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Interviewer: Right, okay. So shall I just go through the questions? I think you’re going to know… I think what you’ve just said is really striking from who we’ve spoken to. Everybody wants to pay more. It’s not that people…

Respondent: Really?

Interviewer: … don’t want to pay more. No, it’s not that at all. And that’s some of the things that we try and look at. Yeah. So, I mean, just first of all, what’s your current job title? I just thought…

Respondent: Well, my job title is general manager, but I am, obviously, the registered manager.

Interviewer: Right. Fab, okay. So what does that role involve? I know it sounds massive.

Respondent: Well, yeah, it’s everything from, you know, the assessments to bringing the residents in. How do we meet their needs? And then, obviously, the care for them as well as everything to do with the GP surgeries, the pharmacists, everything to do with all the ancillaries, so the housekeeping, the maintenance, the catering, everything, absolutely everything that goes on in a care home comes through me one way or another.

Interviewer: Ok.

Respondent: Yes, and then, you’ve got all your referrals and DoLS and all the various professionals that are involved from the speech and language therapy right through to your OTs. Obviously, I’ve got to make sure that medications are where they’re meant to be, everybody’s where they’re meant to be, obviously covering rotas, all the interviews. I’m very involved in all the inductions, as well. So it’s everything right from start to finish, basically.

Interviewer: That’s amazing to get someone so hands-on. So, in terms of your care workers, there’s just a really quick question about what’s their profile like? Is it generally… is it more women than men? What’s the ethnic group? Have you got lots of nationalities? How does that play out at your particular…

Respondent: Yeah, I mean, it was, I would have said, probably 80:20 in favour of females, as is usually the case. We’re just about to open a third unit again now. And, in actual fact, in the people that I’ve actually employed… well, out of about 14 of them, I guess, about nine of them are male. So that’s going to bump up our ratio quite a lot.

Interviewer: You know, that’s so interesting because part of this research is also talking to care workers as well. So we put out an advert on social media and things like that. They get a £25 voucher to talk to us about it. But I was so struck by how many men are…

Respondent: Yeah.

Interviewer: … and I don’t know if that’s because the… I don’t know. Obviously, there’s lots of ways you can interpret that, I think.

Respondent: Well, what we’re finding is most of the males that have applied and, in fact, work here… I’m just trying to think off the top of my head. I think I only have two British males.

Interviewer: Exactly. I think this is a trend, then.

Respondent: Yeah.

Interviewer: Yeah, okay. Yeah, interesting. I’ve spoken to some amazing care workers from Africa, Uganda, all men. You know, but yeah, no UK-based ones. Okay. So, in terms of your age, is yours an older profile?

Respondent: It is. It is, to be honest. Yeah, my workforce is quite aging. So, in this last year, we’ve had a lot more younger ones applying and come through. But I have a lot of… or I would say a good third, if not slightly above that, in fact… on the care side, probably a good third of them that have been here 20, 21, 30 years, something like that. And then on the ancillary side, especially the housekeeping team, the majority of them are older and have been here 15, 20 years. So the retention has been really good.

And I can honestly say, I’ve been here just over a year now, and I’ve probably had in total, maybe… amongst permanent staff, I’ve probably had only four or five people leave. And that has been because, you know, they’ve moved house, then they’ve found it too difficult, two buses, that type of thing, or they’ve wanted to do something completely different.

Interviewer: Yeah. Yeah. Gosh, that’s different to some of the other stories we’re hearing. That’s really interesting. And so, do they live in the local area, geographical area, do you think, these long-serving staff? Is it quite a local…

Respondent: Yeah. I think, more so, those who have been here a long time are, sort of, within 30 minutes.

Interviewer: Right, yeah. Okay. And, in terms of ethnicity, last one on the demographic, is it a mix? Is it predominantly White? I know you said there’s other nationalities.

Respondent: Yeah. No, I have quite a large percentage of people from Africa, in the main, I would have said. We have, what, four, five… about five people from India. And then, I’ve got a few from, you know, Philippines and so on. So, yeah, there’s a bit of a mix. A couple of the people that are coming on board with them, I think, one’s from Spain. One’s from Italy. Yeah, I think somebody else from France. So I’ve got, yeah, quite an eclectic bunch here.

Interviewer: Gosh, you have because how many care workers have you got there, then? Sorry, I’m just… how many…

Respondent: On the care side itself alone, at this moment in time, I’ve probably got around 40. And then, I’m just bringing on another 12, 13, 14 permanent staff and about 13 bank staff.

Interviewer: Right. I can’t believe you manage all of those. (Laughter). So, in terms of payrates… and I completely know what you’re saying. You don’t have any involvement in setting them, but what is the going rate, really, for a care worker. I know you’ve said it’s £11…

Respondent: £11.89 per hour, yeah.

Interviewer: And the senior care worker, is that the same?

Respondent: £13.98.

Interviewer: £13.98, fab. Okay. Gosh, really? And what about any… is there any scale when you’ve worked for a long time or when you’ve got certain qualifications or experience, or is it a flat rate for the level?

Respondent: No, it’s pretty much a flat rate for the level. I mean, obviously, people can move up in levels if they wish to do so. And we will be, sort of, adding another level, if you like, because we’re going down the route of CHAPS.

Interviewer: Oh, right.

Respondent: Yeah, so will have seniors, CHAPS and nurses. And one of my staff, she’s one of our bank carers at the moment. She’s just finished doing assistant nurse practitioner, literally just finished her course for that. So she’s off travelling for a month. And then, I’m hoping… it probably won’t happen because most people want to go into the NHS, but I’m hoping that I might be able to snaffle her for permanent before she goes somewhere else. But we’ll see.

Interviewer: So how much extra do they get, then? Is that comparable to NHS rates? I don’t know.

Respondent: I don’t know because we don’t really have nurse practitioners in the company at this moment in time. So there’s a bit of evolving within the company at this moment in terms of roles and such that we can potentially accommodate. And, of course, there’s been no rates or anything set for those yet.

Interviewer: I mean, actually, there is a lot of redesigning going on, I think, a lot of work around that and providers trying to, you know… no, it’s interesting. Okay. I mean, do they get any extra for sleep-ins and things like that, sleeping over in the night? How does that work?

Respondent: We don’t do sleeps. All the nights are working nights. There is no difference between working days or working nights. It’s the same rate.

Interviewer: Exactly. Right, okay. And have you got any dom care workers, or is it all just…

Respondent: No, it’s just all, yeah, permanent within a care home.

Interviewer: Yeah, great. Okay. So in what other ways do you reward staff? Right, that’s the general question. So we’ve got here about holidays, sick pay, pensions, the package, I suppose. How is your package? Is that a plus for the care workers working there, would you think?

Respondent: Not a hugely at this moment in time. Obviously, they get holidays. The bank workers also accrue holidays, as well, paid holidays, which is good. Sick pay, at the moment, is just SSP. However, we got a new CEO about October, November time. And, once she’s done everything else that she needs to do, she is very keen to put sick pay in for staff and also to set up, like, a welfare fund. So, if they’re struggling with anything and need support moneywise, etc., that there will be a fund there, eventually, for them to be able to borrow from.

Interviewer: Yeah. Oh, gosh. So it does sound like your organisation’s going through change, really. Yeah.

Respondent: Yeah.

Interviewer: Okay. And do they get pensions? Do they pay into a fund?

Respondent: Yeah, after six months’ employment, they’re all enrolled into a Nest pension.

Interviewer: Right, okay. Fab. So any bonuses, or have you experimented with anything, like gym membership, employee of the month, these sorts of things, just trying think about different ways you can reward staff?

Respondent: Yeah. Not here, no. I have in previous places, but, in this company, they’ve not got that far yet. That doesn’t mean to say that it won’t come because Angela’s quite forward thinking. She’s the new CEO. And, in terms of reward as such, sometimes, they may get things from the nuns. So, if something really good has happened, you know, the regional manager may well send something into the home. But, mainly, yeah, it would come from me, myself. I would just do it on a personal basis if I think somebody really deserves something.

Interviewer: So have you tried anything that didn’t work? We got a question here. Has the organisation tried to reward staff in ways that possibly didn’t work, or is it just still evolving?

Respondent: I think it’s still evolving. I’m not aware of them having done anything. I mean, in my last company, they had employee of the month, but they also had… what do they call it? I think it was, like, star of the day, something like that. Do you know what I mean?

Interviewer: Yeah. No, it’s interesting.

Respondent: I’ve not really found them particularly helpful or seen to be particularly rewarding for anybody. Do you know what I mean?

Interviewer: It’s really odd, isn’t it? Because, by doing that, it, sort of, makes other people feel that they’re not doing a good job. I’m just talking on a personal level. In some organisations where they’ve got this star of this and star of that, and, actually, everybody’s probably doing a good job, it can be demotivating.

Respondent: I tend to find, in all honesty, and this is just how I work really, is that to say “thank you” to the staff for starters, to notice when they’ve done something really well and to say so and what I like about what they did has gone down very well. And I also try, as far as possible, to involve the staff in any decisions that are made so that, then, they feel involved in the home. So, if there’s something where they can make the decision, then they make the decision.

And it can happen… we did it only yesterday morning over… they’d noticed an issue with a resident, and they’d come up with some potential solutions because everything that they hear from me is, “If you’re going to bring me a problem, bring me a solution as well.” So they’re getting into the habit of thinking about things and what they can do about things. So they really wanted to move a resident to a different room, which means moving two other residents as well. But, you know, we looked at it, and we ended up with, “Yes, we will do this because it will work for everybody.”

So, I think, listening to them, taking their ideas on board I think, for the staff, to be honest, is more rewarding for them because it gives them more value within the job itself.

Interviewer: Yeah, exactly. Oh, no. That’s a really nice example. Right, okay. That’s great. So we now have questions on contracted hours and what contracts you offer and, yeah, what do people… I know you’ve got some bank staff. What’s the general… is it permanent? Is it guaranteed, all of that sort of stuff?

Respondent: Yeah. We have permanent. And each one of our homes works slightly different. Some homes only do, sort of, 12-hour shifts. We do a mixture, so we do full shifts, long days if you like. And all the nights are all 12 hours. But the days, they could be 12 hours. They could be six hours. It could be an early. It could be a late.

And, sometimes, if there’s something specific going on or a need for something, we might actually bump the hours on a little bit, if you like, so that they start a little bit later during the day and it overlaps into the nights. Do you know what I mean? So, sometimes, we will do things like that, as well.

Then, we have our bank staff, which, obviously, they work whatever they want to work, basically.

Interviewer: I mean, have you got a lot of those on tap when you need them?

Respondent: Generally, I try and keep quite a lot of bank staff. When I first came, we recruited about nine bank staff, something like that, just on carer’s side. We recruited about nine. Inevitably, you do lose… two went off travelling. One’s just… I don’t know what’s happened to them. They’ve just disappeared off the face of the Earth sort of thing. So, at the moment, I’ve got, probably, about six active ones. And, as I say, I’m bringing on another 13.

You’ve, kind of, got to be careful because, on the one hand, if you have too many, there’s not enough shifts to offer people, and then you’ll start losing people. Having said that, inevitably, you’re going to get some people who are better than others.

And I will always say interview and, when they come for induction, the first two hours are spent with me anyway, and we talk about the fact that the ball is in their court as to how often we contact them because, you know, we want a good standard of care. We want a good service delivered to the residents. And, if they don’t come up to scratch, we just won’t use them. So, therefore, the ball is in their court as to whether they’re one of the first people that we go to, do you know what I mean, for cover.

So we have those conversations as soon as they come through the door. But we’ve got to be careful not to have too many, and then we’ve not enough shifts. But what we can also do as well, if somebody comes on… say, somebody comes on a bank carer. Once they’re in the building, if they’re willing, we can then add on bank domestic, bank laundry, bank catering, bank maintenance, bank reception, whatever. We can add all those roles onto them. Induct them into them, obviously. But then, there’s potentially more shifts that we can then offer people.

