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Interviewer: So we’ve got loads of questions to work through but our focus is around pay and reward in adult social care. But we’ll ask you for a little bit of background on yourself, only briefly, just to help us set context, and then to work through what your organisation does in terms of pay and reward and your views on that.

So, could you tell me a little bit about your current job title, and how long you’ve been in your role?

Respondent: Yeah, my current job title is service development lead and I’ve been in my role just about six years this month.

Interviewer: Okay, and what does your career in social care look like? Have you been a long time in this sector?

Respondent: Yeah, since about 20, I was going to say quite a few years, but about 20 years. I came into social care as a manager with a small charity which had a home care contract, and then moved onto the local authority in a procurement and quality role, but that was for training in social care specifically. I then left the local authority role to move into a general... to work as a corporate procurement manager, so that was more general.

I left the council with the opportunity of a redundancy package some time ago and after a couple of years the people who I’d worked for in social care rang me up and said, “What are you doing, can you come back?” The organisation, whilst it was based in [Name] Council was called [Name] and it worked across [region]. When they rang me up they were extending their operations into [area]. So I went back to work with them for another couple of years and recruited 200 to 300 organisations across [areas], to provide training and various services for us, so that was quite interesting.

And when that role ended, it was just a temporary role for a couple of years, I was contacted by one of the care providers, which is the one that I’m now working for and they kind of said, “Do you want to come and work for us?” and I said, “Well, I couldn’t see myself working in a support team, what do you want me to do?” and they said, “We’re not quite sure, but we’ll find something.” And luckily they’re quite a successful organisation, despite being small, and they can afford to carry me as an overhead doing their training, their quality management and protection, things like that.

Interviewer: So what services does [Organisation] offer?

Respondent: We’re a [service], it’s a small organisation that’s locally owned by two people that are directors. They have two homes in [area], one has seven beds, the other has eight beds. We look after people, service users with autism and/or learning disabilities. [detail removed for anonymisation purposes].

Interviewer: Okay, that’s really helpful, thank you. So a small organisation, roughly how many people would you employ?

Respondent: We’ve got 32 employees.

Interviewer: 32, and male/female split?

Respondent: It’s about half/half, and the organisation [CEO] and the directors, they worked with a social care professional, [Name], and they developed their own model of care. So we kind of have a gender split, particularly in the home where it’s heavy with guys with autism needs, to try and mimic the parent relationship between male and female and the staff team.

Interviewer: And in terms of ethnic diversity?

Respondent: We’re really, really poor. At one time in [area] we exceeded, we were up to something like 4%, just because we had two people who were non-white. Now we’ve got one person who’s [nationality] and other than that we’re all white and the area of rural [area] where we are, we’ve got a very, very tiny ethnic population to draw from.

Interviewer: Right, and how long typically do staff work for your organisation?

Respondent: It’s difficult to say. Generally we’re very challenging in terms of when people come to us in induction, and what usually happens is if people don’t fit with us or they feel an odd fit, they move before the 12 weeks. That happens maybe once or twice a year. Usually I would say people are with the organisation at least three years, most six to ten plus, as far as I can see.

Interviewer: Okay, so obviously you have that kind of initial fit, yes or no. If it’s yes you’ve got relatively long service beyond that?

Respondent: Absolutely, yeah.

Interviewer: Okay, that’s great, thank you. So, one of the things we’re particularly interested in is pay rates and what factors shape those pay rates. So what are your typical pay rates for your care workers and do you have a senior care worker level?

Respondent: Yeah, absolutely. The care workers are on around £10.50, £10.50. The seniors I think are on £11.00 or £11.20, I hadn’t looked it up before I came out and I should have. And we’ve got a senior team leader who’s on something like £12.50 an hour. We’ve got a registered manager, I’m not quite sure of her rate, but it’s a high rate, I should imagine she’ll be on £30,000 to £35,000 a year.

The reason we’re able to do this is we get a fair bit of payment in terms of funding. We’re not like a dementia home, scrabbling about for funding from local authorities, we get a fair bit. And most of the service users have joined us from between the NHS and local authority and the care packages, there’s a lot of money that represents the complexity [detail removed for anonymisation]. So we can afford to attract staff if you like, and that reflects in their training as well, so I’ll talk a bit more about that.

The fact that I’m there and what am I on? Something like £20 an hour. Many care organisations wouldn’t be able to have that sort of overhead for a person who’s in non-clinical, non-support.

Interviewer: So, I’m probably jumping ahead of myself now, but given those pay rates how easy or not do you find it to attract staff?

Respondent: It should be easy because we’re, kind of, in excess a little bit of what’s available locally, but we find it’s not. Part of the reason for that is the demands we put on people and the intensive recruitment process we have. And also, working rurally, we have to insist that people drive, it’s not practical for them to come and work with us... and the bus service is not great because we are in a quite semi-rural location.

Interviewer: So you have quite a flat structure, you have a care worker, a senior care worker and a team leader before you get into registered manager?

Respondent: Yeah.

Interviewer: Okay, do you have any enhancements, shift enhancements, sleeping rates, those kinds of things?

Respondent: Yes.

Interviewer: Is it a flat rate?

Respondent: Yeah, it’s a flat rate. I believe the people on sleeping get a little bit extra. But the only other thing is the bank holiday pay, they get paid time and a half if they have to work a bank holiday. And that’s just a normal shift, if you happen to be scheduled in for a shift on a Bank Holiday Monday, it will not be a matter of everybody saying, “Can I work?” or, “Can I have it off?” It’s just automatically paid at time and a half for a bank holiday, it’s recognised that’s a sacrifice. But it’s pretty flat in terms of pay and reward.

