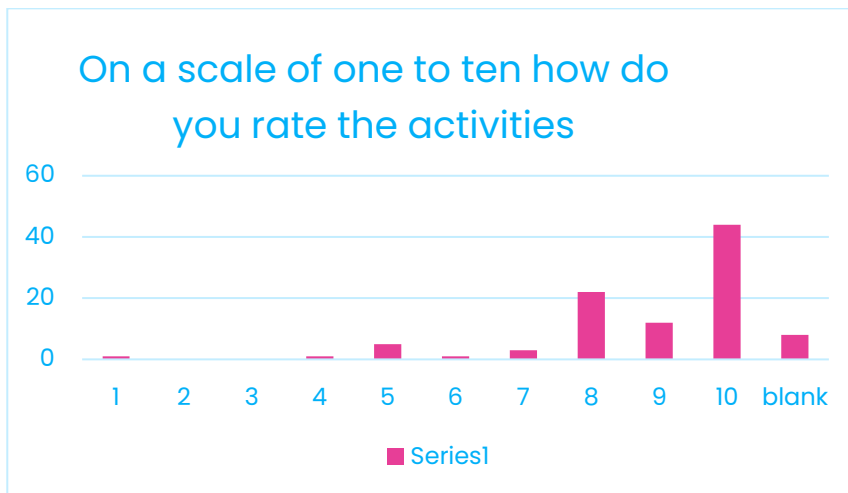
Connecting to their friends and family, time for activities that they like, as well as mindfulness helps to keep people well.

For the majority of residents who live in the schemes they are supported by their family (**80%**) in some way, and we were aware of the incredibly significant role the family take in by taking loved ones out on trips and shopping, support with meals and so on.

- "I am happy here I have health problems, my relative is first point of call for my health and care, I like my family to help."
- "Excellent my family aren't very good, and my health wasn't very good, So I moved here."

Nevertheless, residents whose families don't support them in this way, can be seen to need more support or make more of the relationships in the scheme.

We asked tenants how they would rate their activities provided in the Housing with Care scheme.



Overall, tenants said they were very satisfied with the activities that were on offer, although some tenants preferred to do their own activities such as:

- **"I like doing weights."**

When we asked about activities residents said that they would prefer different activities they mentioned "trips to the seaside" "Skittles", "Karaoke" although the resident was told that this was not possible due to health and safety concerns. They wanted something else other than quizzes and bingo. Someone said **"they like Bingo"** indicating this was not their preferred activity.

They also said that they would appreciate a wider range of activities e.g. skittles, Karaoke, and others, not just bingo and quizzes.

- **"The activities are very gentle."**
- **"I like the chair exercise; I like Jumping Jacks."**
- **"Chair exercises are good, I went to the Memorial Park for VE day, on Remembrance Day on the 11 we did it here"** linking a short-term care tenant with their past memories.

A new resident said that although care was good, they would benefit from more activities.

- **"Not much more they can do about that (the care and support given). They could do more activities; nothing ever really happens about that. I'd like a pool table. They are trying to set up a social club."**

The “they” of the staff and other residents seems to be separate to the individual.

Not all Housing with Care scheme offers the level of activities others do, and some people attend activities if they interest them.

- **“I stay in my room” [not interested in activities offered]**

We observed that two Housing with Care schemes have bars serving alcohol in the evenings, and more activities for example air hockey, snooker, Pool etc, and their family members enjoy playing together on these. In some spaces they were still boxed and not used.

- **“Used to have activities but not enough staff to do it now, December carol singers coming in.”**
- **“Can’t leave here as mobility is bad, this person can only go to activities if they were taken down to them”.**
- **“With access to gym. I could do more things myself in mind and body”.**

In schemes with less activities, it may be because people are more active doing their own pursuits, interests or hobbies or it may be because there are less resources for activities to take place.

### **What we observed**

In one scheme there was a resident’s meeting that discussed having an organised activity one day a week, this was quite positive but there were only one or two tenants speaking, one person said they go the meeting “to get out of their room.”

We observed a chair yoga session that the person attending really enjoyed and benefited from, one person said.

- **“I like the chair exercise; I like Jumping Jacks.”**

We observed a loud and fun activity organised by the activity coordinator who residents interacted well with, although it was noisy, the people taking part were enjoying it.

There were diverse types of activities depending on the home and who the scheme was provided by, nevertheless residents were generally asking for more activities.