Interviewer: And that’s interesting because do you think most staff have the hours they prefer? How easy is it to try and match staffs’ preferences? I’m not just talking about the bank staff. I was wondering if they were used to help permanent staff, get them the hours they want. But, sort of, thinking about rewards and what people value from work, do people get the hours they prefer?

Respondent: It’s quite difficult. You know, I have, say, three people in… no, actually… there’s three people in particular that don’t work weekends, for instance, which I’ve inherited. Now, the contract is actually to work across seven days, including weekends and such. They can put in flexible agreements and such, but obviously, we’ve got to agree to it for them to be able to have that flexibility. And, for those three particular people, it does potentially cause an issue because, then, all the other staff have got to work the weekends, and they don’t.

Having said that, they are some of my best staff. So, from that point of view, happy to live with that issue and them work during the week because I know I don’t have to worry about that unit during the week at all. And during the week is when all your inspections come. Do you know what I mean? So I would rather that than them end up leaving because I’m making them do a weekend.

I’ve got other people, when we did the rota, and one person… “I can’t do Friday, but I can do any other day.” Other people, “I can only do earlies because I go home and I look after my grandma and make sure she’s had her tea and rah, rah.” Do you know what I mean? So you get all these sorts of things, which then makes rota-ing incredibly difficult trying to manage it and stay within your budget as well.

So, sometimes, and I’ve had to do it for the last three months with somebody, is… I mean, to be fair, they sat and told me they could do anything Monday to Friday, just not on a weekend. So I rota’d them in on a Friday and said, “Oh, I can’t do Friday.” I said, “Well, you just sat in my office yesterday and told me you could.” Anyway, so we’ve had to leave it at this moment in time.

And, obviously, if they want to use their annual leave to get out of that Friday, then fair enough. I’m happy with that because, then, I can cover that shift. But, to just put them on another shift and then end up with too many people on one shift and not enough on another, I’ll get thumped from above, and then the budget’s out of the window, and I can’t cover it.

Yeah, so it’s a headache trying to manage rota’ing for a lot of people. And then, we’re adding the third unit into that as well. So, yeah, I’m going to go up from… we’re about 65 staff at the moment. So we’re going to go up to about 90 staff.

Interviewer: Oh, my word. You need a PA. You need a PA (Laughter).

Respondent: Yeah.

Interviewer: I mean, because the rota’ing, as well, one of the things we’re interested in, in terms of pay and rewards, is do your staff claim any sort of benefits, and does that stop them doing certain hours and things like that? Do certain staff claim anything, any benefits?

Respondent: Yeah. I’ve had that before, and it’s not a particular issue for us amongst our permanent staff. It is an issue with us amongst our bank staff, but not because of what they’re claiming, because of what visa they’re on.

Interviewer: Oh, yeah. Of course, right.

Respondent: So they’re limited to 20 hours. Who set it at 20 hours for care, goodness only know because it’s neither use nor ornament to anybody. So, for instance, I had a bank nurse who… well, she wanted permanent hours, in actual fact. She wanted permanent hours. She wanted two shifts. That would have been perfectly fine for us. But her via limited her to 20 hours. Well, two shifts is 24. And so, the problem is… and a half shift for a nurse, again, is neither use nor ornament.

So, basically, she could only do one shift, and you’re asking for trouble when you get into somebody working just one shift because, generally, nobody wants to work just one shift. So how do you cover that if and when they leave and you’ve got that vacancy? Do you know what I mean? That is just an absolute nightmare.

So, really, with this 20-hours business, especially for care side, they really need to change it to 24. That would make a massive difference, massive difference.

Interviewer: Yeah. That’s really interesting, actually.

Respondent: And, obviously, up until the end of August, the people on those limited 20 hours could actually work whatever they wanted because they were in their restricted role, etc., etc. But, of course, come the end of August, the government was supposed to be reviewing. They don’t seem to have done anything just yet. I mean, we were hoping that they would just continue it, review it and continue it, or continue it until they got round to reviewing it. But they haven’t, so now we’re to just 20 hours, which means somebody can only work one shift.

Interviewer: And for them, for the care worker, that’s neither use nor ornament either, really, in terms of…

Respondent: It isn’t because, you know, there’s one lady in particular, and she was picking up and working three shifts a week, three nights. She was perfectly happy with that. And then, of course, come the… and it wasn’t until about a week after… maybe the second week into September… I’d totally forgotten about it all, and HR gave us a nudge and said, “Oh, don’t forget, everybody’s back to 20 hours again now.” So I had to then take hours off her. So now, she’s miffed because she was working, and now she’s really not.

Interviewer: Oh, that is just… I mean, actually, we’ve got a question later about how the government policies impact, and I think you’ve just answered that there.

Respondent: Yeah.

Interviewer: Yes

Respondent: It’s crazy. It’s somebody setting it who doesn’t really understand the ins and outs of how it all works, hours-wise. So, yeah, tell them they need to up it to 24. (Laughter).

Interviewer: Exactly, because… well, the National Institute of Health and Care Research are funding this, and they do want to inform the spending review. And, actually, this issue with visas has come up more and more, and more than we anticipated, actually. So we’re having to adapt this schedule and ask about it because we didn’t realise how prominent it would be for providers. It’s massive.

Right. In terms of the local labour market, how much competition is there for staff between you and… have you got competitors competing for staff? And does that shape what you…

Respondent: Well, no, there are because we’re in [ large town]. [deleted for anonymisation purposes]. However, I have to say, unlike some of my colleagues in other homes around the country, I have not had any problems whatsoever in getting staff.

Interviewer: Really?

Respondent: None.

Interviewer: But why do you think…

Respondent: None whatsoever.

Interviewer: I’m going off a bit, but I suppose, your rate is good compared to…

Respondent: Yeah, compared to most places.

Interviewer: Right. So pay maybe gets them through the door, do you think?

Respondent: Yeah, maybe so. When I put the ads out for this third unit, I needed, like I say, about 12 or 14 people. I put the ad out on, I don’t know, something like late afternoon Thursday. And then, of course, it’s an hour or so, still, after that before it goes live through HR. And I came in about 7:00 on Friday morning, and I had 230 applications.

Interviewer: No way. Oh, my gosh. Right. I mean, do…

Respondent: And I was like, “Oh, my goodness me. That is going to take forever to review and go through. And how do I weed out? Who do I say ‘yes’ and who do I say ‘no’ to?”

Interviewer: I mean, so do you think… yeah, so the rate’s good. It’s just not what I’ve been hearing elsewhere. So I’m just wondering, is it because you’re a charity, do you think, possibly? I mean, I don’t know.

Respondent: Well, the rate, do you mean?

Interviewer: No, do you think it’s just the rate that’s bringing all these… they’re thinking, “That’s a good rate for care work. It’s a good…”

Respondent: I mean, I’ll be honest with you, from what I understand… and I say “understand” because I actually live an hour and a half away. I understand that it’s got really good access for buses and train and so on and so forth. So we’re in a pretty good place. Plus, we pay a higher rate. Plus, we tend to find that… and there’s quite a lot of people that will come through word of mouth because they know somebody who works here. Do you know what I mean? And people here are… the morale here is pretty good.

Interviewer: That’s great. And do you find that’s the case for senior care workers, as well, when you’re recruiting for senior, or do you not recruit for seniors?

Respondent: No. To be honest, it took a lot longer to get a senior care worker. That was more difficult, way more difficult. You know, I could’ve gone to recruitment agencies. We generally get nurses through recruitment agencies because I really get hardly any applications if you put an ad out, except from people who are living abroad. So we usually go through recruitment agencies for them.

For seniors, I prefer not to go through recruitment agencies if I can help it, but it does then mean that it takes longer. We will potentially look within the building first to see if there’s somebody who’s potentially ready to step up and would like to. And, at the moment in time, though, we’re wanting people to either be working on or willing to work on Level 3 NVQ for senior.

But most of my seniors, again, they’re all 15 and 20-odd years apart from the newest one we’ve brought in. She’s probably only been here about 6 months. Other than that, yeah, 20, 30 years.

Interviewer: So why do you think the… because, actually, the differential between the senior and the… do you think it’s because the differential isn’t that big? Do you think the seniors need to be paid more?

Respondent: I think the company would like them to be paid more. I think it would be good if they were paid a little bit more. I mean, it would be nice if we, at least, got up to the £15 mark because the nurses are on £20. And, yes, they’ve done a lot of studying and so on and so forth, but in terms of responsibility, there’s not a massive difference between the responsibility.

And, as is… I don’t know whether… I’m sure you’re probably aware of this. But, if you take your average nursing home, the units that will cause the least problems and will probably be better run on a whole will be your residential ones where there are seniors. Where you get your problems are always with the nurses on the nursing unit. That’s where you get the problems with your medication. It’s with your nurses on the nursing unit and not very often with your seniors on the residential.

Interviewer: I mean, why is that?

Respondent: And that’s the same in pretty much every care home you ever go in.

Interviewer: Is that because the nurses get a bit casual about it, whereas the senior…

Respondent: To be honest with you, there’s a lot of… seniors, I don’t whether they take it a bit more seriously. I’m not sure. But certainly, in terms of when it comes to the nurses, just because somebody might be a good nurse does not necessarily make them a good lead, you know, or a good manager. Same when it comes to care homes. Just because somebody’s a nurse doesn’t mean to say they can manage a care home.

And I find the issues are quite often, A, around time management, and B, they really only see their role, a lot of the time, as, “I’m here to give out medication.” And they don’t want to be bothered with all the other stuff that we have to do because we’ve got to be able to provide that evidence. Do you know what I mean? You know, constantly issues.

Interviewer: Yeah. One of the things I think we’ll end up feeding back is this differential between… I think, if it could be funded in terms of a differential between care workers and senior care workers because they seem to be the ones that providers are finding it hard to recruit. And, also, they seem to be heading off to the NHS sometimes because… you know, you just need to keep them.

Respondent: See, I think the new ones want to go into the NHS initially. They have got, obviously, the draw of the pensions and such. Somebody else who’s been in the NHS quite a long time doesn’t always want to leave it. Even if they don’t want to stay in it, they don’t want to leave it because of the benefits and such that they get because your corporate world generally doesn’t match the pensions and the holidays and so on and so forth.

I actually interviewed somebody yesterday morning for bank nurse, and she’s been working with an agency. And I asked her, “Why are you looking for bank work when you’re with…” because the agency that she’s with is particularly good. “Why?” And she said, “The shifts are drying up because there are so many people now coming from abroad,” and so on and so forth.

Companies are sponsoring people, you know, from Africa, India, wherever, to bring them over, sponsor them, do their visa, and then they’re tied into a two-year contract, then, before they can go anywhere else. So there are a lot of providers out there who’ve taken that route to doing things. And, sometimes, you will find that the people that are coming over are grafters.

Interviewer: Oh, yeah.

Respondent: Do you know what I mean? They’re more willing to work.

Interviewer: Yes. It’s so interesting.

Respondent: So, yeah. So it’s getting less and less of an issue now because, last year, sometimes, trying to get a nurse, they were like rocking horse poo. Now, this year, it has completely changed. And now, the issue is with the seniors, trying to get a good senior.

Interviewer: Oh, my gosh. This is so important that you’re raising this. Thank you. No, thank you. Payments for DBS checks and uniforms, are they…

Respondent: Yeah, we cover all that.

Interviewer: You cover that? And induction training, is that covered?

Respondent: All covered, yeah.

Interviewer: And payment for visas to attract workers from other countries, what happens with the visas, then? Does the company…

Respondent: Well, initially, they will pay for… they pay for their travel and the flights and all that side of things. They’re meant to come with at least £2,000 of savings. I mean, the company’s actively sponsoring people, especially carers and such… actively sponsoring people to come over.

We had four Indian girls that came, two just before Christmas, two just after Christmas. So each of our homes are attached to a [deleted for anonymisation purposes].. So, for instance, in our [deleted for anonymisation purposes], there is a flat up on the top floor with three bedrooms up there. So they initially came. They stayed in the…

In fact, I’ve still got two in there. Two have managed to find somewhere to rent, to go and live, and brought their families over. Another two are really struggling to find somewhere to live, that they can afford, [deleted for anonymisation purposes]. And I know the company pay a certain part of it, but I think the people, themselves, pay the majority of it.