Interviewer: So obviously you’ve got reasonably good pay rates, but when you come to increase your pay rates, what factors influence when you uprate your pay?

Respondent: It’s usually things, if there are increases in the National Living Wage or national wage, we obviously match them and try to go a little bit beyond them where we can, and what’s available from local authorities. It’s a very unusual place. The owners, I don’t know how to describe them, they have a good living, don’t get me wrong, they have a nice big house in a nice area, but they’re not... they put more money back into the business that you would expect.

I’ve been working with 300 organisations across [areas], five or six years ago, I see what goes on, and there’s nowhere that really compares with them and they believe in investing in the business.

For example, they’re renovating a home in [town] as we speak, which is costing them an absolute fortune, and there’s no way to make a profit on that for probably four to five years. But what they’re interested is in extending the service, the quality of service.

So that’s one of the reasons that they look to pay those people is because we put them through a lot, in terms of training, and they think people have got a big responsibility with guys who [detail removed for anonymisation}. So they look to reward people where they can.

Interviewer: So they’ll have three homes once they’ve finished renovating that home soon?

Respondent: Yeah, they optimistically think it’s going to be open next spring, I suspect it will be, kind of nearer next summer, there’s so much work to do.

Interviewer: Okay, obviously your remit is training, I wonder, does gaining qualifications lead to an increase in pay?

Respondent: It doesn’t and that’s really interesting because [CEO] and the owners are committed to rewarding everybody the same. So the National Minimum Wage, for example, they don’t pay less for people who are under 19, we have very few, I think we’ve only got one at the moment, they don’t less for people who are under 21. They just want everyone on the same..

It made me really think about it when I was doing the survey, the questionnaire, about the possibility of doing that, and I’m going to have a chat with them and say, is there not some merit in rewarding people who have got a little bit more? But I know the answer’s going to be no because they’re so, kind of... they want everybody to be the same.

Interviewer: Right, so it’s not about... So age doesn’t matter, length of service doesn’t matter, qualifications don’t matter, it’s about that fairness and equity. Given the complexity of the work you just discussed, what kind of qualifications do they gain?

Respondent: We look for them to do a Level 3 when they come to us, that’s the base qualification. We don’t expect experience or existing social care qualifications when they come in. We have had differing experiences of people coming in from care and health, where folks will come in and say, “I’ve got this qualification and this is how I’ve done things.” It kind of clashes a little it sometimes with how we run things and the model of care which is so unique to [Organisation]. So we rarely pay anybody up to Level 3, we put them on that usually after about six months.

We’ve got an accredited induction programme, we’re a learning centre with the [organisation] and they accredited our induction programme for us. So when people finish that they get a formal certificate for that and then we’d expect them within three months to be going onto a Level 3 qualification.

The other thing we do, all the mandatory stuff you'd expect, you know, all the basic training, but the other thing we have is an ongoing relationship with the lady I mentioned, which is [name]. And she’ll come in and give us specific training on [detail removed for anonymisation].

And she’ll also, if we’ve taken in new service users, she’ll work with the psychologists and the doctors and psychiatrists who we have the multiagency meetings with before we take... sorry not members of staff, a service user, and she’ll develop training suitable to that person’s behaviours and needs. And if we get an issue with any of our service users, if someone is kind of acting out of character for whatever reason, she’ll develop some bespoke training for that as well. So we expect people to be able to take on quite a fair bit of training at a level which you wouldn’t get in an older people’s home usually.

Interviewer: And is that welcomed by staff, is that something they like?

Respondent: Generally very much so, and [name], she’s a wonderful trainer, very gifted, and they love that training. We sometimes have a little difficulty with people if we have an online module. We don’t like to do a lot of online training, we had to through the pandemic. So we’ll use now an accredited Skills for Care online provider just to fill in any gaps. If people are waiting to get on the first aid course, for example, a physical first aid course, we’ll get them an online thing, just to make sure they’re being topped up with their knowledge.

It’s that kind of thing that staff tend to go, “Oh god, do I have to do another online module?” But when they get in the classroom it’s absolutely buzzing, yeah.

Interviewer: That’s really interesting. Thinking about other forms of reward then, beyond pay, and obviously the training, which is important, what other forms of reward do you offer?

Respondent: The owners are quite keen to reward staff whenever they can. So they have a bonus, it’s not a scheme, it’s when we’ve overcome problems. For example, during the pandemic, people were getting a couple of bonus payments each year. So, generally around about £1,000 a time, so people were picking up an extra couple of £1,000 from us as a bonus payment. We do usually a Christmas bonus, that kind of thing, it just depends on where the business is in terms of money.

We’ve also got... we use the Blue Light scheme, which I’m sure you’ve come across. So we use that, but we also pay for an internal scheme as well called Care for More. It’s a bit like the Blue Light scheme except it’s funded by the organisation, that gets people discounts in retail and if there’s anything they want to do, any goods. You can get discounts on holidays, that kind of thing, anything commercial that you would buy, both Care for More and Blue Light pick it up.

We tend to get a little bit better deals with Care for More, which is the one the organisation pays for for some reason.

Interviewer: So, I’ve not heard of that, so you subscribe to a commercial scheme essentially, but it provides the same kind of benefits as the Blue Light scheme?