### **What residents said:**

- **“I wouldn’t miss it for the world.”**
- **“A bit more activities and information make the day go quickly.”**

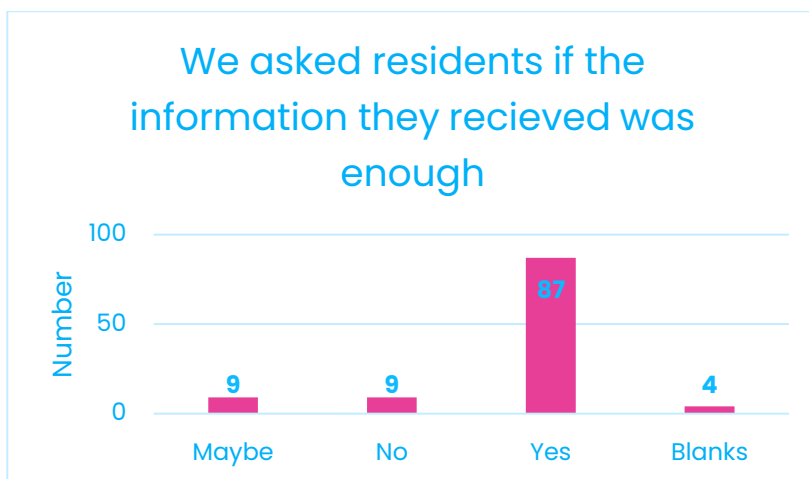
**What the staff said:**

- “Could provide Karaoke for tenants.”
- “We don’t have time to do activities with residents; I try to put some up. It would be better if we had an activity coordinator.”

Showing the restrictions in terms of resource and staff capacity to organise activities. Nevertheless, there was a willingness from staff and a recognition that activities are valuable for people.

## Communication and Inclusion

We asked whether the communication they received was enough for their needs.



**90% of** residents said that they received enough information, which is positive, however for some, communications are not always effective and with small improvements they could make a difference to the information people have access to.

Not all residents receive information or are able to access it easily e.g. if it is on a noticeboard pinned too high to read, if you are on a scooter or wheelchair.

**What residents told us**

- “Sometimes staff tell me what is happening and sometimes they don’t” showing communication can for some residents be hit and miss”.

- “If I don’t get information I probe” showing people with the capacity and confidence to ask questions get more information”.
- “I don’t get anything in large print, which would help”.
- “Not a thing, they do not publish it, they come and talk to me about the activities going on. I get not enough sometimes people choose to tell me, and some do not.”

## Language and Translation

We spoke to two tenants who do not speak English but used their personal support worker to tell us about their experiences of communication. Due to their vulnerabilities and having English as a second language they said, “**that they know little about what is happening**” in the scheme and appeared to be isolated as a result, apart from their carers. If residents are happy with this and it suits them as individuals, this works well.

## Tenant/Resident meetings

Residents who participate in these meetings, have a greater knowledge of what is happening in the scheme and notes/minutes of these meetings are displayed on the wall if anyone wishes to read them.

We observed a meeting which seemed to be about health and safety, as well as a remembrance for a member of staff. We witnessed a positive interaction with residents about activities. These could be utilised more e.g. how do they disseminate information to all tenants – not just the ones in attendance at meetings. We observed good practice when one scheme displayed flyers for the tenants’ games afternoon immediately after their tenant meeting on doors and poster boards at a good height to ensure they were seen.

## Healthcare and independence

Some people we spoke to were uncertain about the amount of help and support staff could provide for them.

One resident raised his concern:

- “Staff are not allowed to lift me if I fall over, I don’t see why they can’t be trained to help me, I spent hours on the floor waiting for the ambulance to come.”

This issue of how far staff are able to provide care for the tenants in terms of First Aid, we observed one tenant who felt unwell, the Authorised Representative explained to the support worker who said they would phone 999, this person became agitated and thought the carer meant the police. The person was

reassured, the support worker contacted 999, as the person started to feel better, so no further action was taken.

Residents mentioned the lack of “**common sense**” where a plaster could not be applied, or clothes put on when they were still wet after a shower.

When we spoke to care staff, they were busy completing risk assessments for individuals living in the scheme.

It seemed confusing to have different processes for different Housing with Care schemes and individuals. Although personalised care would explain this. But this could be explained to people in a different way

One resident said:

- “If I fall, they will come and pick me up.”

## Food and Nutrition

Healthy food and nutrition are essential for mental and physical health –our findings showed a wide variation in people’s experiences of the food provided in the schemes which might impact on their mental health. Across Housing with Care Schemes, there is differing catering options/offer available to tenants and may also be funded separately to the care service.

### What the residents said about their food

**90%** of residents said that they eat or have eaten in the past in the restaurant/cafe, but not everyone eats there all the time unless they pay for it as part of their package.