Interviewer: Yeah, okay. And, in terms of any… I suppose, the last one around this is do you have any golden hellos, recommend a friend to bring people, but it doesn’t sound like you need to because you put out… you know, to get people in. It sounds like you put an advert, and they all came…

Respondent: Yeah. Again, I’ve had that in previous companies, but I’m not aware of it in this company.

Interviewer: And, the cost of living, has the cost-of-living crisis impacted your care workers and your recruitment or anything? Do you feel like people are struggling more so, or do you not get that sense?

Respondent: I don’t get a massive sense of that, to be fair, probably because they are on a higher rate than most others. Where we have noticed it hugely is with the girls trying to leave the [accommodation] to get… because, originally, they come over, and it’s like, “We will provide you accommodation for three months, and after that, you need to find your own. We will help you to do that,” etc. But, come November, these girls will have been here a year. And I cannot kick them out because I don’t want…

And one of them had found somewhere. But, because it’s just herself, because her family’s still back in India, she would have to try and afford £1,200 a month on rent. And she was really worried about whether she will be able to afford it or not get into financial difficulty.

Now, I spoke to our CEO and said, “Look. I know you want them out of the [deleted for anonymisation purposes], but what do you want me to do? Do you want me to encourage them to leave, or just say ‘Hang fire, and try and find something else because we don’t want you in financial trouble.’” So, hence, they’re still here. Around here, you’re talking minimum… and we’re talking about a one-bedroom flat if you’re lucky, sometimes a bedsit, at £900 a month. It’s a lot before you start with anything else.

Interviewer: Oh, my gosh. No. I think the things you’re mentioning, these issues of transport, housing, it’s the bigger picture, which is really important to consider, as well. It’s really interesting. So, I mean, we’ve got here, in terms of… what do you think staff prioritise, to, sort of, keep your staff there and retain them? Do they prioritise pay, their hours, their training, their security? What do you think makes the most difference to them?

Respondent: I mean, through conversations with them, and certainly after… when I arrived, the home was in serious difficulties. It was potentially on the verge of closure if the next CQC inspection was not better. They’re in special measures, have been for four years. My day one and day two were day two and day three of a CQC inspection, which came out “inadequate” again.

Yeah, it’s actually good for me because line in the sand. I know exactly what needs to happen, etc. But you need the staff on board in order to do it. You know, six months later, we’re “good” across the board. We actually jumped two levels, which is just amazing. Yeah, it’s absolutely amazing CQC would do that.

But, in order to do that and for me to do what I need to do, I needed the staff on board. I needed them to respond, and they did. They responded almost immediately. It was great. And, if I’m to, sort of, try and think “Why?”, because we didn’t change any payrates or anything like that… we didn’t change anything substantial. It was just the way that we went about doing it. And, as I’ve already alluded to, in involving them and I talked to them, I think they feel more supported.

I’m in at 7:00 every morning so that I can attend the handovers, every morning. So I see my night staff, and I see my day staff every single day without fail. If they’ve got concerns, we will deal with it. If it’s a problem for them, it’s a problem for me. My door is always, always, always, always open, and they know that they can come and speak to me.

And they do come and speak to me, tripping in and out of my office because, at the end of the day, they are… and I said this right from word “go”. “Yes, we’re here for the residents, and the residents are hugely important, but you’re equally important, equally.” Not next, but equally because without a good staff team and without them having a good approach and a good attitude towards the job and the residents, none of us would get anywhere.

So I think it was, sort of, in terms of what’s lifted morale, what’s made them feel better and happier and so on is knowing that they have that support. They know they have access to myself whenever they need it, and that, if they bring a problem to me, I will resolve it. And, if I can’t resolve it, then I will go back and I’ll tell them that I can’t and why I can’t. Do you know what I mean?

I don’t sweep things under the carpet. They don’t, sort of, think, “Oh, well, there’s no point in going and saying anything because nothing ever happens,” which is what I heard when I arrived. There was never any point. And the only way to do that is for me to prove that that’s how I am and that’s how I’m going to be and that’s how we run things, and then, like I say, getting them involved.

I mean, they’ve picked all the colours of the tablecloths that, the ones that they want in to dining rooms, in the kitchens that have all just been replaced. Do you know what I mean? They picked the colours on the walls on the corridors and the nurses and senior stations. And, you know, they decided what were the best rooms for the residents according to their needs when we were moving people from one unit to another. They’re involved in as much as we possibly can.

Interviewer: That’s really interesting, actually, because that isn’t on our list. We’ve got pay, hours, job security, training because I wondered if someone would see… is training a really important way to keep staff? But, actually, more the involvement and the employee voice and feeling supported is actually…

Respondent: I think it’s more about that. I think training does come into it, but for me, it comes into it from the point of view… so, for instance, I had a conversation with them, and I said, “Look. This is going to be coming up, and this is the reason why I’ve booked it for you. So it’s the positive behavioural support. And I explained that, you know, as a carer, they will get… if they’re lucky, they will get a decent induction. Ours do now. When I arrived, they were lucky if they got a couple of days. It’s not fair on people, and then we expect them to deliver a good standard. It’s not fair.

And I said, “This is why I’ve booked it for you. Because, when you have that resident who is sat in a chair covered in faeces and such, and especially when they have capacity, and will not move, will not move for you to clean them up… and they have capacity, so you can’t force them at that point…”

“… that there, then, comes a point beyond which, if you don’t do something, you’re into abuse because skin breakdown, etc., etc. So you’re in a rock and a hard place. What exactly do you do? And has anybody ever given you the tools and shown you or spoken to you about what to do in those situations, how to move somebody safely, safe for them, safe for you?”

And they’re, kind of, like, “Well, no.” I said, “Well, I think it’s important because I want you to do a good job, and I want you to feel like you’re doing a good job and have the tool. So this is what I’ve booked for you. But it’s expensive, so please, turn up for it.”

Interviewer: Exactly, yeah.

Respondent: And it’s very expensive is, you know, the course, which is probably why most care homes don’t do it. But I think it’s too important not to do it.

Interviewer: And that’s not more for the… yeah, that’s really interesting. So it’s not training just for their career development. It’s more about them feeling safe and able and capable to do their job well…

Respondent: Yes. Yeah.

Interviewer: … and give the service. I see what you… yeah, okay. That’s really…

Respondent: There’s a lot of training that they get, and especially things around moving and handling, that in the real world, it doesn’t work because every single person is different.

Interviewer: Yeah. Looking after my nan, on a personal note, yes, I agree.

Respondent: Yes. (Laughter). Do you know what I mean? So it’s for us, as providers and employers, to give them every single possible tool to have in their armoury to then be able to use to deliver that really good standard that we’re looking for.

Interviewer: Yeah, that’s great. Thank you. That’s really good, interesting. Right, okay. Now, last couple of questions on impact of the government and local authority and… I mean, funding…

Respondent: Sorry to interrupt. Is there still a lot of questions? It’s just that I’ve got another meeting at 1:00.

Interviewer: Yeah. I’ve got…

Respondent: I might need to… I can reschedule to finish off if we need to.

Interviewer: Yeah, I think I need about another 20 minutes. Oh, gosh. Sorry. I could do another… shall I book in another… shall we do another…

Respondent: I was just thinking, yeah, do you want to do that and book another session? And then, we’re not limited. It wasn’t in my diary when I first said “yes” to this.

Interviewer: Oh, no, it’s fine. I’m going over because, sorry, you’ve given so many interesting examples. (Laughter). Sorry. Sorry.

Respondent: That’s fine.

Interviewer: Do you want to stop now, and then we can book another 20-minute, half-an-hour thing in? Is that better for you?

Respondent: Yeah, that’s fine. That’s absolutely fine. Yeah.

Interviewer: When would work for you? What would be good for you?

Respondent: I mean, I can do sometime next week on Monday or… what suits you?

Interviewer: Yeah, I can do all day Monday, actually. I’m just typing, transcribing and things, so any time on Monday would be amazing.

Respondent: Well, I’ve got up until about 2:00 on Monday.

Interviewer: Well, you tell me what’s best for you because you sound ridiculously busy. (Laughter).

Respondent: Well, I’ll tell you what. Are you all right about 10:00?

Interviewer: Oh, perfect. Yeah. Shall I send an invite for half an hour, then?

Respondent: Yeah.

Interviewer: Oh, thank you. Thank you so much. Then, you can have a little gap now just before your next one. Honestly, I’m just really inspired by what you’re saying.

Respondent: Thank you. Well, do you know what? Do you know what it is? It’s the difference because my background… I’m not a nurse. My background is not nurse. I have a deputy who’s a nurse. That’s fine. I take her advice on so many things. But my background is management. I have a master’s in management. That is what I do. That’s what I’ve always done.

I’ve done it in so many different industries, but the common theme’s always been people throughout all of those industries. Do you know what I mean? And I think care homes need to… and providers more than anything need to wake up to the fact that they actually need somebody who actually is qualified in management.

Interviewer: Yeah. You know what? But I think… I agree with that in terms of universities. You can be a good academic, a good researcher, a good teacher, and the progression route is in management. And, actually, sometimes, that’s a very different skill set.

Respondent: It’s very different, very, very different. Yeah.

Interviewer: So I really agree with you. I mean, it’s just so fascinating. Thank you. I really appreciate your time. I feel like I’m very guilty because I just can’t believe how much you do.

Respondent: (Laughs).

Interviewer: It’s like, my God. You’re talking to us, and I’m going to take more time on Monday. But I do promise I’ll do in a half an hour.

Respondent: Do you know what? It doesn’t matter because, if there are things that we can, you know, help shape, raise, whatever, that might change going forward, then it’s time well spent, is it not? I mean, my lot know what I’m like now. I sign us up to stuff all the time. All the time, new stuff.

There’s a new care planning system that we’re going to be piloting. There’s some new aids that scans rooms, knows when people have fallen, all that sort of thing. We’re going to be working with a company to pilot those sort of things. Sensors that go on the cups so it knows how much they’ve drunk. It knows what fluid what went it. It knows how much they’ve drunk, and it knows if they’ve thrown it away. And all the time it’s doing this, it’s recording it.

Now, that, it could be really, really helpful for staff going forward because, you know, the evidence and stuff that’s got to be recorded now, it’s just getting monstrous.

Interviewer: That’s amazing because my mum’s got Alzheimer’s, and she doesn’t drink enough. And that really affects her memory. It’s gets… and, I mean, that would be amazing for her. I mean, my God.

Respondent: And it’s like, the thing that scans the room, it knows how long they’ve been in bed, and it knows whether they’ve got up or not. It knows whether they’re in their room. It knows whether they’ve got out of their room. It knows whether they’ve come back in the room. There’s no cameras or anything like that. It’s just an infrared scan, but it’s logging all this information.

So it knows when they’ve fallen, and it alerts you when somebody’s fallen, which means that we can get rid of sensor mats that cost a fortune to keep replacing all the time. But, more importantly, a sensor mat, to try and reduce the risk of somebody falling is actually a falls risk in itself.

Interviewer: Well, yeah. Yeah.

Respondent: Do you know what I mean?

Interviewer: Yeah.

Respondent: So I’m always signing us up to stuff. And they only said to me yesterday, “Oh, my God. What have you signed us up to now?” (Laughter).

Interviewer: I wish you were my manager. Oh, gosh. Thank you. I’m sorry, again, it’s took so much time, but I really appreciate it. And I’ll send you an invite.

Respondent: No, it’s fine. I’ve enjoyed it myself.

Interviewer: I really appreciate it. Thank you.

Respondent: No problem.

Interviewer: And I’ll see you Monday.

Respondent: Monday, around 10:00ish.

Interviewer: Perfect. Thanks.

Respondent: All right. Nice to meet you.

Interviewer: You too. See you Monday.

Respondent: Bye-bye.

Interviewer: Bye-bye.

Respondent: Yeah, see you then. Bye.

**File name: P04 2nd October 2023 follow up interview**

**Audio Length: 1:35:58**

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Interviewer: What time do you set off?