Respondent: Absolutely, yeah, there are a few providers around if you’re looking into it, but our current one, I think, I think a typical is Bupa, we went with Bupa at one... oh no, that was for health. I’ll come onto that in a second. But we we’re with Care for More, we’ve been there for a few years now and it’s popular. Staff kick themselves when they don’t use it, it’s easy to forget.

The other thing we have got is private health care for staff, that’s non- contributory as far as staff are concerned. And a lot of the private health schemes, they exclude preexisting conditions and the one which [Organisation] pays for doesn’t. So even if you’ve got something existing you’re trying to resolve, you’re eligible straightaway for treatment in the private health care with that.

And the thing behind that is that A, it’s a thing that not everywhere provides for staff, so when we’re looking to recruit people it’s an incentive and B, from the organisation, not necessarily being hard-nosed but it’s being pragmatic. If someone is ill and things being what they are in the NHS, it can take them longer on the NHS to get it fixed and back to work. If it’s quicker with private health care then the investment’s worth it, as far as the owners are concerned.

Interviewer: Interesting. And things like holidays and sick pay, are they statutory or do you enhance those?

Respondent: Holidays, everyone gets six weeks holiday and statutory sick pay. We’re a small organisation, I think we’d struggle to support that. However, I’ll give you an example of a couple of things, what they’ve done when we’ve had people who...

One young man we took on and he was, in a couple of months, was looking to be a very decent carer and all of a sudden he developed an illness which involved him fitting, taking fits. And the owners decided that they’d continue to pay him as if he was working there for a couple of months whilst he tried to get some medical things sorted out.

I think it went on for about six months and then it became apparent that his condition was not going to improve in the short term and we had to say to him unfortunately we can’t keep him, and he left. But that kind of gesture I think is typical.

Interviewer: Yeah, it’s important.

Respondent: Yeah, it’s unusual. Statutory sick pay, but if there’s occasions where we can say to people, “Don’t worry about it, if it’s going to take a month or two we’ll pay you until you come back.”

Interviewer: Okay, that’s really helpful. Thinking about contracts, what kinds of contracts do your staff work on? And I’m thinking of guaranteed hours, zero hours, a mixture.

Respondent: Yeah, everyone’s on a permanent contract, we don’t employ any agency staff. Guaranteed, probably 40 hours a week. I think everyone’s contracted for 40 hours a week. They work 12 hour shifts but they don’t sign away rights, the European rights, the Working Time Directive, anything like that. So generally they’re under, but they can sign up to do overtime, extra shifts, cover for sickness, that kind of thing.

We do keep an eye on people, well, one or two who for genuine affection for their job would work extra days, and we have to kind of make sure they don’t burn out. And we don’t have greedy people who are jumping up and down saying can they have some more for pay. When folks volunteer for a shift it’s because they want to be there and they understand the business needs to cover the actual service user.

Interviewer: So all full-time, no part-time work?

Respondent: We have, I believe, one part time chap now. They’re all taken on full-time, and the chap we’re talking about here is part-time. He’s a long time member of staff, maybe about 9 or 10 years, possibly pushing 10 years and he is also... Outside of work, him and his wife are foster carers, and they’ve got a couple of people, and he came back to us, I nearly told you his name there.

He came to us and said, “We’ve got a couple at the moment, it’s not working as smoothly as we want,” and he was going to leave to look after that. And we kind of said “Well, if this is the case, if you can reduce your hours and things.” So he’s reduced his hours and he works a couple of night shifts a week for us now. That’s his commitment, bless him. We’re glad to have him.

Night shifts are not popular as you might imagine, among a lot of the staff, and if we can cover a couple at the weekend, that’s two less for everybody else to worry about.

Interviewer: So on that then, you do the 12 hour shifts, so that’s two obviously in a day, you just said night shifts are not popular. So how much influence do staff have over the shifts that they work?

Respondent: None, they’ve very set, very strict and rigid. What they can do, if someone says, “I’ve got something special coming on at the end of the month,” we’ll say, “Find one of your colleagues, if anybody else can cover it, then fine, if you can swap a night for a day kind of thing.” But we have to be rigid about that because the nature of the service users and their behaviours, we need statutory numbers there and the mix, as I said, between male and female makes it just a little bit more complex. So we’re quite rigid with that.

Interviewer: And how far in advance would people know what their shifts were?

Respondent: Hopefully at least a month in advance. We’re now in September, we’ve got a rota ending in about 22nd or some time, around three weeks, sorry, 10 days. So everyone knows where they’re going to be now for the month after the 22nd of September. Occasionally we may edit it, just depending on what’s happening with the staff team etc. but it’s quite rare. Usually you would get at least six weeks notice.

Interviewer: Right, okay. So going back to this idea of recruitment and retention then, how competitive or otherwise would you describe your local labour market as being?

Respondent: We have unemployment in the area but it’s quite uncompetitive in terms of, not a lot of people live where we do. We’re about 10 miles from [town] and most people want to live locally work in care. We are quite unusual in that we do have a significant number of people who work 10 miles or more away. But it’s difficult to recruit locally just because business units, the traditional big business parks in the rural parts of [town] attached to some of the towns and folks go there. If that’s nearer their home, they’ll go there rather than drive to where we are.

It’s a physical location, but again, that’s an advantage for where we are and the nature of the work we do.

Interviewer: Yeah, and you talked also, didn’t you, about having to be a driver?