There is a variety of different experiences of the food served and it also has an impact on the benefits or money people have in order to purchase it.

What residents said:

- “Cafe is expensive and food not always good.”
- “They keep us warm and fed. The kitchen is open from morning till afternoon”.
- “It works well. There is a 4-week menu. Lunchtime menu only, I am happy with this. I don’t think there is anything they could do to improve the food”.
- “Only have access to cafe on Tuesday and Friday now – due to chef being off, was meant to be back in September, still not back. Use microwave in flat to make meals, not allowed to use the oven. Brother helps with meals sometimes. Love the all-day breakfast they have on a Friday”.
- “My family had food that wasn’t cooked.”
- “My relative brings food in for me, and the carers heat it up”.

- “I use the canteen not very often, it’s too cold to go out in the community and too far for shopping so family do it for me. the girl comes in to make meals”.
- “Pay all week for meals, too expensive, they changed what I ordered, not telling me.”

## Cultural food

Within our sample less than 10% belonged to Black, Asian, or Ethnic Minority groups but these groups could benefit from having their cultural cuisine represented more within the food served. There is mention within the activities how diverse cultural occasions such as Diwali or Christmas are celebrated, which could involve food too.

### Residents said:

- “This food is not what I like to eat- I am used to home cooking Caribbean – my daughter cooks for me”.
- “They don’t prepare food like I would.”
- “Referring to hygiene standards but this person would not say anymore.”

One person’ personal carer made her food for her.

## Family and Food

Tenants who are unable to cook their own food rely on carers or family members to prepare food for them as part of their care package, but others rely on the food provided through the catering provision. If the catering provision is not open often this can provide challenges and prices did appear to be a bit expensive.

We observed at one scheme home cooked lamb curry and rice, they also made homemade biscuits and cakes.

Some residents pay for their food at the canteen through their package.

### What we observed

We observed residents having pie, mash, and vegetables. One scheme had fish, chips, and mushy peas.

We observed a resident asking for support from staff to help cut up their food. We witnessed staff checking on people to see if they needed any help.

The tenants seemed to be enjoying eating their food.

We observed lunch time being a good opportunity to watch staff members interactions with the tenants and all tenants with each other as they ate their food, on two occasions this was fun and light-hearted, remembering past songs and memories. In others it was a quiet time, where people focused on their food, and staff did not interact.

Dinner times varied in different schemes and were a mix of quiet time and other schemes had music from a radio or cassette which sparked conversations.

There was a range of different experiences of food, for some schemes they seemed successful, while others were more challenging.

There were variations in food quality and affordability across schemes, which may impact on individual experiences for example, some are not open all the time, which means that people need to have ready meals or other straightforward way to make dishes.

People from different cultural backgrounds, or people who don't eat meat are not as well catered for in terms of what food is available observed one tenant with a lunch of mashed potatoes and vegetables as a vegetarian option. Often people's own carers or family members will make dishes for them.

We did hear from residents who are gluten free that the kitchen staff would prepare different food for their requirements.

## Independence and choices

When people make their own choices about food, it might not be nutritious and if you live in your own home, you may have people checking to see what you have eaten for the day. Tenants may have full kitchens in their accommodation and are able to prepare their own meals independently.

### **We observed**

One tenant had not eaten their breakfast made by staff but was eating snacks, again people have a right to their own space and behave as they wish to do.

Another said **"they are strict, they don't like you drinking"**

This may depend on the scheme. A couple of schemes have a bar where you can purchase an alcoholic drink.

If the Housing with Care scheme only has a catering provision open once or twice a week, it has a negative effect on those people who rely on it because they cannot cook for themselves or require a carer to help them. They eat whatever snacks they have to hand.

We were aware that one Housing with Care scheme was recruiting for a full-time chef.

#### What staff said about food and their catering provision?

- Dementia resident who are paying sometimes forget meals, and sometimes staff don't remind them
- Pricing in the café is very high, older people can't afford it.
- We have given free meals now and again.

## Security and Safety

For most tenants and their relatives, knowing that they or their loved one had extra care and support was reassuring, knowing that they were safe and had help if they needed it,

#### Residents said:

- "yes, always helpful when I need anything, I am happy, family are happy, I have an alert button on my necklace, to call for help, and they come quicker, in the day than at night, I think there are less staff, but there is always help if I need it"
- "Staff are not allowed to lift me if I fall over, I don't see why they can't be trained to help me, I spent 12 hours on the floor waiting for the ambulance came".
- "I had carers at home; family are happy because they know I am safe".