Respondent: Yeah, I try and leave about 5:45, something like that. Traffic’s not quite as bad at that time of the morning. You miss the traffic, but then like I say, I get into… I can do the handovers and so on, I have an hour before the phone starts.

Interviewer: I was thinking that, you must have an early start. (Laughter)

Respondent: I always mean to finish early, but you know, but I never do. I’m usually still here at 4:30.

Interviewer: When you care about it, you can’t leave it can you? People just telling you to leave it, you can’t, it doesn’t sit well. I can’t explain it. Anyway, right okay. I had two questions and I was fascinated when I saw your table. You are 92% local authority service users, is that right?

Respondent: Yeah. I actually sat and worked it out again.

Interviewer: So this is really interesting because we keep getting a lot of providers who have got a lot of self-funded, privately funded clients, which is very different. One question is how does the commissioning impact what you can pay your staff, in terms of what you get from the local authority for each service user. How does that affect you?

Respondent: It pretty much means that we’ve got to be full all the time, because it’s literally only the last one or two beds where we’re potentially breaking even then, especially with the nursing unit. I worked out a while ago, a few months ago, how much per resident it cost per week for staff. And it was something like £396 a week, per resident. When I’ve then got residents… and the worst ones, I mean [local authority] have gotten better because they actually did a xx% increase this year and they said they’re intending on trying to do that again next year, to be able to improve. So we obviously signed up to the real living wage, so we get just that slightly higher from them.

But it’s the other local authorities that I’ve inherited, which I am trying to get a better fee from them. But some of them, quite a few of the residents are at such as £xxx, which when you’re talking about staffing for the week alone, it’s £xxx, do you know what I mean, £xx-xx has then got to pay for what the accommodation, the utilities, the laundry, the everything, the food, do you know what I mean? It’s not doable. It’s just not doable. But it’s like jumping through hoops, continuously. And I’ve only had response from one local authority, which was [name].

The form that they wanted us to fill in is just humungous and they’re wanting copies of our accounts practically, copies of our audits, accounts audits. It’s just unreasonable and it’s like just pay what [name] have set it at. We’ve just started dealing with [name] a month or two ago and we set it as yes, we will take… you can place out of area with us, but you must pay the [name] rate, which is what they’re doing. But that’s not been the case with all the other ones that I’m dealing with. Because we dealing with about six or seven different local authorities.

Interviewer: I know I’m slightly going off here, but what made [area] go for that increase? Was it pressure? I’m really intrigued by this. So they give you more for the real living wage?

Respondent: Yeah.

Interviewer: They’re actually funding that?

Respondent: Yeah, I can’t remember what the difference is now, because I’ve only put up, in my office, what the real living wage one is. But it’s something like £20-30 extra a week per resident to have… providing we pay a minimum of, what is it now, £10.90. As long as we pay a minimum of that, which obviously we do, so we might as well have that £20-30 in the home than not, do you know what I mean? But yeah, it’s something, it seems they started doing about two years ago, it would appear.

Interviewer: I think we need to…

Respondent: Yeah, because of the pressure and such, and because of they’re short of beds, really, really short of bed, especially on the nursing side and especially on the dementia side, they don’t have enough beds at all. So I think to try and get to the stage where people will actually accept local authority. Because if you’ve got a local authority one that you’ve been sent a referral for, and a privately funded one, you’re going to go for the privately funded one every time.

Interviewer: That’s what I’m hearing.

Respondent: And that’s not what they need.

Interviewer: No, no and what you’re doing, I mean we need people to look after these people. It can’t just be based on your income and how much wealth they’ve got to pay for themselves. A lot of them don’t.

Respondent: Yeah.

Interviewer: Gosh, so it’s really great that we’re speaking to you, this is good. Do you work closely with the local authority? How would you class your relationship with [LA] as opposed… it sounds like you’ve got six or seven different ones? Is your relationship with [local authority] quite good? Are they quite accommodating?

Respondent: Yeah, the relationship with [local authority], I think very much because the home was… a year ago, before we did what we did, achieved what we achieved with the CQC report, [local authority] were coming into the home quite a lot to try and support and do audits and so on and so forth, to help the home move forward. So in terms of the commissioning officers, I know them very well in actual fact, for [local authority]. Regarding the other local authorities, haven’t got a clue, not a clue. So when it comes to right, who do I need to contact in order to get a better rate, and we are now getting to the stage whereby if people don’t respond to us, then we will give notice, because you either need to pay the rate that [local authority] is paying, it’s not humungous, but it’s better, or we will give notice and you’re going to need to find somewhere else for these people. This is where are the company are getting to because they are constantly in deficit, constantly.

Interviewer: Without breaking any confidentiality, this is not just you, not with [local authority] actually, in other local authorities, it wasn’t [local authority]. But some other people in other parts of the country are getting to that point.

Respondent: You get to a point where it’s not viable. I’ve got on my nursing unit at the moment, the majority of people on there, they fast track people in the main. I’ve also got some quite serious medical conditions that are deteriorating very, very fast. And I’ve been speaking about one lady who was currently in hospital and if she comes back to us, which is what they wanted to do, then they need to provide a one-to-one because she basically needs care every 20 minutes. And it’s mouth care, those sorts of things that she needs because of her condition. I don’t have the staffing levels to provide that kind of care and yet they don’t want to pay any more for these people. If you pay more for people who need that level of care, then I can put more staff on. But as it stands, I can’t, because it’s a business at the end of the day.

Interviewer: Yeah, exactly.

Respondent: It’s business, it’s a charity, do you know what I mean? I mean we don’t particularly, at this moment in time, we don’t automatically charge top-up fees. We’ll look at each case individually, and for instance I have somebody who is bariatric, so we charge more for him because he takes three members of staff 45 minutes. That’s the majority of the staff off the floor for all that time. And then that’s every time he needs some sort of personal care. If somebody needs a greater nursing input, other than medication and just standard things, if they need the nurses attention a lot more, a much higher percentage than what we would consider to be standard, then I will look at an increased fee then.

But other than that, we don’t really charge top-up, not at the moment. I’m sure once we get all three units open and full and such, and I’ve implemented some of the plans that I want to do and we’ve become a bit more of a destination place, then I will look to do that. There is a home down the road where a lot of local authority don’t go because they will charge them the top-up fee, it’s the fee that will take them up to their private fee. So we’re not just talking like £20 and £50 a week, we’re potentially talking £300-400 a week.

Interviewer: Really?

Respondent: Yeah, if I was to do that, say for our nursing for instance, the top-up will be £700 a week.

Interviewer: That you would be asking the local authority?

Respondent: Or the family, yeah, and that’s how far behind local authority are with what they’re paying. And that’s [local authority]. If it was some of the other local authorities, we’d be talking £900 a week.

Interviewer: My word, so this needs to be… this is a big theme I think. When you speak to private providers it’s really interesting, who have a lot of self-funded clients, for example, they will charge their self-funded clients more for weekend stuff, so they can then put that with the staff. They pay more for the staff to work weekends. So they charge a weekend rate, but that’s because it’s been funded by the client, so it’s possible to pay that because it’s only… whereas you’re in a situation…

Respondent: Yeah, we’re actually looking at ways of diversifying a little bit. So for instance we have a very large hall [abridged for anonymity – might look to rent it out for events]. So that we can just sort of diversify a bit and bring in a couple of different income streams.

Interviewer: Yeah, that’s your manager head where (laughter) your manager… it’s important, it’s good, it’s good. And the final question on that before I get to job quality ones, how possible is it to match the paying conditions with those working in the NHS? Are you competing with the NHS for care workers? Do they go to be healthcare assistants? Can you compete with that?

Respondent: I’ve not really had a problem here. The last company I was with I did lose a couple of people to the NHS, although one of them came back again. Her partner works within care as well, they’re in a challenging behaviour unit, and they lost a couple of people to the NHS, but then they came back again. So I think in actual fact the NHS are more likely to lose people to us than we are to them because quite often they come back, they’re not liking it for whatever reason.

Interviewer: That’s really interesting. The idea is pay is much higher in the NHS, you’ve got all these benefits, you’ve got a career structure and the idea of actually adult social care is competing with that, and should we try and equalise it so you’ve got the same paying conditions in adult social care.

Respondent: I think it’s the… if people are going purely for the pay and benefits and things like that, then yeah, we can’t really compete with that. But I think in terms of actual working environment and not getting thrown in at the deep end quite so much and the support and so on, I think it’s better in care homes than it is in the NHS, from feedback that I’ve had from people who have made that jump and then want to come back again.

Interviewer: Thank you, we’ve got this question, I don’t know if it works, but in an ideal world what would be the going rate for care workers pay? I ask people that and they’re a bit… (Laughs)

Respondent: In an ideal world?

Interviewer: Yeah.

Respondent: Bearing in mind I heard this morning at the, was it the Tory conference, they’re on about putting the minimum wage up to £11. I mean when you’re talking about people’s standard of living and the way that everything is going up and up and up, I mean I think certainly sort of £12-13 would be fantastic. Obviously we’re already just short of £12. At the end of the day it is a tough job, it’s a tough job and it’s quite repetitive and they have a lot to deal with. You don’t want to go to a job and be constantly beaten up. Nobody expects to go to work and yet in the care industry that’s regular. Do you know what I mean? Really there should be some sort of reflection of that. But then of course that means that your seniors really need to be on about £16 and your nurses then need to be on… and so on and so forth, to maintain a differential.

Interviewer: Right, last lot, this is the University of Kent trying to develop a quality of working life toolkit. They’ve given us some questions to ask, which I’d love… they’ve given multiple choice. I’ll go through them and just pick one, but it would be great to get your feedback on this when we get to the findings actually in the new year. (Laughter) So the first one is thinking about your staff and the difference they are able to make to people’s lives, so this is not about pay, it’s about quality of working life. Which of the following statements best describes how you think they feel? By making a difference it’s how far they can support the people they’re looking after.

Do you think they’re able to make as much of a difference as they like / They are able to make some difference / They are able to make some difference, but not enough / They’re not able to make a difference? It goes from the top, they can make as much difference as they like / They can make some / They can make some, but not enough / Or not? What do you reckon?

Respondent: I think it would fall somewhere between the first two to be honest. I’m kind of, on the one hand, from a point of view of what are they empowered to do, then they can make as much difference as they like. However, when you’re talking about resources and such, then no, I’d have to go the one lower. We’re having the conversations at the moment, how many more Tilt in Space chairs do I need to buy, especially with a third unit opening up because this is the other thing as well that’s a bit naughty, is that when somebody is nursing, we have to buy and provide everything for them. So if they need new mattresses, if they need a wheelchair, if they need a Tilt in Space chair, do you know what a Tilt in Space chair is?

Interviewer: Not really.

Respondent: It’s bit like an armchair, almost, in terms of comfort. But yes, it tilts back and its feet come up, but it’s on wheels, so they can be wheeled around and go to activities and things like that. And they’re £1,000 each, and I really could do with another three, three or four, because otherwise we’re in the situation of, right, deciding which resident gets out of bed? Do you know what I mean? But we can’t get those from anywhere because they’re nursing, and therefore we have to pay for it. So straight away that’s best part of two weeks income, from that person, gone just like that. And these are the other things that sort of are not really factored in. A mattress is £500-600.

Interviewer: Wouldn’t the local authority pay for that though, in the package, the care package?

Respondent: No, because it’s nursing, so we provide everything. Residential, they are meant to provide for, which you might get things that you need 70% of the time, but not always because… again, you’ve got to jump through so many hoops to prove that this will improve that person’s life. And if they deem that no, not really, even though in actual fact it will, and quite often they won’t pay for something. With the nursing they’re just absolutely not, they’re nursing and therefore it’s down to us. I don’t want to be in the position where we’re saying that so-and-so can’t get up today because so-and-so has and they’re using the chair. I mean don’t get me wrong, I bought another two/three chairs since I’ve been here, but it’s still not enough. But you could only go so far.