Respondent: Yes.

Interviewer: Which I guess is a constraint.

Respondent: Yeah.

Interviewer: So we talked about length of service, but thinking about labour turnover what kinds of annual rates would you have, do you know, in labour turnover, kind of percentage wise?

Respondent: We’re quite small, I think we’re about 12%. I’m sure that was the latest, I’m tyring to think of what figures are on the Skills for Care worksite, because we’ve got all that stuff on the Skills for Care as a social care workforce fund database. And in comparison, when doing benchmarks, we’re small compared to other areas, I think we’re 12% to 15% at the moment. It’s half of what we get locally in comparison, so we’re quite pleased with it.

Interviewer: Yeah, and for a small provider as well, a small number of people leaving has a big impact, doesn’t it? It kind of distorts the figures.

Respondent: Yeah, that’s right. We had two retire last year and that’s gone, you can’t influence that really if someone retires, we wish them well and off they go. They still come back, they come to our garden parties and things.

Interviewer: Garden parties, that’s nice. Sorry, garden parties distracted me from what I was going to ask. What was I going to ask? Oh, how you go about filling vacancies.

Respondent: Yeah, we work with the local job centres. We occasionally get people through there. We also have, in the past, used private recruitment agencies to manage our vacancies, which obviously is a cost to the business. Word of mouth works quite well and we just explore any source we can. We’ll go to the job fairs that the job centres put on. I think that probably word of mouth is the best one.

Interviewer: You get a lot in that way?

Respondent: Yeah, it’s a unique organisation and what we try to say to people is it’s not like, there’s care homes and they do fantastic jobs. But it’s a little bit different where we ask for a little bit more, in terms of commitment and training and things like that. So yeah, I’d say word of mouth is the most successful.

We have had some work with [Namre] Council I believe as well, where we’ve recruited. One young person, this might be of interest, who is a care leaver, so she’s an adult care leaver and kind of year ago she was wondering what she was going to do with her life and where she was going to live. And now she’s part of our team.

She had some challenges when she first started to be in a work environment with the discipline and the uniform you’ve got to put on, but she’s really turned a corner and she’s proven to be an absolute little gem. So that was a source we weren’t expecting and we’re keen to work with the council to see if we can get some more people of that ilk.

Interviewer: Right, so that came through the council, that’s interesting. And a great opportunity for her as well.

Respondent: Absolutely, and they also, when I first started six years ago, the owners were very reluctant to employ anyone under 21 yeas of age because they’d done that in the past and they’d found that folks didn’t necessarily respond, younger people, for whatever reason. And I’ve kind of worked hard with them to try and say, well, you can’t say that about every 19 year old or 18 year old. And we had two people who... oh, I forgot to mention colleges.

We go along to the local colleges as well and try and tap into their social care and we had two people from one college in particular, and one lasted about three years and the other one is still with us five years later, and they were 18, 19 when they started as well. So we’ve managed to prove over the years that it’s more about the person than the age.

Interviewer: Yeah, that’s interesting. And in terms of retaining people how important is pay, do you use pay as a retention tool?

Respondent: Not really. What happens is we get buy-in to the service and the ethos of the service and the values of empathy, integrity, that kind of thing. The pay, they wouldn’t go into another care home anywhere nearby and get better pay for the same role. We’ve had people, a couple of people who are still working with us who have done that, and one particular chap did it last summer, or was it this summer? Whatever.

He was offered a more senior position somewhere else, and within a week he was on the telephone saying, “Can I come back?” Just because he missed the way we work, he missed the structure, he missed the opportunities that he had to engage and influence the work that goes on on a daily basis.

Interviewer: And were you able to take him back?

Respondent: Absolutely, with a very stern warning that he didn’t do it again because I’d just archived all his training records and everything, and it caused me a load of work when he came back. I mean he stayed, but no, I’m glad he came back. He’s not the first and he’ll not be the last.

Interviewer: Thinking about the cost of living crisis, what impact do you think that has had on staff?

Respondent: So much, it’s had a massive impact, in terms of what disposable income they have. We’ve noticed that people are keen to work, put their hand up for the extra shifts where they can and when we need them, which has worked well for the business.

But that’s one of the reasons why the owners try to give bonuses and things like that wherever they can, just to try and nullify it. And we’re conscious that we can't get rid of all the costs that come their way, and the business obviously suffers from, particularly in terms of the energy which we generate as well, and the cost of that is just stupendous. But wherever they can, that's one of the reasons that they dish out bonuses whenever possible.

Interviewer: And has it had an affect on turnover, do you think, have people left for better paid roles, or are you not noticing that?

Respondent: No, it’s had none whatsoever. None whatsoever. They’re static, the reasons for leaving have remained static. The early leavers after three months or the retirees, that’s mainly what we get. And like I said, people are looking for other stuff than for better pay, they’re looking for advancement and they come back because they realise it’s a good place to work.

Interviewer: Yeah. So my next question is about employment practices and in recruiting and retaining. But I think what you're saying to me is it's about your ethos, your values, the kind of place you are, that’s more important than perhaps pay, reward, qualifications?

Respondent: Yeah. You probably haven’t had time to look at our website with the pictures of the houses, which doesn't do them justice anyway. But one was an [detail removed for anonymisation]. And the owners invest absolutely hundreds of thousands, if not millions of pounds into the fixtures and fittings. And when people come to visit, even from the local authority, they drive past because they just think it's big private house.