In two of the Housing with Care schemes, residents felt less secure on the ground floor because they had had equipment and scooters going missing from the sheds.

For some, there were Housing with Care policies that don't make sense:

- "There are some policies that seem daft, that is; - can smoke in apartment but cannot have candles and sometimes if they are doing prizes, they have candles."

## Transition

Some people have lived in the Housing with Care scheme for years, others are in because they require a short stay to get them back on their feet or assessed for their future place to live. This can be confusing for people, nevertheless people felt that they were supported with this.

### What residents said:

- “Staff are brilliant, its brilliant here. The support and care is brilliant. It’s been a shock to my system because I’m used to being independent, but the staff have helped me”.
- “If they are not nice, I ignore them,” it’s quite scary when you come into a place like this, because you don’t know, but one of them came with me.”

This support helped the person transition to the new scheme.

The needs of people being assessed and supported differs from those whose apartment is their home, but the tenants we spoke to, were aware of their transition and felt supported in order to adapt to the changes.

There is also the transition that some people feel thinking about the care that they will need in the future, and how the Housing with Care scheme can meet those needs.

### One resident said:

- “The care and support meet my needs. I know I will get worse; they (staff) are ready if I need them. I’ve got a buzzer in my room if I need them, I use it. I’m very independent, I do my own shopping and things – I want to do it while I can.”

For some the next chapters in their lives may mean a movement to a new type of housing care, for example a care home.

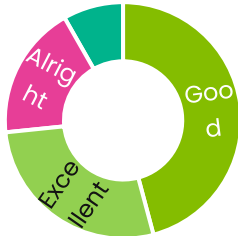
### What we observed

We observed that people who were new to the scheme were generally supported, but there may be need on ongoing communication to support people with this. Eg a scheme leaflet that explains about what is happening in an easy-to-read way.

## Building and environment

### Tenants' views of the building and environment

Using a scale of Excellent, Good, alright, poor and very poor, how do you find the building?



As seen above **over 75%** of tenants think the building is good or excellent.

#### What they said

Some of the residents we spoke to commented on how much they valued their environment.

- “Compared to what I’ve come from, it’s a palace. Its lovely, my room is comfy and spacious, the lighting and temperature is good.”
- “Excellent, clean tidy, I like the layout, it’s like my own old place temperature is fine”.
- “Good, it’s a nice place, its safe, staff are good, Freezer is a pain, (it is in the dining room) I’ve reported it I can’t hear people talking to me”.

But there were some issues in terms of the equipment “If there is only one lift and it breaks down tenants can’t access their apartments” if they are relying on scooters or wheelchairs and they live on the first or second floor. Two residents mentioned this, as it had a substantial impact on them on that day and time. Building is **“good, but it only has one lift**, if the lift goes down, we are totally stuck, happened one day, we were downstairs, they had to go out and get sandwiches – design fault.

Residents told us of other issues with the buildings and apartments:

- “They are going to modernise the kitchen, all of them in January. We had a residents meeting and chose the kitchen. *(This relates to tenants selecting from available refurbishment options for their own flat, rather than choosing one design used throughout the scheme)*
- 

We observed an issue with ventilation – some tenant’s rooms where they smoke are thick with smoke, they are asked not to smoke when a cleaner is in the room but there is still smoke there. There seems to be an issue with ventilation as the smoke also goes into the corridors and you can smell it down the halls.

The apartments are the persons' home, so they should be entitled to do what they wish in their private space, nevertheless perhaps better ventilation could ensure the smoke leaves the rooms -this is a comment If someone had breathing problems, they would struggle in this environment.

## Garden

All the Housing with Care schemes has outdoor areas that tenants, their friends, and families can access. These had seating around tables and benches for people to sit on.

### What residents said:

- I like to help with the garden, but I have had my garden equipment robbed. wasn't a shed to keep it in. scheme has a garden fund to buy bird seeds".
- "I go outside if it is warm and sit outside its nice in the garden, fund for people to put money into to make the garden nice. got daffodil bulbs recently."
- Good, "I have a special interest I know they have a bit of a back garden, I haven't got plants in it yet, but I will do."
- "I will accept any conditions as long as I have got a home. Modest but clean, [I have no] no needs - occasional parking issues nothing that excludes me here."

### What we observed

We observed tenants walking up and down the paths, having chats with friends, or having a cigarette in the garden.

There are places in the garden for people to meet each other, although observed in one garden a resident told us they were used in the summer when the weather is warmer and better.

Some of the rooms felt small, but also did not have enough cupboard, shelf space, or space they could use e.g. it was too high.