Interviewer: You know what, that’s a really good reflection on this question because yeah, you might have the will and the intention, you want to make as much difference as you like. You want to, but there are structural issues…

Respondent: There are restrictions, things that restrict you being able to do, what you really, really want to do. And then even where… for instance if somebody needs a specialised wheelchair, then that will be potentially down to wheelchair services. We wouldn’t be expected to buy that. Even just a referral can take six months, it could be another year before they finished being measured up, made, etc. And we cannot give a wheelchair that has been measured for one person, if they pass away, for instance and the wheelchair is still pretty new, we can’t give it to another person. So it’s completely redundant then.

Interviewer: We were waiting for ages for my Nan, she’s passed away now, but in the end I ended up buying one. As the family I just bought it because I just, I couldn’t wait.

Respondent: Waiting forever and a day for it.

Interviewer: That on a mass scale for you, oh my gosh.

Respondent: We don’t like people staying in bed, at all. We have people come to us from hospital and it will say on the assessment nursed in bed, doesn’t get up, doesn’t want to get up, etc. I had one chap who came and that’s exactly what they said, “He doesn’t like to get up.” From day one he’s been out of bed, every single day, and he’s way happier for it. But we need the chairs to be able to do that for people. So it’s a bit of a dual question is that.

Interviewer: I think that idea of staff and how they can make a difference, it’s not just their motivation and their intention, it’s all of these other things that shape whether they can. Right okay, so this might come in here, I don’t know… your next one is thinking about your workers relationships with people who they care for, which of the statements best describes the quality of their relationships? So as good as they want them to be / Good enough / Not as good as they would like / Not at all good? This is about their relationships, are they as good as they want them to be / Good enough. Have they got the time to develop those relationships do you think?

Respondent: They would say… I mean yes they do and yes, they have really good relationships, especially if the resident has got a bit of a sense of humour and likes to have a bit of banter with the staff. They love nothing better than that. I mean again, in terms of do they have enough time, at times they have enough time, but not all the time. Do you know what I mean? Also sometimes if you’ve got a resident that shall we say is difficult, that can obviously make it difficult for them to really develop those relationships, as far as they would like to.

Interviewer: So as good as they want them to be, plus good enough, do you think between the top two? It’s hard to just give one isn’t it?

Respondent: Yeah it is hard to give one. Again, we’re dealing with people and every resident is different. The majority of the residents, I’d say 70-80% of the residents, I would go for the first one. But then there are some residents that are difficult.

Interviewer: That makes sense, these aren’t our questions, so it’s going to be interesting feeding back on them. (Laughs) The next one is about autonomy and how much autonomy our staff have within their role. That’s the degree of freedom and independence they have to make decisions, to determine the tasks they do. Do you think they have as much autonomy as they want / They have adequate autonomy / They have some autonomy, but not enough / They have no autonomy?

Respondent: Again, the first one. The difference here as to whether that actually happens or not is how willing somebody is to actually take on that autonomy, because I want to empower people as much as I possibly can. I want them to make decisions. I want them to think about things carefully. But we’re still at this stage at this moment in time where I’ve got to monitor which decisions they do make, to make sure it’s actually the right one and they’ve thought it through properly. So in terms of what they have, it’s a lot, it’s a lot. But I do have to monitor and there are people who just… they don’t want to take it on. They don’t want to make those decisions. They would rather come to me and ask me and get a decision from me. Do you know what I mean?

Interviewer: Yeah.

Respondent: And at this moment in time, there’s a situation where, or at the point should I say where my answer is, what do you think? What would you like to do? What do you think? And I try and get them to work their way through it and come to an answer that is a reasonable answer, a good answer.

Interviewer: And a lot of that is confidence you know, isn’t it?

Respondent: Yeah.

Interviewer: And I suppose because you’ve come in when obviously the business was… you were in what you called special measures, people’s confidence and it’s trying to build that all up isn’t it?

Respondent: Yeah it is, because they’ve not really had it before. They’ve always been told what to do before. As I’ve said to them, there will always be things where I just have to say, we just have to do this, because either there’s a legal basis for it, or it’s government guidance or whatever it is. There will always be things like that. I said but where there isn’t, then let’s think about it and let’s make a good decision between us all. And that’s what I’m trying to encourage people to do, is to take on that extra responsibility, take on the empowerment that I’m trying to give them.

Interviewer: It’s a real culture shift that isn’t it?

Respondent: Massive.

Interviewer: You’re trying to shift an organisational culture, which we have lectures on this. You’ve done your master’s haven’t you, you know it’s a really hard thing to do.

Respondent: Yeah and what’s really crazy is to some degree the company are going backwards.

Interviewer: In what…

Respondent: They’re going… I’m trying to go this way and the company are kind of going that way.

Interviewer: You get resistance, you always get resistance.

Respondent: Well, it’s a case of, and without wanting to be disrespectful to the other company, in the past I get the feeling that this home in particular, and I’m sure it’s probably the same for us, but this home in particular, it should never have got to the stage that it got to before somebody in regional or above realised. It should never have got to that stage. Which means there wasn’t enough input, there wasn’t enough oversight, etc. from the levels above. I think to quite a large degree they’ve realised this and they’re trying to sort it out and resolve it.

For me coming into that sort of situation, happy days. I hate being micromanaged and you will not get the best out of me micromanaging me, at all. But other people, maybe need more guidance or maybe need more… and I think that’s what the company are trying to do now. They’re trying to almost force people along the route that they need to go, which doesn’t suit me at all. I know what I need to do and will do it and so on. And it’s like I say, my management style is very much a bit like I’m the sheepdog, if you like. Guiding my sheep.

I’ll always say, “I’ll lead from the back,” which sounds a bit mad, it’s contradictory, but it is a bit like that sheepdog. I don’t want to be at the front, they’ll just follow me wherever I go and that’s not what I want, because I want people to be thinking, developing, self-developing all the time. I’d rather be at the back keeping them on track, in the generally right direction, do you know what I mean, than Pied Piper and everybody follows me wherever I go. Because I step away from it then and it all falls down.

Whereas if you build a really good solid foundation, you teach your staff, you empower them, you allow them to make the decisions, in the confidence that we’ve talked about, we’ve gone through it, we’ve discussed it. They know that they’re on the right track, they know they’re making the right decisions, they know it’s in the direction that we need to be going in, it’s the best thing for the resident. Which means if I step away from the business, the business carries on without me.

Interviewer: Yeah, yeah, that’s the ideal isn’t it?

Respondent: Yeah, you’ve done this for the longevity, because anybody can hit somebody over the head with a stick and get a result. Anyone can do that, but it doesn’t last.

Interviewer: I agree, you need to come to universities as well and sort us out. (Laughter) Anyway, that’s another story. Right, this is about the time they have. Please think about all the tasks that they’re required to do within their role and their ability to do them well within paid hours. It might be their direct care and support paperwork, supervision, any management. Do they have the time they need / Have adequate time / They do not have enough time / They do not have the time to do their job well and it’s having a negative effect on them? What do you think?

Respondent: I would say they don’t have the time. I wouldn’t say they don’t have the time to do the job well because what tends to happen is because it’s increasing and increasing and increasing at ridiculous rates as to how much evidence we have to provide, that is always the area that falls down first. Because as far as staff are concerned, they will say right, okay, do I actually give the care to the resident or do I write about it? And if I’ve only got time to do one, to give the care to the resident. So the residents care itself happens and you know, and I’ve got a good team here, it happens to a good standard in the majority of cases. However, if there’s something that doesn’t happen, it will be the recording that doesn’t happen and it’s not as detailed, it’s not as often, it’s not as… you know what I mean?

Interviewer: Which is a thing because CQC often look at that sort of… those reporting mechanisms don’t they?

Respondent: Yeah and obviously the added here is if it’s not written down, it’s not happened. Now having said that, what I’m hoping is behind a lot of the CQC, the changes in their inspection and the reason that they’re going to all the professionals and the families, do you know what I mean? It’s very much more, let’s get a feeling for what’s actually happening. [deleted for anonymity]

Interviewer: Yeah.

Respondent: [Another home] had a rating with CQC above standard and yet you saw it on Panorama, of what was actually happening in the home, was unreal. The way that they actually in person, one-to-one, person-to-person, how they treated those people, was nowhere near outstanding practice. And yet on paper, because it was all written down, it was all written down, it was all recorded, it was all whatever, but it didn’t actually happen.

Interviewer: And that’s playing the game, a lot of students do that, universities can do that, where you know what sounds good, you know what you’re supposed to be doing and you can play the game and again and write… yeah, interesting. I think that shift to what… to CQC might really help actually, and recognise carers and the really good job they do.

Respondent: Yeah, that’s how the inspections are changing. I think for the residents and certainly for the carers and such, it can only be a good thing. I mean we need to record things and you need to be able to look back and analyse things and so on. But it is getting to a ridiculous stage, it really is.

Interviewer: Right, this is about worrying about work. Think about how much your staff worry about the people they care for, support, and all the tasks they need to do. Outside of working hours do you think they hardly ever worry about work / They occasionally worry about work / They often worry about work / They constantly worry about work?

Respondent: I think it would be somewhere between occasionally and often, to be honest. Obviously it’s going to vary from one staff member to another, but it would be… certainly my experience with staff here, I’d probably veer more to the often. It’s not about work in general, it’s not about whether they’ve got the recording done or whatever, they don’t really give two hoots about that, because they still, as far as they’re concerned, “Well which do you want me to do? Do you want me to actually do the care or record?” And they would rather spend that extra bit of time with that resident, if that resident needs it and not record something.

And I get that mentality, I really do. If you’re going to have it any which way around, that’s the way that you want it. And what they will potentially do is worry about a particular individual. If they can see a particular resident, a particular individual is changing or seems to be having some distress or some problems, or something like that, which is how we came to have… I spoke on Friday about us being in handover and having made a decision about a room change for a gentleman. And that’s because they were worried about him. And I know some of them will have been off and thinking about it.

Interviewer: That’s a really nice example actually. Worry about work, it’s actually worrying about particular individuals.

Respondent: Yeah. Because they become attached to the residents, they’re looking after them. They will see them more than their families do, so they become attached to them.

Interviewer: The next question is about are staff able to look after themselves at work, getting comfort breaks, time to eat, drink, rest. Do you think they’re able to look after themselves as well as they want / They’re able to look after themselves well enough / Sometimes they are not able to look after themselves well enough / They are rarely able to look after themselves well enough?

Respondent: I think they’re able to look after themselves well enough. The staff are more likely to get all of their breaks. The ones that potentially won’t, the seniors might struggle to get the full amount of breaks every day. The nurses are paid for their breaks because there’s a chance that they won’t get all their full breaks. Having said that, again, it’s down to an individual person and how well they do at time management because some of them, I’ve got two at this moment in time, who are terrible. Or that’s the conclusion I’m coming to as I’m monitoring them, is that their organisation and time management could be a lot better.

Because one of the first things that’s always thrown at me is, “I don’t have time to have lunch.” Really. I think you do. I think you do, but you’re not organising yourself well enough, do you know what I mean? But to some degree I think they just like saying it to me, because it’s almost like it’s a kudos thing, look at me, how good I am, do you know what I mean? It’s not what I want, everybody should be able to have their lunch and have the breaks and so on. But again, it’s literally time management. I don’t take half an hour for lunch, but I will nip out here and there for five minutes, fresh air or whatever, do you know what I mean? And that’s my choice.

Interviewer: Yeah.

Respondent: So I eat most of my lunches while I’m working at my desk, while I’m working. But you find my administrators are very much the same.

Interviewer: That’s a good example of the time management thing.

Respondent: Yeah, I’ve been managing it for a while now and that really is, certainly for the nurses, these two in particular, because the other nurses do. They have their breaks and their lunches.

Interviewer: Right okay.

Respondent: So what is it that’s so different for these two and is it only extra busy when they’re in?

Interviewer: (Laughs) Yeah.

Respondent: It tends to be, as with probably any job, the higher up you get, the less likely you are to get specific breaks away from the office or the desk or whatever.