We don't have signage on, we don't have signage inside. The fire brigade, because we train our people to fire warden level, all our staff, the fire brigade say we don't have to have signs saying “emergency exits” things like that, they’re fine, they’ve agreed that with us.

The environment is part of the care model and it's about investing in the place and showing people, show the service users who come to live here what a great place it is. The service users have to be proud of it as well and it’s part of their environment as well. It’s as far away from a care home as you can imagine.

Interviewer: Right, that's interesting, really interesting. So again, I think we touched on this briefly before. So in terms of living wage and minimum wage, you obviously you upgrade your pay in accordance with that.

Respondent: Certainly.

Interviewer: What about the Real Living Wage, are you aware of that? Does that influence your pay rates?

Respondent: Yeah, we try to get over that where we can. What is it currently? I was trying to find out what it is.

Interviewer: I should know that and I don’t off the top of my head. I was only looking at it the other day. I don’t know why I can’t remember that. Hold on, let’s see if I can...

Respondent: I should have checked it.

Interviewer: No, it’s all right, I should know it, I’m working with this but I always... £10.90.

Respondent: Yeah, we’re just under that, obviously for the support workers at the moment. But yes, we aim to be there or matching it whenever finances are there. So yeah.

Interviewer: Okay, so slightly under it, but it’s sort of an aspiration, you’ve got to work towards it.

Respondent: Yeah.

Interviewer: And I know you are all slightly differently funded, but is the funding you receive from the NHS and local authority sufficient, or does it reflect the Real Living Wage?

Respondent: I don’t think it’s gone up to reflect it at all, it’s just the owners, the way they structure their finances, meaning we can normally meet it. An interesting thing when you’re on about funding is we’re having an ongoing debate with one. We don't get all our clients from [area], but from different local authorities around the country, and also different ongoing health with the NHS. And we’re currently trying to claw back some money from the local authority and the NHS and they actually haven’t paid for over a year for one service user.

So we’re kind of living on that and the package is generally [a substantial figure, detail removed for anonymisation] for a service user. So come that cash, I’m quite sure when the backup of that money comes in we’ll be able to look to meet something like the living wage.

Interviewer: And what causes that? What causes that non-payment?

Respondent: We’re really trying to get the answer for that from our local authority. The NHS one, they’re kind of saying to us, “Oh crikey, we didn’t agree internally who’s budget it was before we’d placed the person with you.” So they were wrangling about their 50% and we haven't got an answer from the local authority yet.

But that happened previously as well, unfortunately we had a poor man a couple of years ago who developed cancer and died and we hadn’t been paid by his local authority for three years. So at the end it was a nightmare. So they owe us all this money for three years and then we had to put it to our books they were saying, “Your new business income’s increased massively over the last year, isn’t it?” And we were saying, “Not really, no. It’s just a massive payment from a local authority.”

So I don’t know what other services experience, but this is kind of what we’ve kind of experienced. It happens occasionally and it hits us because of the size of the packages.

Interviewer: Yeah, I’ve not heard of that before but I think it’s probably very different, as you say, in elder care to other kinds of care. I'm guessing that you don't have any self-funded service users, and they're all...

Respondent: Not at all, they’re all referred, yeah.

Interviewer: And you work with many different local authorities. So I've got some questions about your relationship with the commissioning team, but then you work with many different authorities. So how does that work? How different is it by authority?

Respondent: They’re generally okay, it's generally quite consistent. Funnily enough we’ve just had an inspection from [area] Council over the last two days, we’ve had two commissioning team people in. They were quite good, they had to the ticking box and we were pleased at how the rating had gone up from x% to y% [detail removed for anonymisation] The last time they told x% was the best in the county, so we’re quite pleased to increase. But generally the relationship is quite good with the commissioning teams.

The inspections don’t fit us because we can’t tick all the boxes, we can’t do dementia training and things like that. But it’s consistent. As far as I’m aware they’re the only county that inspects us because we’re actually physically there.

But when they come out they can only inspect in the home that we’re in today, they can only inspect on behalf of one service user because that’s all they’ll fund. So we’re not allowed to find out about the other ones. It gets a bit complex but generally they’re all okay but we only really get visits from [town] on a regular basis.

Interviewer: And how much influence or how much negotiating power do you have, in terms of your commissioning rates? Or is that fairly fixed given the kind of work that you do?

Respondent: Yeah, it’s fairly fixed and they agree with the NHS and usually they pay, but we're struggling at the minute, let's say with one person. But yeah, it’s pretty much fixed.

Interviewer: Sorry, I’m just scrolling down because some of the questions I’ve already asked, so I’m just kind of...

Respondent: One of the things that might influence that though is the demand for our services because you see all kinds of horror stories on the telly and quite local to us at [place] down in [town] and horrors recently were exposed. And we’re so different to that, and we get enquiries from around the country.

If someone has to leave for whatever reason, a service user, we’ve only had one in the last two or three years, they’re filled up as soon as we can get someone suitable for us, because we wouldn’t place anybody who was going to disrupt the other service users to any extent as well.

So the owners don’t feel it’s necessary to just get somebody in for the sake of filling the bed for the money. Their view is, we’ll get somebody who we can provide a good service for and who will fit with the rest of the service users because we really don’t... If you’ve got eight people in a home, or seven people in a home and you’re bringing a new one in you really don’t want to cause problems for the other seven. So we’re very careful how we match.