### What residents said:

- One said the scheme (personal perception) was "falling to bits".
- Another told us that there "had been a leak in the upstairs apartment where water had run into her airing cupboard and damaged their clothes and towels that were in there." They did not realise they needed insurance as the scheme would not pay for their replacement,

## Fixtures and fittings

In some Housing with Care schemes, it feels a bit unloved and communal toilets, showers and parking spaces we thought were a bit shabby. But despite this they had homely, warm, and calm feeling to them. Disabled spaces in some parking lots need to be repainted to be identified.

Hot and cold taps are not always obvious. And light switches can be hard to find.

We will look at this in more detail in the individual reports for groups of Housing with Care.

### **What staff and management said:**

There was a range of different opinions, mostly positive, that staff feel supported. However, there are concerns about the variety of tenants needs that are being met, whether they are able to cope with them all, and some ideas that staff put forward to help with the scheme.

Of the staff we spoke with these are some of their comments about what they liked working in Housing with Care.

#### **What staff said**

- "Tenants are a pleasure."
- "Being part of a supportive environment, which contributes to individual's wellbeing".
- When asked what could be done to improve their role or their scheme these are the comments?
- "Having more time to communicate with the residents to give them time to talk."
- "More communication is needed staff/management communication is lacking (about shifts) rota should be four weeks but hasn't been, communication about tenants' hand over is really good, but it's really the staff side."
- "Pricing in the café is very high, and we have given free meals now and again".
- "At times need additional resources."
- "It is a very fast-moving environment."
- "More dedicated time for staff development"
- "It's great as it is."

## **Future**

#### **What staff said**

Managers highlighted that there is an increasing number of younger (i.e. in their 50s and 60s men in Housing with Care, what does this mean for future provision of Housing with Care services, including activities.

Alongside more young men, there was concern about people with complex mental health issues, including.

- "I feel supported and if need be, I can talk to management."
- "Managers don't listen, more mental health tenants and not trained to deal with it."

We spoke to ten tenants who said that their mental health was the reason that they were in Housing with Care.

# Overall Recommendations

## Linked to Themes (Numbered)

Each recommendation is explicitly linked to the theme(s) and evidence described in this report and these are intended to support ongoing improvements. These are summarised collectively below and specifically individual Housing with Care reports:

### Theme 1 – Communication & Inclusion

R1. Make all tenant communications accessible (large print; wheelchair-height boards; consistent staff briefings).

Linked evidence: Noticeboards positioned too high; limited large-print materials; people report “hit and miss” updates; ESOL tenants isolated without translated information.

R2. Standardise staff briefings so all staff can inform people about activities, changes and updates.

Linked evidence: People report inconsistent information; staff note rota/communication issues affecting consistency.

### Theme 2 – Activities & Wellbeing

R3. Broaden and co-produce activity programmes with people, reflecting changing ages, interests and cultural backgrounds.

Linked evidence: Desire for more variety beyond quizzes/bingo; younger people seek different engagement; staff lack time to run activities.

R4. Develop joint activity sessions across schemes to widen social contact and increase choice.

Linked evidence: Good practice observed where schemes collaborate to share resources and activities.

R5. Establish tenant-led activity groups and suggestion boxes to strengthen voice and ownership.

Linked evidence: Tenant meetings underused; some people attend “to get out of their room”; suggestions for more varied activities (e.g., skittles, karaoke).

### Theme 3 – Food & Nutrition

R6. Improve the food offer: quality, affordability, consistent opening hours, and culturally appropriate/vegetarian options.

Linked evidence: Wide variation in quality; affordability concerns; café closures; limited vegetarian/cultural options reported.

R7. Monitor satisfaction with food regularly and include tenants in menu planning.

Linked evidence: People not informed when meals changed; cultural preferences not routinely reflected.

#### **Theme 4 – Environment, Building & Safety**

R8. Address environmental quick wins: repaint disabled bays, clear car-park rubbish, improve signage, and label hot/cold taps clearly.

Linked evidence: Worn paint on disabled bays; rubbish including used gloves in car parks; unclear signage and confusing taps reported.

R9. Refresh worn carpets, repair communal areas and improve ventilation, particularly in rooms where smoking occurs.

Linked evidence: Worn carpets; smoke drifting into corridors affecting other tenants.

R10. Provide a simple tenant induction pack covering insurance requirements, who's who, tenants' meetings, and how to raise concerns (accessible formats).

Linked evidence: Tenants unaware of insurance responsibilities; confusion around processes and roles; value of tenants' meetings.