Interviewer: Yeah, so senior, the higher you get, it is true. The next one is about safety at work. This must have been identified in research as being important for quality of working life as a carer, how do they feel at work. And by this it includes fear of physical care, from lifting, handling, risk of infection, physical abuse, any psychological harm, verbal or emotional abuse. Do you feel they feel as safe as they want / Generally they feel adequately safe / They feel less than adequately safe / They don’t feel safe at all? Is that an issue… if it’s not…

Respondent: I think they generally feel adequately safe, it was the second one wasn’t it? I think it’s accepted to a large degree that if you’re going to work in care, you’re going to come across these issues. However, like I say, nobody should have to constantly be beaten up by a resident. And you’d be amazed at the ones that are more likely to do it. It’s more likely to be a 90 odd year old little lady than it is a giant, which is quite weird. They’re stronger than they look. But then this is why I booked the positive behaviour support, to help them to deal with these things and why I want to book resistance to care training as well, to help them to deal with that.

Because again, it’s our responsibility to make sure that they have the tools and the means to be able to deal with somebody who is doing that. Because at the end of the day you can refer people to mental health team, you can do all sorts of things, but the only thing that ultimately that will subdue somebody is medication and that’s not what you’re wanting to do. We shouldn’t be putting medication handcuffs on people, which I’m sure the majority of care homes don’t. I think it happens in hospitals, without a shadow of a doubt, it does. But yeah, if somebody is aggressive, it doesn’t matter who you’re referring to or where or whatever, it’s not going to stop that aggressiveness. It’s something that we’ve got to learn to deal with and again, that will be the same up and down the country.

Interviewer: I like the idea of this training actually; this training sounds amazing.

Respondent: Yeah, I went on the first day of the positive behaviour, and we just did a little bit of the, what they call ‘breakaway techniques.’ If some resident grabs hold of your arm, how do you get out of it safely, without hurting them. If they got hold of your hair and they’ll spit at you and they’ll scratch your face and all sorts of things. We have a few people doing that at this moment in time. And it’s figuring out… it’s trying to figure out is there something that’s triggering them? Is it something that we’re doing that we can avoid that’s triggering them. Is it just coming out of the blue? Is it a particular time of day or does it happen at any point in the day?

It’s trying to work out all of these things as to what we might be able to do and what might help to distract them. But then again, in order to do that, we’ve got to have decent levels of staff to be able to monitor it, record it, analyse it, and when you come into distraction and such, you’ve got to have the time to be able to do that. And then we’re back to staffing levels again. So there’s a lot of stuff within care homes up and down the country that everybody wants to do, but staffing levels restrict it. And what’s restricting the staffing levels? Well, the money is restricting the staffing levels. And what is the problem with the money? We’re back to local authorities again. Unless you’ve got a home full of self-funders…

Interviewer: Yeah, it’s a very different story when it’s that.

Respondent: Yeah, so you’ve got your local authority and you’ve got your inspectors and such, all wanting you to be responsive and to be effective and to do this for this person and monitor them and figure out what’s happening with them and spend the time with them and so on and so forth. But where are all the staffing levels coming from? Because the same people that want that, are the same people that are limiting it.

Interviewer: That’s just so true, it’s really important I think, to move it beyond the providers. I think that’s what we’re going to end up doing, definitely. A lot of the issues, providers are saying this, but it’s not… they can’t do anything about it. There’s so many things they want to do and want to change, but the funding is not there.

Respondent: I’ve got a gentleman at the moment, I am trying to get for him, at this moment in time, he’s on residential, I am trying to get him one-to-one. Now if we could get him one-to-one, then A, we can stop him putting himself on the floor, six-seven-eight-nine-ten times a day. He doesn’t sleep, if he sleeps, it’s for no longer than an hour a day, which is doing him no good whatsoever. We’ve had GP involvement and tried him on all sorts of different medications and such. He has dementia and it’s part of that.

But what I do know is if he had one-to-one, especially if it was one of our staff, not an agency, agencies just come and sit at the side of somebody and they’ll either sleep if it’s at night or messing around on the phone and will not interact with them. But if it was one of our staff, doing one-to-one, then they could do activities with them, they could get him up on his feet, because he can only walk with assistance with staff. But they could get him up, they could walk him and each day get a bit further and a bit further and a bit further until his legs are stronger, which is better for his internal organs, his legs are stronger, that means he’s less of a falls risk etc.

Interviewer: Yeah.

Respondent: And if we tire him out during the day, we might get him to sleep a bit longer on the night and if we can get him into a good routine, and that would just improve his life so much. He’s thoroughly bored at this moment in time and he’s constantly on the floor and it’s a myth that if somebody goes into a care home we can prevent falls. We can’t, that is an absolute myth. We can reduce it, but we cannot stop it. We could do that for that person. I don’t have the staffing levels to put somebody one-to-one with him.

Interviewer: Yeah.

Respondent: So I’m trying to get local authority to fund it, but that’s going to be like £500 a day and are they going to? It is a nightmare trying to get one-to-one funded. And yet that would make such a difference to that gentleman.

Interviewer: I’m overwhelmed just listening to this about how much you’ve got to try and negotiate and do, and I’m not doing it! (Laughter) No, but it’s the politics of it, it’s the politics, it’s dealing with… if you don’t even know who the commissioners are, it’s who to contact, it’s just, oh gosh. And it’s what’s behind it. It’s interesting hearing these stories that really help explain these sorts of situations about safety and about being able to look after people and all of this is behind that. It’s not the individual staff, it’s what’s going on behind, to allow them to do it, to provide that quality of care. It’s really fascinating.

Right, so professional relationships and thinking about their professional relationships with people they work with, thinking about family carers, other health and social care professionals, do you think their professional relationships with the people they work with are as good as they want them to be / Good enough / Not as good as they would like / Not good at all? I suppose social care professionals, social workers, what do you reckon?

Respondent: Not as good as we would like. And again, you’re dealing with people, you know, and there are some lovely, lovely district nurses out there and there are some horrors. And we’re trying to build those relationships with people, but that is probably taking longer than anything else is at this point in time, because there’s very much a case of, you know, there is most definitely a them and us between the NHS and care homes. Very definitely them and us. We are the poor relations. And you saw it through Covid.

Interviewer: Yeah.

Respondent: We’re the second-class citizens. And don’t get me wrong, I know they were very much frontline and so on. But so were care homes because they were shipping out all these people with Covid into the care homes to be looked after. Do you know what I mean? And the same recognition was not there. And you still have that attitude with a lot of the professionals that come into the building, yeah.

Interviewer: You’re trying to integrate health and social care, aren’t you, this idea that it should be integrated and it’s all working together, but the reality is…

Respondent: There’s also an assumption I think with some of the professionals and especially around the district nurses, that care homes should be able to do xyz. And sometimes there are reasons why we can do x and y, but we can’t do z. Your only option then is to get the district nurses to come out and please do. Or this resident has to go into hospital, one or the other, because we don’t have the… it’s not having the skills, it’s doing the competencies. For instance all my nurses, and we’ve just redone all their training, so for instance male catheterisation, all the nurses have done the training. But they are not able to do it on their own until they’ve done three competencies.

It’s how do we get the competencies for them, and we can’t get it fast enough. And in the meantime what do we do? Do we turn away people that are male catheterised, because if they’re on nursing, district nurses do not want to know, and yet it’s a waste of resources to send them into hospital. And not good for the resident, it’s disturbing for them. And yet we have had district nurses refusing, and even putting in safeguardings because we’ve asked for their help and they don’t want to.

Interviewer: Gosh.

Respondent: And yet it’s not a safeguarding because we’ve done everything to keep them safe. If we’d just have ignored it and done nothing and not changed it, that’s a safeguarding, but not asking for help is not a safeguarding. That’s the automatic, as soon as there is something they don’t like, put safeguarding in, put safeguarding in.

Interviewer: That’s obviously been… these questions are based on research, identifying things, some of the relationships are good, it’s apparently better quality of working life, for care workers, so that’s what you’re saying, to pick that up.

Respondent: Now I try and make a point of, when I know somebody is in the building, and this is the other thing as well, they will come into the building… obviously reception know that they come in the building, but they don’t tell anyone else. They can go onto the unit. Now if the nurse is busy and the carers are in with the resident, they’ll go on, go and do what they need to do and leave again, and say nothing about what they’ve done, what happened. They don’t leave records etc. So I’m trying to make a point of knowing when somebody is in the building and then speaking to them before they leave.

Who have you been to see? What’s the situation etc. So that we know. They’re terrible at just coming in, doing and going and you don’t even know they’ve been. But to some agree I kind of understand it because they’ve only got a small time window. They might be short of people and they don’t have time to go searching for where the senior is or the nurses or waiting for them until they’ve finished what they’re doing, to have that conversation and hand over before they go. They’ve got very short time spans as well. So you kind of get it, but at the same time it’s not helpful to any of us.

Interviewer: Gosh, you’re dealing with all of them as well as your own staff.

Respondent: Yeah. (Laughter)

Interviewer: Right, supported by managers, by supported we mean the extent to which your care workers feel respected and encouraged by managers. I think I know this. But if they feel highly supported by their manager / They feel adequately supported / They do not feel as supported as they would like to be by their manager / They do not feel at all supported? I know it’s hard for you to say, but it sounds like you are very supportive.

Respondent: Yeah, feedback, there’s comeback that they feel pretty supported. I’m pretty certain you will be able to talk to somebody who would say not, and I do have something in mind when I’m saying that. But that’s either because I’m on the case over something or they’ve not got the answer that they wanted.

Interviewer: Yeah, exactly, I know. (Laughter) I feed everyone all the time, that’s what I keep telling the kids. (Laughs) Do you think in terms of skills and knowledge, do you think your staff have the skills and knowledge they need / They have adequate skills and knowledge / They have some skills and knowledge, but not enough / They do not have the skills and knowledge they need? And this is just to do the job well.

Respondent: I think it’s somewhere between the second and third one. It’s something that I recognised extremely quickly, that they have been severely undertrained and under-supported as far as their training goes. Bit by bit I am trying to rectify that. Once they’ve done the PBS training, and all of the care staff have done that, I’ll be much closer to being able to say they’ve got all the tools that they need.

Interviewer: Great, what about career aspirations of staff and wanting to develop and progress. Do you think they have opportunities to advance their career as they would like / They have adequate opportunities to advance their career / They have some, but not enough / They have no opportunities to advance their career?

Respondent: No, they’ve got opportunities if they want to do. I mean there is always an element of dead man shoes, always, because you only have a certain amount of specific roles in the building. But basically anybody can strive towards a role and until there is a permanent… so for instance if a carer wanted to become a senior, we will help and support them to be able to do that and whilst I don’t have any vacancies for a permanent senior, that doesn’t mean to say they can become a bank senior in the meantime and cover roles on an ad hoc basis. Do you know what I mean? And they will get paid, when they do that role, they will be paid for that role, as and when they do it.

Bearing in mind that we’re also going to be doing the care as well, obviously I can’t get them to nurse, they have to do that themselves, although again, the company in time would like to look at how we actually do do that and support somebody to become a nurse, if that’s what they want. Or there’s the other side, down the management side, if that’s what they want to do.

Interviewer: Great. Thinking about their income from their work in social care, I suppose this links to the pay in a bit. Which of the following statement best describes how they feel about their financial security? This means whether their income meets their own and their dependents needs. Please think about pay, but their other benefits, pension, sick pay and how reliable the income is. It says, do they have as much financial security as they want / Do they have enough financial security / Not enough / None? What do you reckon, how financially secure do your staff seem?

Respondent: To be honest, we haven’t had many… well we haven’t had any in actual fact, coming to say they’re really struggling or could they have some sort of advance, anything like that. I haven’t had anybody come to me to say that. Maybe because we pay more than other places pay. There’s always overtime to be picked up, extra shifts to be picked up, which they do. Don’t get me wrong, I’m sure they would all love to earn more, everybody would love to earn more, but I haven’t had anybody really talking about struggling. I think at this moment in time they’ve probably got enough. It might be only just and they might not have a lot of spare.

Interviewer: But they do overtime then a lot, that’s interesting, do a lot of them do overtime? Do they ask for it?