Interviewer: And I presume you’re very specialist, and by that I mean there’s not an awful lot of similar provision across the country?

Respondent: Nothing. There are things who look after the same kind of people. I suspect [detail removed for anonymisation], but a service who provides the same kinds of services, but not in the way that we do.

One big difference of what we do is we don’t have a restraint policy, we don’t restrain people. The model works so successfully we rarely have any incidents of anger or displays of dissatisfaction.

Interviewer: I didn’t quite pick up what you called it, what did you call the model?

Respondent: Crikey, I think we just call it the [name] model. The care that was published in an academic journal, [detail removed for anonymisation], something like that. If you really needed that I could send a link to it.

Interviewer: Oh well, that would be interesting actually, yeah. So, it’s called the [name] model though, if I look it up?

Respondent: Yeah.

Interviewer: I’m just really interested, it sounds really fascinating work. So, I’ve got a series of questions now, they’re a bit like, you know like market research, when I give you a number of options and then you can explain why you think... And what we’re trying to think about is pay and job quality and the extent to which job quality is important. And I think from our conversations already you’re clearly intimated that it is, but in a bit more detail.

So, thinking about your staff and the difference they’re able to make to people’s lives would you say they’re able to make as much of a difference as they like / they’re able to make some difference / some difference but not enough / or not able to make a difference?

Respondent: I think it would be the first one really, we make quite a bit of difference. Within the constraints of the model we make quite a bit. We have experienced staff. There are constraints, in terms of care plans and risk assessments, to make sure everyone’s safe, but then in terms of managing relationships and the way they communicate. They’ve got quite a lot of freedom to bring the best out of the service users.

Interviewer: Yeah, and those plans anyway, that model that you talk about might help them feel that they are doing that. It sounds like quite an innovative model, quite a person-centred model.

Respondent: Absolutely, absolutely.

Interviewer: So thinking about your work as relationships with people who are drawing on their care and support, overall those relationships would be as good as they want them to be / good enough / not as good as they would like / or not good at all?

Respondent: As good as they want them to be.

Interviewer: For similar reasons as before, I guess?

Respondent: Absolutely, yeah. Unless one of these service users is in a particular bad mood, with a grievance that he’s got the wrong kind of biscuit or something, then all these things matter. Honestly, people with autism these things matter, and generally we get very good feedback from them.

Interviewer: And a similar question for autonomy, although I think you used the word autonomy in the last question, would they have as much autonomy as they want / adequate / some but not enough / or no autonomy?

Respondent: That’s a tricky one. I would hope they would have as much as they want. The model is so rigid that if we say to someone, “You’ve got to do activity A, that’s what you have to do and these are the risks involved in that activity.” [detail removed for anonymisation]. But if, for example, someone wanted to plan a game of pool at the pub, they could go and do that [detail removed for anonymisation].

[detail removed for anonymisation]...

Interviewer: So autonomy within particular boundaries for obviously health and safety?

Respondent: Yeah.

Interviewer: Very important health and safety reasons, yeah.

Respondent: Absolutely.

Interviewer: Thinking about the tasks your staff are required to do in their role, and their ability to do them well in paid hours, they have enough time / they have adequate time / not enough time / or not enough time and it’s having a negative effect on them?

Respondent: Definitely got enough time.

Interviewer: So it does sound... it’s refreshing to speak to you, it sounds very difficult and complex work but very well resourced at least.

Respondent: Yeah, I think the owners, like I say, they’ve got a good living but they would rather not be in the position they are personally, they’d take a cut themselves rather than see a derogation of the service in terms of quality.

Interviewer: That’s really good. Which of the following statements describes how much you think your staff worry about work outside of working hours, hardly ever / occasionally / often worry about work / or constantly worry about work?

Respondent: I would like to say hardly ever, but I suspect it’s occasionally.

Interviewer: And why is that?

Respondent: Because I have conversations with them about... so staff come to me with conversations about... they’ll worry about whether they’ve done something well enough to support somebody or they’ll worry about if they haven’t picked up on signs of behaviours that might indicate someone’s dissatisfied with something. And it’s complex.

We have an online real-time system which we developed for our care plans and risk assessments and that gets noted on constantly during the day. It’s updated constantly when people have finished activities with service users. And folks will be kind of thinking, have I explained this correctly, has he understood what I mean by this, have I missed something in it? and that kind of thing. It’s all to do with the service users’ wellbeing, so it really is.

Interviewer: So the worry is about the wellbeing of the service users?

Respondent: Yeah.

Interviewer: But from their value base, not because they haven’t had enough time to do what they need to do, and those kinds of things?

Respondent: Absolutely and also, we’re not all saints, and occasionally there are times when somebody’s bumped the company car and a minor dent on there. I’m sure they worry about that kind of thing before they actually come in and tell us about it. But generally it’s really the concern for the service users is paramount.

Interviewer: Okay, and how well do you think staff feel able to look after themselves? And by that we’re thinking about, do they have comfort breaks, do they have time to eat and drink? So they’re able to look after themselves as well as they want / well enough / sometimes not able to look after themselves / or enough / or rarely able to?

Respondent: I would say as much as they want. I mean, there’s no restrictions on comfort breaks, we have set numbers. So if someone’s doing an activity with the service users they get break times, they spend break times with the service users as well. The service users come in... they come in for two regular break times and a lunch time. The support workers support them with their breaks, but there’s always time to go to the loo, for around the house, in the gardens.