#### **Theme 5 – Care, Support & Independence**

R11. Clarify falls/first-aid protocols and communicate clearly what staff can/cannot do; explore additional training to reduce time on floor while awaiting ambulances.

Linked evidence: People uncertain about lifting after falls; long ambulance waits reported; inconsistent understanding among staff.

R12. Review medication access processes to support people independence where safe and appropriate.

Linked evidence: Some people feel over-restricted (e.g., meds locked away despite prior self-management).

#### **Theme 6 – Transition (Short Stay & Long-Term Tenants)**

R13. Provide easy read/pictorial information for new tenants explaining what to expect during short stays and transitions.

Linked evidence: New arrivals described the experience as "scary"; short-stay assessment processes not always clear.

#### **Theme 7 – Personalisation & Tenant Voice**

R14. Strengthen co-production across activities, food, communication and environment to embed personalisation.

Linked evidence: Strong tenant voice and staff commitment, but practice varies by scheme.

R15. Create tenant champion roles (e.g., activities, garden, communication) to support involvement and ownership.

Linked evidence: Good practice noted where champions exist; opportunity to formalise.

#### **Theme 8 – Staff Support, Capacity & Communication**





R16. Review internal staff communication, rota planning and resourcing to ensure consistency and reduce pressure.

Linked evidence: Staff report rota issues and limited time for communication; fast-paced environment impacted consistency.

R17. Provide additional training aligned to tenant needs (e.g., dementia, mental health, cultural competency).

Linked evidence: Managers note changing demographics; staff highlight more complex mental health presentations.

Each Manager received a separate report representing individual recommendations/consideration. The below table show responses for each Housing with Care scheme which includes a named lead, target dates, any dependencies (e.g. landlord/catering contracts), and how you will evidence completion. We expect responses to outline actions, timelines and how improvements will be monitored.

ID	Report response	Named lead	Actions Agreed/ Target date	Evidence / link
Humber Court	Received	Emma Cooper	See Sub Report	 Humber Court E&V Report Final.docx
Henry Court, Leofric Lodge & Wyken Court	Received	Kelly Adams	See Sub Report	 Henry Court Leofric Lodge Wyken Court E
Alexander House	Received	Tracy Garrick	See Sub Report	 Alexandra House E&V Report Final.doc
Harry Caplan House & Elise Jones House	Received	Suzanne Horner	See Sub Report	Manager away until 31 <sup>st</sup> March awaiting final response
Copthorne Lodge, Quinton Lodge and Knightlow Lodge	Received	Cliff Evans	See Sub Report	 Copthorne Quinton Knightlow E&V Repor

# Conclusion

We heard many positive experiences in Housing with Care, and many tenants feeling that their needs are met by the services provided. **80%** see the services and support as good or excellent, this shows the encouraging views of people using the service. There is also a sense of pride in their scheme – people feel ownership and familial relationships with the staff including other tenants and, value the care they receive. Activities are a positive part and people want to engage with them. Sometimes there are not enough activities or variety.

Considering there are many different people in Housing with Care, some with complex care needs, it may not be impossible to consider everyone's interests and needs at the same time.

What Housing with Care does well?

- ✓ Provide a safe and homely environment where people feel they are at home but have the safety and security if they need help or support.
- ✓ Housing with Care is able to change to meet people's needs as they get older or their physical needs change – so they are able to transition as part of their care.
- ✓ It is a good place for recovery for people in short care or discharge to assess to be cared for after while they regain their strength and abilities.

The care that people receive is good, and positive relationships have been seen. We thought that there were a few areas (among many) of good practice that stood out: -

Good practice

- ✓ Having champions for areas of the scheme for tenants –for example, an Activity Champion
- ✓ Putting posters up in the lift and corridor where people pass.
- ✓ Having a who's who pictures on the wall,
- ✓ Support for people who are moving to the scheme, whether from home or hospital through Discharge to Assess for a short stay care.

However, there are some improvements that could be considered and made through our recommendations including bright and impactful communication by making sure that everyone, including staff are aware of what is happening.

- ✓ For people to be involved in the activities that are put on, and where possible to contribute to the activities being delivered, whether through ideas or delivery.

- ✓ For all staff to be aware of the tenant's needs and considerations across the board.
- ✓ The environment for some could be improved around appropriate signage.
- ✓ Health and safety needs could be addressed by fixing worn out carpets and buildings that need repairing.
- ✓ Issues around people's needs, access to benefits and ability to pay that seems to be performed by managers, but could be improved by information sharing between schemes, and working together.