Respondent: Yeah, put it this way, was it not last week, the week before… we operate on about 800 care hours and not last week but the week before I had 300 hours of holiday, on holiday, 200 hours of sick and 40 hours of maternity pay, so that’s 500 odd hours out of the service and we only have 800. I only used 64 hours of agency.

Interviewer: Oh my gosh! Brilliant.

Respondent: They asked in the main to pick it up. Yes, I’ve got some bank staff, obviously, but only four or five bank staff and some of those are limited to the 20 hours. There was a lot of staff picking up a lot of shifts.

Interviewer: That’s good though for continuity for the residents.

Respondent: The residents, yeah.

Interviewer: I know it’s a headache for you to organise it all. (Laughter) Last one on this one. A final question on how care workers are valued and whether it’s paid as it should be. Thinking about whether the social care role is valued by other people, by the public, people you know, views expressed in the media, do you think your staff feel that their role is highly valued by others / Adequately valued by others / Not valued as they would like / Not valued at all?

Respondent: Not as valued as they would like.

Interviewer: Do you think those views shape the attraction and retention into the sector? Although I know I’m asking you that and you’ve got loads of people coming for jobs when you put…

Respondent: We do, we do, but what I would also say as well is, before I actually got into the sector, and I got into it through a really, a back door, a completely different route to what most people do. I had the impression, which did carry on once I’d actually started in the sector, which was the view of general public out there, anybody looking for a job is, oh, well, if I don’t find anything else that I want, I can always go into care, because care will employ anybody. That is the perception out in general public.

Interviewer: That’s really interesting. So those views… when we’ve got the question: do these views shape how the attraction and retention of care staff and the way it could… this view do you think could attract the wrong type of people? I don’t know, if you’re thinking…

Respondent: Yeah, it attracts the wrong type of people. It’s a last resort, I want to do this, no, I can’t get into that, I can’t get into that, can’t get out, oh well, I’ll go and do care then. Because the care industry has been through such an issue and again, part of this will be to do with pay and so on, in trying to get staff in the first place, trying to retain them once you do, and yes, most care homes will have… I know a lot of care homes who will turn over 50% of their staff regularly. For continuity, for good standard of care, for all those sorts of things, that is an absolute nightmare to deal with, as you can imagine. When you’ve got people coming… because they come with a perception that they’re going to sit and have cups of tea and chat and whatever with people.

They’re not actually going to be cleaning bums and doing whatever. And that can be a bit of a shock. In my last company I must have… off the top of my head I can think of five people that all left within three hours of coming, of starting. Do you know what I mean? Because what? You want me to clean somebody’s bottom? No I don’t think so, this is not for me, and off they tootle again. And all the time and effort you’ve put into them, and it doesn’t matter how much you go into it in an interview, this is what you will be doing, this is a tough job, this is… and then the morale is affected with the staff you have, because either they’ve never got enough staff, they’ve got staff who are there for beer and fags money.

People will really… it’s not their life’s dream, therefore they’re only going to do the absolute minimum. And when somebody needs a bath, they’ll vanish somewhere. And all these things that you’ve got to deal with. The perception very definitely out in Joe Public, it is, you can always get a job in care. Now what’s interesting, I’ll tell you what is interesting, and it surprised me, I interviewed a nurse, I don’t know whether I said on Friday or not, but I interviewed a bank nurse, she’s working for an agency and I asked her why, if she was working for an agency, did she want to come on board as bank because people earn more through an agency. And she said the shifts are drying up because of all the people that are coming from abroad with sponsorship.

Now of course they’re also now doing it with care staff. There are hundreds and hundreds of people coming from Africa, from India, from all over the place to boost up the care workforce. Now as it happens, a lot of these people have actually done some sort of care prior to actually coming over here, so they’re not coming into it brand new. They know what they’re coming into. They’re also then, once they arrive, if they’re sponsored and such, they’re tied into two years, so they can’t go anywhere else without paying a penalty, yeah? Which means that we might actually end up getting a bit of a better standard and maybe the perception of you can always get a job in care may well reduce.

I know there’s still some homes struggling, there are, I know there’s quite a lot of ours who are still struggling to get staff. But because they’re now bringing them from abroad, their levels are getting better and so on and so forth, do you know what I mean?

Interviewer: Yeah, because when something is in demand, when it’s not as easily available, it becomes more attractive. If it’s harder to get into, I see what you’re saying. I’d never thought about it before, but yeah, that’s really interesting. If you could mark that trend, shifting the perception a bit. How interesting, gosh, right.

Respondent: And you know you’ve got those staff for two years, they can’t go anywhere, because it will cost them a penalty, it’s quite a big penalty to up and go somewhere else or go back home or whatever. Of course that in itself is then causing a problem, especially within the rents and stuff, in the various areas because all of a sudden you’ve got this massive influx of people wanting to rent places. So when you’re talking about demand and such, and as it is, the landlords are all raising the rents anyway, add in that, and you’ve got this demand for housing from all of these people that are coming from abroad.

And then the rents are just going whoosh, like so. So the people that are already established, have their own home or whatever, I don’t think they’re faring too badly on the whole. Like I say, they might not have a lot of money left for luxuries and stuff, but the people now trying to get on are having a horrendous time.

Interviewer: I know. Some care workers I know from Africa, they find the rent takes up… if they brought their kids over…

Respondent: Three-quarters of their salary, probably.

Interviewer: Yeah it is, gosh. You’re right actually, that’s really interesting. What you said about transport, I think the housing, the transport, all of these things really shape don’t they, you need the provider in the middle. I can see some sort of diagram going on now where I’ve got like this provider in all of these things, I’m going to send you ideas. (Laughter) Last one, should we be focusing on pay? What should our take away be? (Laughs)

Respondent: Yeah, we should be focusing on pay, but pay will come from such as local authorities paying a better rate. I mean people keep talking about this and doing research and doing papers and goodness knows what. I don’t know if anybody has actually sat down and taken half a dozen average-sized, or small care homes, medium-sized, large ones, and how much does it actually cost to run them, and staff them? How much does it cost? Now the thing is, we work on, I may have said, a better ratio than most other care homes and they always factor the nursing to care, which they really shouldn’t because the nurse doesn’t… you can’t rely on a nurse to do hands-on care for when you need it because they’ve everything else to do.

But they always factor it in and if I’ve got a unit with 20 people on it, if I include the nurse, that’s five staff, that’s 1:4. There are not many care providers out there that work 1:4. The average, the standard in the industry is 1:7, perhaps 1:8 even, and on a night 1:10, 1:12.

Interviewer: How can you do that though? Is that because of [LA] or is it because they’re paying a bit more or?

Respondent: It’s mainly because of what you’ve got coming in. If everybody in the building was… like for instance, I can look at, I can say, we’ve got… so one private nursing person equals two local authorities. And again, you’re back to, even with the £xxx on the nursing that they’re paying, if it were say £xxx a week, yeah, we’ve got £xxx instead of xx quid, but we’ve still got the cost of the accommodation. It’s £xxxx a month for the rent on the building. Your utilities, when you’re talking £xxxx-xxxx a month for your utilities and your water and such. And then you’ve got all your products as well, you’ve got all of your food to buy in, it doesn’t go very far.

Interviewer: No.

Respondent: Not across a week. What is it, xx quid a day.

Interviewer: So even though we’re asking about pay, it’s part of a wider issue around fees, being given enough money to carry out good quality care and have the staffing levels that you need to then do that.

Respondent: Yeah, because what they’re expecting, I could get somebody in who is right, this person is coming in on nursing. And I’ve got one gentleman, yes he needs three people and so on, so obviously we charge a little bit more for him. But he wants to be left alone, you know. As far as he’s concerned, just do what you need to do, I’ll call you when I need you and other than that, leave me alone. I’m not interested. I don’t want to go to activities, I don’t want to do whatever, I don’t want somebody in and out of my room all the time, just leave me alone, I’ll call you when I need you. So you can get somebody who is like that, they could be straightforward, they could just be two staff and x amount of times a today or whatever.

And then you’ve got somebody else, like this other lady who they’re paying exactly the same for, and she needs some sort of attention every 20 minutes. And not just from the staff, from the nurses as well with the suctioning and so on that’s needed, constants obs being done, constant whatever. And yet it’s the same. So they don’t look at things on an individual basis.

Interviewer: And you’ve just got to hope it equalises out, but let’s face it, that guy is going to be less common than the woman. Out of four you’re not going to luck out, you’re not going to get the one who doesn’t need… (Laughter) You’re going to get people like in my family who get care who were very demanding. (Laughs) Oh my gosh, right, you are a star, thank you so much. Is there anything we should have asked about that we haven’t because I’ve asked you everything.

Respondent: Well, let’s face it…

Interviewer: It’s really great to get your perspective on it and put it in within the wider structural issues. I think there’s just a much bigger picture we need to look at isn’t it?

Respondent: Yeah, there is really because everything has a knock-on effect, obviously and then it’s like I say, you’re expected to achieve this, but the same people who want you to get that, actually don’t want to pay you to do it. And I know nobody has a bottomless pit, everybody has got a budget that they’ve got to work within, but someone somewhere needs to do this bigger picture to see exactly what is happening.

Interviewer: It’s interesting what you’re saying about the costing because for example, I like this idea, has anybody ever done this research of asking how much it costs to run a care home. I wonder if that becomes commercially sensitive because I wonder if there are big national providers, for example, I mean we haven’t spoken to any, but I’m just wondering the economy of scale, are they making more money? Are people going to be honest about that? It’s really interesting, some care providers, big national ones, can they do it in a way that makes a lot of money or not, do you know what I’m saying?

Respondent: Well, yeah, it depends what you’re dealing with. It depends what you’re dealing with. For instance, as I said, my partner is a senior in a challenging behaviour home and that home is for young adults with autism and they have six people and yet they have 20 staff and they have a manager and they have a deputy manager and they have two seniors, for six people. The sorts of incomes they’re being paid will be somewhere round about £xxxx-xxxx a week for somebody.

And I remember having this conversation with somebody in the last company when we were looking at opening up the sixth unit that had not been commissioned. We were going to open it up as another dementia ward. And we were actually having the conversation and saying, right, there’s 14 bedrooms on here, so are we actually better off filling those 14 bedrooms with local authority, and I think at the time the local authority rate was just over £xxx, £xxx or something like that, so 14 x £xxx. Or are we better off having three/four people that have very challenging behaviour…

Interviewer: Complex sort of…

Respondent: Yeah, and you’re being paid £xxxx-xxxx a week. Now at that point, that’s when people will make a lot of money. I remember in one of those homes, because one of them really did take in very challenging people. He was 5:1, five staff to one resident and they were paid £xxxxx a week for him. That’s obviously got to take in the stress and everything for the staff, the breakages, because you know the place is going to be constantly trashed. The repairs, constant repairs etc. They had one chap that ripped the big sliding front doors off. Another one put through all of their downstairs windows. So you have that level of…

Interviewer: As a business you’ve got to decide, yeah, there’s trade-offs isn’t there, and where you decide, yeah.

Respondent: It really depends what route you want to go down. But there will be a, regardless of all that, you could take all of that income side out of it and even just looking at right, what are your staffing levels, what are you paying them? What’s the cost of your utilities, what’s the cost of your rent? Your basic stuff that you’d have for your household, your tax and your council tax, do you know what I mean?

Interviewer: Yeah.

Respondent: And you’re going to get a reasonable idea. You’ve got to factor in all the waste because you’ve got normal waste and you’ve got clinical waste and you’ve got all your sharps bins and all your medication waste, which you’re paying somebody for to take away and dispose of correctly. There’s all those sorts of things that you’ve kind of got to factor in. But that’s standard for every care home up and down the country. Even if they’re residential, you’re still going to have sharps bins and you’re still going to have medication waste because when the district nurses come in, they don’t usually bring their own sharps bins, they use yours. And then you’ve got to dispose of it and pay to dispose of it. So there are set things like that that will be standard up and down the country. I won’t have an issue if somebody came and asked me what costs those were.

Interviewer: I’m going to feed that back actually, it’s really important, I think, to see that bigger picture.