Also, when they’re out and about and if you’re on a one to one, we take the service users to do some shopping for themselves, it’s not for food shopping, things like that, it’s just trinkets, if they want sweets and treats and clothes and stuff like that. If you’re one to one out with a service user then you can’t leave someone, standing outside a toilet in Asda or somewhere like that, while you nip to the loo. So we make sure that they have their comfort breaks outside of that.

And they’re also provided as well, meals and refreshments at tea breaks, we provide those for staff as well as the service users.

Interviewer: Okay, that’s good. What about safety, and I mean both physical safety and psychological safety, staff feel as safe as they want / adequately / less than adequately safe / or not safe at all?

Respondent: I’d like to say safe as they want. We work with some dangerous people at times, but the structures and the provisions of the care model are admired by our staff so they understand them. They understand how the service users want to be supported, the way they want to be supported, when they want to be supported. Anything specific about their needs, they understand all of that. [detail removed for anonymisation]. The staff are good at anticipating situations and avoiding it.

In terms of their own psychological safety we do have... we’ve put a lot of work into... we’ve got seven mental health advisors on the team, so we’ve got people qualified up to Level 3, a mixture of staff of male and female. So, these range from the registered manager through to support workers. So if someone doesn’t necessarily... if they worry about going to the manager about it, they don’t have to worry about that, they can talk to a colleague. So there’s that.

We also put in, at quite a cost during the pandemic, we brought in some mindfulness resource, where there’s a 12 week programme of mindfulness, letting people address what they need to do to switch off from work, reconnect with what’s important to them, in terms of their families and friends and things like that. So we’re very conscious of what’s required, in terms of mental health support and things like that.

Interviewer: Yeah, it sounds it. What about professional relationships with people they work with? Those relationships would be as good as they want them to be / good enough / not as good as they’d like / or not good at all?

Respondent: Do you mean within the team?

Interviewer: Yeah, with the people they work with, so yes. So colleagues, possibly managers.

Respondent: Yeah, I would like to say they’re as good as they could be, as good as they would want them to be most of the time. There’s occasionally that people have issues, of course, like any organisation. But we have such an open culture here, you can bring absolutely anything to the directors. Both of the directors, the owners are regularly on site as well, they’re not absent, and you can bring absolutely any kind of issue which might be some...

We’ve had it in the past where we’ve had a new member of staff come along and say to us, “Look, I was trained to do X, Y and Z, but so and so, who’s a senior support worker, is doing something a bit differently. Is that right or is it not?” And we’ll pull the senior support worker in and say, “What’s going on? This is how we have to do things.” And there’s no repercussions, no combat, no jealousy. We’re not kind of made like that, and it works, and if people can’t work like that, these are the ones which we think leave in the 12 weeks, in the induction, they’re the ones who...

So to give you an example, we had one guy who came from a different organisation and was looking after a similar client base, and he turned around... he wasn’t doing so well and we asked him to leave [detail removed for anonymisation].

Interviewer: No, not a good fit anyway then, not just with you.

Respondent: Not at all for anywhere. But no, we like to think that people can talk and have good relationships within the team. We know about it very quickly if anything goes wrong.

Interviewer: And that would mean... so the next question’s about being supported, so they would feel supported by their manager?

Respondent: Absolutely, I would hope everybody does because it’s an open culture, we can talk. We have team meetings where we talk about issues, which have happened, if individuals are happy enough to talk about it and want to discuss that as a group. Because as a learn, if one person has felt that they might not have done something right or seen something going wrong, there may be others in that way as well, so we have a quite collective learning culture.

Interviewer: So it leads me into my next question about skills and knowledge. So, would staff feel they have the skills and knowledge they need / adequate skills and knowledge / some skills but not enough / not enough skills and knowledge?

Respondent: Definitely the skills and knowledge they need and probably we way above, we over invest in training than any other organisation. One of the directors, he used to say to me, “It’s not fair, we spend much more on training,” and I used to say, “Everybody does in the sector though, it’s not just you.” But when I came to work with them I understand, it’s far in excess, the investment they make in training, skills and knowledge, yeah.

During the pandemic as well, we said to staff, “If there’s anything you want to learn which is beyond what the job is, and don’t feel you have to because we don’t want to put any more pressure on, but if you’ve got an interest, tell us what it is, we’ll pay for it.” So the owners invested in that and most of it was online courses and things, but in terms of retention, staff happiness, that kind of thing, it all comes back and people are grateful for the opportunity.

Interviewer: Yeah. It’s really good. Thinking about career aspirations then, developing and progressing in social care, would your staff have the opportunities they want to advance their career / adequate opportunities / some but not enough / or no opportunities?

Respondent: I would like to say the first one, but maybe adequate. What happened was, we got involved with Skills for Care and started taking some of their leadership people, we call them management development candidates. And that inspired us to kind of develop our own internal programme of development, [detail removed for anonymisation].

Our current registered manager is a former support worker who came to us with a social care degree, which is not really worth much in the UK in care, despite being British. She started as a support worker.

Everybody comes in as a support worker by the way, we don’t recruit managers, and she worked her way up. We put her on the [training programme]. So the work is structured, it’s a challenging thing and not everybody can get on it. But we’d like to think that we’re at least adequate and hopefully more.

Interviewer: Yeah, although as a small organisation there’s always a challenge, isn’t there, because there’s a very limited number of opportunities. But I guess if you’re training people up they can stay or do have opportunities, so if they wanted to progress elsewhere.