We have created several themes which link to our recommendations to be considered for action. Individual reports will be sent to clusters of Housing with Care schemes for their comment. This provides a strong foundation to build on through continued partnership working.

## What Happens next,

This report and recommendations will have been sent to Housing with Care group managers for a response to our recommendations for consideration., these have been added to this report. We will then review the actions after three and six months to see if these actions have been followed.

We will share our findings with CQC and the Adult Social Care Management Team.

Healthwatch Coventry will continue to work with partners to review progress and support improvements.

If you would like more information or have questions about this report, please contact

[yoursay@healthwatchcoventry.co.uk](mailto:yoursay@healthwatchcoventry.co.uk)

## Healthwatch thanks

Healthwatch Coventry would like to thank all the Housing with Care residents who so kindly have their time and spoke to us, the staff and managers who made us welcome and spoke to us. And thanks to all out volunteer Authorised Representatives who gave their time to conduct this Enter and View to Housing with Care schemes

For more information see [www.healthwatchcoventry.org.uk7](http://www.healthwatchcoventry.org.uk7)

## Appendix 1

### About Enter & View (statutory context)

Local Healthwatch have a legal power to visit publicly funded health and social care services to see and hear them in action. Enter & View helps us gather evidence about what works well and what could be improved from the perspective of people who use services. It is not an inspection.

#### Legislative and guidance context for providers

Our power to Enter & View arises from the Local Government and Public Involvement in Health Act 2007 (as amended) and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Providers are expected to co-operate with visits and to consider and respond to recommendations. Enter & View complements (and does not replace) Care Quality Commission (CQC) regulation.

### Safeguarding, Independence & Limitations

Our Authorised Representatives are trained and DBS-checked. We plan and conduct visits, report balanced findings, and make recommendations to providers and commissioners, who are expected to consider and respond. We publish our reports and follow up on agreed actions.

#### Independence

Healthwatch Coventry is an independent statutory champion for people using health and social care services. Enter & View visits are planned and delivered by Authorised Representatives who are trained and DBS-checked. We report balanced findings based on what their tenants, relatives and staff told us and what we observed. Enter & View complements (and does not replace) Care Quality Commission (CQC) regulation.

#### Safeguarding

If Authorised Representatives witness or are told about immediate risks of harm during a visit, we follow our safeguarding procedures: we raise concerns promptly with scheme managers and, where necessary, escalate to the local authority and/or CQC. We do not investigate individual cases; our role is to reflect peoples' experience and highlight improvements.

## Scope and limitations

**Scope:** This report focuses on peoples lived experience within Housing with Care schemes, covering environment, food, activities, communication, personalisation of care and overall wellbeing. It is not an inspection and does not assess clinical quality.

## Appendix 2

Dates of visits and Authorised Representatives present

Date	Venue	Authorised Representatives
16th & 23rd October	Henry Court	Allen Margrett, Leigh-Anne Howat, Gillian Blyth, Ruth Burdett
30th October	Humber Court	Allen Margrett, Ruth Burdett, Gillian Blyth, Sam Barnett
5th November	Alexandra Court	Gillian Blyth, Ruth Burdett
6th November	Leofric Lodge	Allen Margrett, Gillian Blyth, Ruth Burdett, Sam Barnett
12th November	Wyken Court	Gillian Blyth, Ruth Burdett, Sam Barnett
14th November	Elise Jones House	Allen Margrett, Gillian Blyth, Leigh-Anne Howat, Ruth Burdett
17th November	Quinton Lodge	Allen Margrett, Gillian Blyth, Kath Lee, Ruth Burdett
18th November	Knightlow Lodge	Gillian Blyth, Kath Lee, Mary Reilly, Ruth Burdett,
21st November	Harry Caplan House	Ruth Burdett, Sam Barnett
24th November	Copthorne Lodge	Allen Margrett, Gillian Blyth, Ruth Burdett, Sam Barnett

## Appendix 3

Information about the people we spoke to

Age of person	No.
25-49 years	4
50-64 years	26
65-79	35
80+	31
Not known	4
blanks	9
total	109

Gender/Sex	No.
Man	37
Woman	61
not known	3
blank	8

Sexuality	No.
Asexual	1
Heterosexual	92
Lesbian gay woman	1
Not known	6
prefer not to say	9

Ethnicity	No.
White British	99
White/Irish	2
Black/Black British - Caribbean	5
Asian British - Chinese	1
Any Other Asian British	2
Preferred not to Say	1

## Appendix 4

Information about the Housing with Care schemes we visited.