Respondent: Then if you work it out, okay… this care home is bigger, it’s got a lot more, it’s going to cost more and it needs electricity etc. Because in a care home your lights are on 24/7. This is why care homes are now starting to go to certain areas being censored. But you’ve got to be careful because if a resident gets up in the middle of the night, they’ve got to be able to see where they’re going. So your lights are on 24/7. If you’ve got a big care home, it’s going to cost you way more. But if you get a figure and you go right, so you divide that by x amount of residents, and that is how much it is costing per bedroom.

Interviewer: Yeah.

Respondent: But then you factor in your staff on top of that and then it’s up to that care home whether they want to do your standard local authority people or they want to go down the route of doing something really challenging and nobody really needs to know about that, that’s up to the provider what they want to do. How they want to make the money. But in terms of the cost, it’s the same for every single care home.

Interviewer: But then I suppose a lot what we’re finding is a lot of providers, if the LA comes to them and say, “Right, we’ve got these packages and we can do it for this,” and the LA can’t do that and they say, “Well, we’re not doing it,” and they go and get private clients.

Respondent: They will say all the time local authority, these people are interested in coming to your home and obviously if you don’t charge a top-up, they’re more likely to come to you rather than somewhere that does charge a top-up. But it’s like, yeah, hang on a minute, at what point does this become non-viable?

Interviewer: Yeah, because you’ve got to be full you were saying, all the time, you’ve got to be full all the time to make…

Respondent: Yeah. The company know, they have to have, I think it’s 643 beds within the company. I think they’ve got overall, because they’ve got retirement homes and nursery and all sorts of stuff. But within just the care side of it, I think they’ve got about 900 beds, something like that. It’s not until they get to about 650, 643, something like that, do they begin to break even.

Interviewer: Gosh. It’s a hard sector to be in isn’t it?

Respondent: Yeah, crikey yeah, I mean I’ve had a few of my own businesses, I’ve worked in… I’ve been a general manager in a gaming industry, I was area manager in [organisation]. I’ve done all sorts of different stuff. I was regional manager for a futon company and so I’ve done a lot of different stuff. Usually like I say, people in the middle of it all. But even including my own businesses, this is the toughest job I’ve done without a shadow of a doubt.

Interviewer: Because of basically the big funding issues that you’re dealing with.

Respondent: The funding issues, the evidence needed, and it’s just getting worse and worse and worse all the time.

Interviewer: I think what we’re really going to have to just push is just… honestly, just overwhelmed with what providers are dealing with really, and care workers.

Respondent: It’s why a lot of registered managers are getting out of it.

Interviewer: I know.

Respondent: Our regional manager, he stopped being a permanent registered manager and started doing interim because, well A, it pays a lot, but you don’t have the ultimate responsibility because you’re never the registered manager for any home you ever work in. You go in and hopefully somebody does their best, but I’ve seen interim managers come in and do absolutely sod all and just sit in the office doing pretty much nothing and getting paid an absolute fortune. You do interim management and you could earn £7,000-8,000 a month

Interviewer: No way!

Respondent: Yeah.

Interviewer: There’s so much on turnover in social care workers, but I hadn’t even thought about turnover of managers, I hadn’t thought about that.

Respondent: There’s a high turnover of managers within the care sector, very high. At my last company, the home I went when the home had been opened just over two and a half years, I think, yeah, it was about that, a brand new build, just over two and a half years and I was the seventh manager. And not a single manager prior to me had lasted longer than six months.

Interviewer: Oh my word.

Respondent: I managed 18 months and I can’t cope anymore with the area of the company and so on and so forth. I mean here, in the last, I don’t know how many years it is, but probably in the last four, certainly four or five years, again, I’m probably the sixth or seventh manager. It turns over, it turns over, because the stress is unbelievable. And no matter what happens in the building, it’s our head on the chopping block because you’re the registered manager.

Interviewer: I think what’s interesting for that then, for Skills for Care, because obviously I know we’re funded to do this research on care workers, the retention and recruitment of care workers and how… but actually that’s not good for the retention and recruitment of care workers, that sort of turnover anyways is it?

Respondent: No, not at all. Not at all. And this is the thing you see, because staff then have the… and I’ve heard it said here when I first arrived, and it’s definitely said at my last place when I first went there, is, “Oh, we’ll see how long you last.”

Interviewer: Gosh, it’s a theme…

Respondent: I tell you what was interesting and I didn’t know the turnover that they’d had in management here at that point. When CQC came in the February, I started in the August, CQC came back again to do their inspection in the beginning of February and he actually said to me that he was debating the level…. He said, “I think the improvement is enough to good across the board, but what I’m concerned about is if you do, if I do put you good across the board, that you will leave.” And I’m like, well. The thing is, I didn’t really get it at the time, why he was asking or why he was saying that, except as soon as it got published, that I had jumped this home in six months two places on a CQC… the offers that I got, and I’m talking about paying me £25,000-30,000-35,000 more than I’m on now, to go to another home and do the same thing. Because I’ve done it in the last two homes. I got the last home out of special measures. From the day it opened its doors, it was inadequate and I got it out of inadequate and then I moved here, got this out of inadequate. So the offer I was getting…

Interviewer: You’re one of those super heads! (Laughs)

Respondent: I think it’s a case of they’ve got to wake up to the fact that they actually need somebody who is qualified in management to manage these homes. Have your clinical, yes, it’s needed, definitely is, because if you have two non-clinical people at the head, you’re also going to fall over. You need one of each, which is what we’ve got here. And it’s working pretty well. But when working for… now most of the homes in this company, so it’s 12 homes, eight of them are purely residential and four of us are nursing as well. And when they did the budgets, they put everybody on the same level.

There must have been a big disparity between what one person was paid and another person was paid. Which is fine for everybody, it was much lower and so on. But that means that somebody, in a much smaller home, doing residential only was paid more than I was when I arrived. So I went up about two and a half thousand, which is lovely, but then other people only went up like 200 quid. But the argument is, why are we being paid the same as residential homes when they don’t have to deal with nurses or any nursing clients, complex conditions, etc. and we do?

So really, nursing homes managers should be paid more. Now if I was in the corporate world, because obviously this is charity, so your corporate providers, I would be paid, on average, always a good £30,000 less than an equivalent manager who is a nurse as well. Even though they can’t manage the place, because they’ve never done any management training and it’s like, they spent all these years studying and doing their nursing and blah blah blah. Well you know what, I’ve spent all these years studying and doing management. I can manage the home better. But you will always find a registered manager who is a nurse, will always be on £20,000-30,000-40,000 more than the equivalent who isn’t a nurse.

Interviewer: And I don’t think there’s anything on providers’ pay, I didn’t know that.

Respondent: Yeah.

Interviewer: We’re all thinking about care workers’ pay, but now I’m now thinking about providers’ pay and what keeps a good manager, what retains them. And that’s a discrepancy, I can imagine that’s quite demotivating, isn’t it…

Respondent: Incredibly demotivating, because I know I can do a better job than they can because they don’t understand the management. Just because you’re a nurse does not make you a good manager. Don’t get me wrong, there are some people who have a natural talent for it and are great, but you know, this thing about you’ve got to be a nurse to manage a care home, no you don’t. You just have to understand how it works and as long as you’ve got a deputy who is a nurse, or an equivalent of, and one runs the business side and one runs the clinical side, whichever way you’d want to do it, it’s the only way I see it working going forward.

Interviewer: You know what, because we’re starting writing up next year, obviously I’ll just sort of… I’ll ask you at the time, but if you want to look at anything before we sort of send it to the funder, it could be interesting to get your views on it actually.

Respondent: Yeah, I’d be dead interested to see how it’s all sort of pulled together. It’s like I say, you can talk about care workers specifically, but a massive influence is the consistency of management. And how good the management is.

Interviewer: And we haven’t got any questions on that, at all. We’re saying how supported are your care workers by management, I suppose we ask that, but we don’t ask about turnover and all of this about, yeah, managers and how that might be impacting the quality of care and all of this.

Respondent: Yeah, two/three years ago when they all started struggling and a combination of management that was, shall we say severely disliked, as far as I understand it, there was a massive exodus of staff, massive, because A, they didn’t like the manager and they thought the home was going to close anyway. As it happens, a lot of those staff are starting to come back now because word of mouth and oh, now it’s all changed, we like the manager and you know, she’s approachable and she listens and so on and so forth. They are now all trickling back.

Interviewer: That is brilliant, well done you! (Laughter)

Respondent: Yeah, if you’re going to discuss your carers, pay and everything and values and whatever about carers, you’ve got to factor in the management of the home.

Interviewer: Yeah and what that ethos is, oh gosh, I could speak to you all day. I can’t believe I’ve took another hour and a half of your time, I’m really…

Respondent: I didn’t even notice, I thoroughly enjoyed it myself. When I saw it coming up and I thought, at the end of the day you’ve got to get involved in these things because it’s never going to change unless people understand what the issues are.

Interviewer: And I think you’ve got a really good overview of things beyond your own, beyond the home you manage. You’ve got a sense of the wider systemic problems possibly, which is quite unusual to have that. Maybe because you’ve been in different industries maybe, I don’t know.

Respondent: Maybe, maybe.

Interviewer: Thank you so much, I can’t express how grateful I am. My mind is buzzing with ideas. (Laughter) About what we need to ask and what we could do… really, I’d love you to have a look at anything, if you have time.

Respondent: I’ll make time.

Interviewer: Obviously we’re right in the early stages, I think you’re the sixth provider interview, and we’ve got 22 and I have to admit the ones I’ve done are often in lots of private funded, there are obviously different issues and people who have deliberately steered away from LA because they’re having so many problems with the LAs.

Respondent: You see the other thing as well is, the more private funding you’ve got, the less you’re going to have local authority in your building, because they can only come in and inspect the people that you’re looking after, that have come through them. They can’t look at anybody else or the only person who can look at anybody is CQC. So bear in mind you’ve got your CQC inspections and you have your local authority inspections, if I had no local authority people here they would not coming to my building ever and inspect us.

Interviewer: Gosh.

Respondent: Which means you’re not getting action plans and you’re not having to make time for meetings and you’re not getting, do you know what I mean? There’s a lot of benefits to not having…

Interviewer: That releases a lot of capacity doesn’t it?

Respondent: Yeah.

Interviewer: But we do need people to have local authority funded…

Respondent: Yes, we do. (Laughter)

Interviewer: Not everyone can afford to pay for their own care, it’s insane.

Respondent: There’s a certain amount of things you see that local authority dictate. They will dictate how often we weigh somebody, how often we review their care plans, how often… there’s a whole agreement of what we have to do. And I have this argument with [name], who is our commissioning officer, she was asking about some of the weights, for instance, because I’d changed a couple of people to being weighed three-monthly because to be weighed monthly is institutional and we are supposed to be moving away from being institutional. So we had this whole discussion about it. I still have to do it because it’s in their contract, but…

Interviewer: That’s interesting, if you’re trying to go away from that ethos of institutionalisation.

Respondent: It’s like showering somebody on the same time on the same day every week, it’s institutional. Getting people up at a specific time. You have to get up at this time, no, it’s institutional. But if we’re going to be person-centred, which is what we’re trying to be completely and utterly person-centred, that then, more staff hours.

Interviewer: Yeah, so it comes back around, there’s so many recurrent themes that we could really pull out. I’m really fascinated if they’re going to come up with other types of providers. I can’t wait to show you what we come up with. (Laughter) And get your views, and get your views. I’ll keep in touch; I’ve really enjoyed chatting to you.

Respondent: Yeah and I have, yourself, thank you very much.

Interviewer: Really illuminating, really interesting, thank you, thank you for your time because I know you’re mega busy. I don’t know how you do it, on a personal level, I don’t know you do it, but anyway.

Respondent: Because you work more hours than you’re paid for, that’s how you do it.

Interviewer: Indeed. (Laughter) Nice to meet you and I’ll be in touch.

Respondent: Brilliant.

Interviewer: Thank you so much.

Respondent: All right, thank you very much, see you later, have a good day.

Interviewer: You too, bye.

Respondent: Bye.

END OF AUDIO