Respondent: It’s a biggie for us this year, sorry to interrupt, but just before you go on, because we’re having the new home next year, it’s a biggie for us, we really want to identify people who can kind of stand up and say, “Look, I want to be a registered manager,” because we’re going to need at least another one.

Interviewer: Yes, that’s true. And thinking about income and financial security, do you think your staff would feel they’ve got as much financial security as they want / enough / not enough / or no financial security?

Respondent: I would only go for enough because I doubt anybody will ever say, well, I’ve got as much as I want. But I’d just query the question on that one, but it’s as much as we could possibly give to them, I think we give to them.

Interviewer: And you have permanent contacts, 40 hour a week contracts, they’re not sort of zero hour or temporary contracts.

Respondent: Not at all, wouldn’t have them.

Interviewer: Yeah.

Respondent: No agency staff, nothing like that. The one part-time person, that was because of his circumstances and we’d rather give him part time than have him leave us. So everybody comes in on a full-time permanent contract.

Interviewer: That’s really good. And then around how care work is valued and paid, do you think your staff would feel highly valued by wider society / adequately valued / not as valued as they’d like / or not valued at all?

Respondent: I think they’d say highly valued. They might be a little bit frustrated, they might not be appreciated by wider society as much as they should be given the good work they do. But I’d like to think in themselves they’re feeling highly valued, yes.

Interviewer: So they’re the end of my very structured questions. My last one really is quite an open one about what you think our main take away should be around pay and how it leads to better care, is it important in that?

Respondent: I think in itself better pay will attract more people. If you attract more people then you’re going to have more people who become better at care. So you widen the pool. I’m not saying better pay per se will attract better carers because you’ll just get folks thinking, “Oh, it’s £2 more than Sainsbury’s, I’ll go and work there.” That’s not the motivation really for me.

So I don’t think we pull pay out and say if we pay everybody £15 an hour basic in care, we’ll have better carers, that’s not the case. We’ll attract people who will be very poor carers and are only there for the wrong reasons. And we always kind of say, we want you for your values, for your empathy, for your integrity, for your understanding and the training as well.

So if you’re aligning better pay with better care, which is, in the survey I was kind of thinking, if somebody gets a Level 4 or a Level 5 should we be saying, right, you can have another couple of quid an hour or whatever, and I’m going to have that conversation with the directors? I’ve got a funny feeling in the back of my mind that they’ll just say, “No, everybody going’s to be equal,” and that’s why people accept it, so they don’t want any division.

But it’s not just about pay, you can’t throw money at something in my opinion and just have better carers. It might attract 1,000 more but 10% of them might be suitable for the job and 90% might not, you don’t know.

Interviewer: Yeah, it’s a combination of care and values, pay and values, isn’t it, care?

Respondent: Absolutely.

Interviewer: Is there anything I’ve not asked you that you would like to say, anything that you think is important that we’ve not touched on?

Respondent: Not really, you’ve probably gathered we’re all quite passionate, I’m trying to restrain myself here because I talk a lot. But the directors are the same. [detail removed for anonymisation]. When I started working with them I was like, “Oh my god, this is astonishing, we should tell people.”

And they’ve got a bit of a mission to kind of influence local authorities about their standards and influence health and the sector generally to kind of say, “Look, we can do this and your profits are not what you might want them to be if you do it this way, but you can still make a blooming good living out of it, as they do, and still invest a lot of money into your care buildings.

The new building is a pretty good example. The new building, they are expecting the renovations to cost about [detail removed for anonymisation]. One quote came in at [detail removed for anonymisation]. And we’re going ahead with somebody who was a little bit cheaper, but it’s still a lot more than the cost. And the attitude is, no, we can’t do that, we’re going to cut the standards, it’s, what can we do? How will we fund that? And that’s their whole attitude. But it’s very different than what you...

Interviewer: It’s also, I think, it gives an indication of... good levels of funding, what difference that makes. You referred earlier, didn’t you, to the comparison with funding to dementia care?

Respondent: Yeah, it’s massively more than you would get for an older people’s placement in a home two miles away. Massively more. And a crucial thing for me, is what I’ve said about the owners, it doesn’t all go in their pockets. Rather they say, this is what we’re going to do, in terms of quality and that’s what they’re committed to do and that’s where we are.

Interviewer: That’s fascinating, and really, really helpful, I really appreciate your time, thank you so much.

Respondent: Before you go, I managed to somewhere I think find... if I can find it, the name of our model of care, if I can see it here. Right, it was called [detail removed for anonymisation].

Interviewer: Okay, I shall look that up, that’s really helpful. Yeah, so absolutely fascinating, really helpful, I really appreciate your time. And fascinating insight into the work you do. I’ve done a lot of work in care, and it’s really encouraging to hear the work that you do.

Respondent: Well, if there’s anything else that I can do, I’m conscious that I ramble on, because I’m as passionate as most of our staff are. But anything else you need to fill in just send me an email or I’ll get back on here. And if you’re ever in the area just give us a shout.

Interviewer: Yeah, I will do, thanks.

Respondent: I did tell the owners that I was coming in and they were absolutely over the moon that we’re progressing and trying to be helpful with the research.

Interviewer: That’s good to hear as well.

Respondent: So they’re really signed up to it as well.

Interviewer: Excellent, right lovely, thank you very much for your time.

Respondent: Thank you for your time.

Interviewer: Thanks, bye.

Respondent: Bye bye.

END OF AUDIO