### **Henry Court**

Henry Court is a rented housing scheme with 40 one-bedroom purpose-built properties for people age 55 plus who need some care. It has its own dedicated care and support team, registered with Care Quality Commission. Provided by Anchor Home Care. Referral to the scheme is through a health professional through Coventry Social Services. For more information

<https://www.anchor.org.uk/our-properties/henry-court-rented-housing-extra-care-coventry>

### **Humber Court**

Humber Court has 46 apartments for people who are local to the area or have local connections. The scheme can support people with significant assessed care needs (e.g. Dementia) or no care needs currently. You can get a place at the scheme through an application process, depending on availability. It has a café and an outside garden area.

For more information [Humber Court - ExtraCare retirement homes in Coventry](#)

### **Alexandra House**

Alexandra House is a purpose-built rented housing with extra care, it 34 one bedroom, and five two-bedroom properties for rent for people over 55, who have been identified by Coventry Adult Services as needing support. extra help, care is provided by on site trained staff.

For more information

[Alexandra House rented housing with extra care | Anchor](#)

### **Leofric Lodge**

Leofric Lodge has 46 one-bedroom purpose-built properties for rent for people over the age of 55 with “low to high” care needs. It has its own dedicated care and support team, registered with the CQC, and based on site called Anchor Homecare. To become a tenant of Leofric Lodge requires a referral from a health professional Coventry Social Services

For more information see <https://www.anchor.org.uk/our-properties/leofric-lodge-rented-housing-extra-care-coventry>

### **Wyken Court**

Wyken Court is rented housing with extra care. It has 34 one-bedroom purpose-built properties for people over 55. It has a based on-site care and support team, registered with CQC and run by Anchor Homecare. Prospective tenants would require a referral from a health professional from Coventry Social Services.

For more information:

<https://www.anchor.org.uk/our-properties/wyken-court-rented-housing-extra-care-coventry>

### **Elsie Jones House**

Elsie Jones is a Housing with Care scheme, the care is provided by Coventry City Council, and the building is managed by Citizen Housing. The scheme has 28 apartments. 24/7 care is provided for those that need it, alongside smaller care packages. The age range is 60 plus, and you can apply through Citizen's home finder portal.

For more information:

[https://housingcare.org/housing-care/facility-info-20688-elsie-jones-house-earlsdon-england#google\\_vignette](https://housingcare.org/housing-care/facility-info-20688-elsie-jones-house-earlsdon-england#google_vignette)

### **Quinton Lodge:**

Extra care scheme with 33 flats with on care staff provided by Coventry City Council it has a restaurant open to the public, alongside laundry, garden, and assisted lift. The building is managed by Citizen's housing, and new tenants accepted from 60 years of age, different levels of care provided as needed.

For more information <https://housingcare.org/housing-care/facility-info-20693-quinton-lodge-cheylsemore-england>

### **Knightlow Lodge**

30 flats with care staff provided by Coventry City Council, it has a restaurant open to the public, alongside laundry, garden, and assisted lift. The building is managed by Citizen's housing, and new tenants accepted from 60 years of age, different levels of care provided as needed. The service is accessible through a social care assessment by a social work professional.

For more information:

<https://housingcare.org/housing-care/facility-info-79757-knightlow-lodge-willenhall-england>

### **Harry Caplin**

32 flats with care staff provided by Coventry City Council, it has a restaurant open to the public, alongside laundry, garden, and assisted lift. The building is managed by Citizen's housing, and new tenants accepted from 60 years of age, different levels of care provided as needed. The service is accessible through a social care assessment by a social work professional. Easy to access and wheelchair completely accessible care offered 24/7.

For more information

<https://housingcare.org/housing-care/facility-info-20691-harry-caplan-house-allesley-england>

### **Copthorne Lodge**

Copthorne Lodge is a Housing with Care scheme, the care is provided by Coventry City Council, and the building is managed by Citizen Housing. The scheme has 30 apartments, alongside smaller care

packages. The age range is 60 plus. This scheme is more suitable for people with more mobility but has activities and food available.

For more information

<https://housingcare.org/housing-care/facility-info-20686-copthorne-lodge-coundon-england>

#### **References/guidance:**

“Housing with Care Short Term Placements is intended to provide a period of short-term support to maximise your independence, if you are unable to initially safely return or remain at home, with a view to you returning home where possible. You will have your own self-contained flat, care and support will be provided by staff based at the scheme.”

People are able receive support from therapists depending on their circumstances. (also known as discharge to assess or D2A) for more information see: -

Your guide to short term/discharge to assess (D2A) services – Coventry City Council

<https://www.coventry.gov.uk/nhs-services/guide-short-termdischarge-assess-d2a-services/print>

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