**File name: P06 4th October 2023**

**Audio Length: 0:49:13**

**Date Transcribed: 25 October 2023**

**Date proofread: 31 October 2023**

Respondent: Sorry I’m late. I just had a bit of a thing going on.

Interviewer: No, gosh, I imagine. Thank you for your time.

Respondent: That’s fine. You’re welcome.

Interviewer: We really appreciate it because now I’ve done about seven of these, and I just can’t believe how busy you all are.

Respondent: Yeah, we are all a bit mad.

Interviewer: Yeah. So I’ll try and get through it as quickly as possible.

Respondent: Okay, thank you.

Interviewer: Thank you. Right, yeah. So, I mean, your first question is just your current job title.

Respondent: I’m an RM and managing director.

Interviewer: Right. So that involves just everything.

Respondent: Yes, I do everything.

Interviewer: Fair enough. So, in terms of your care workers, what is the split, generally, between men and women first of all? Just getting a sense…

Respondent: I can tell you that. One second. I can tell you that because I looked at that the other day. It’s just coming up now. Equal ops, I can give you that.

Interviewer: Yeah, we’ve just got a few questions on the gender split and ethnicity and nationality in case that’s changing in any way.

Respondent: Here we go. We’ve got some people that have declined. Let’s have a quick look. Which email did you come through to me on? I’m having a quick look. There you go. It’s with you.

Interviewer: Oh, is it? Is that on email?

Respondent: Yeah, I just sent an email.

Interviewer: Oh, fantastic. Thank you.

Respondent: That’s age, gender, make up, religion, sexual orientation, disabled, undisabled, the lot.

Interviewer: Oh, my gosh. You’re a star. Thank you.

Respondent: I’m a bit of a geek. Is that what you needed?

Interviewer: Well, let’s have a look. I can’t believe that. That’s amazing.

Respondent: That’s my job. (Laughs).

Interviewer: Oh, my word. Yeah. Gosh, that’s fantastic. Oh, that’s interesting, isn’t it?

Respondent: Yeah.

Interviewer: Yeah, sorry. Brilliant. Yeah, thank you. Right, okay. Let’s tick that one off. Brilliant. I mean, the other thing we ask is do your staff generally live locally? I didn’t see if that…

Respondent: Well, we work all over the country, so not really.

Interviewer: So when you say work all over the country, do you mean you’ve got offices everywhere?

Respondent: Yeah.

Interviewer: Yeah, so you just… but the people who they’re caring for, just to get sense of it, do they care for people in their local communities?

Respondent: Well, not always because we do bridging services. So I have a team that travel all over the country to do response.

Interviewer: Oh, I see. Sorry, I didn’t realise that. Okay. Right, I need to look that up. Brilliant. Pay rates, so I’ve got your table. Thank you. So, yeah, these are relatively high, aren’t they? I think I can say that without. I mean, yeah, they’re relatively high. So, I mean, why do you pay these rates?

Respondent: Why do I pay these rates? Because they deserve it, and we deserve to give them a proper career structure, which is why part of NMC and are a RCN sister member. So we can do apprenticeships here for nursing and nursing associates. And, unless you invest in staff, you don’t…

Interviewer: Yeah, yeah, yeah. So it wasn’t a…

Respondent: And they’re not carers. They are care professionals here.

Interviewer: Yeah, exactly. So that’s interesting. So there wasn’t anything that… I suppose, what we’re trying to ascertain is was there anything that pushed you to do that? I’m just trying to… for example, high vacancies.

Respondent: No. No, because I don’t have a problem recruiting, to be honest. I’ve got 28 staff waiting to start with us, so I don’t have a recruitment problem. But I’ve always… lots of my staff… so this is my last company, and I’ve had four. And I have part shares in this one, and this one is my one, so, you know, I’m the boss.

So I think they deserve the money. I think, if we’re going to make this sector more attractive, people have to be seen as care professionals, not as a carer, and they should be paid in correlation to that. And that’s helped me with my recruitment and my retention. And, interestingly enough, I offer all my staff a PAYE contract, and most of them reject.

Interviewer: I keep hearing this.

Respondent: It’s not that we don’t want to… I will give them one all day. It makes my life easier because we’re outside of IR35, but they don’t want it.

Interviewer: Yeah. Why?

Respondent: No idea, but they’re not having it. I suppose, the flexibility of the role. But it’s not that we don’t want to do it. It’s that they don’t want it. So we get a lot of flack for this zero-hour lark, but actually, we do everything to try and prevent it.

Interviewer: Yeah. Yeah, other providers have said the same.

Respondent: Yeah, we do everything.

Interviewer: Yeah, I think the idea that… I mean, the fact is, a lot of staff like this idea of flexibility and they like the…

Respondent: No, they like to go umbrella companies, and they like to go via limited companies, which has now been banned under IR35, and that’s why. That’s the truth of the matter. (Laughs).

Interviewer: Oh, gosh. Right. You’re the first person who’s said that. I know I’m only seven in. I’m seven interviews in.

Respondent: Absolutely, that’s the reason why. I’m part of three companies. I can tell you for a fact that’s absolutely the reason why. I did a great big piece of work on it.

Interviewer: Right, okay. Thank you. So, one of the key issues in the sector is apparently the low differentials between care workers and senior care workers in that, sometimes, they’re quite small. Okay. So I’m just looking at yours, actually. Yeah, so you’ve got… because, sometimes, it can only be, like, a pound. Yeah, so you’ve got quite a big differential.

Respondent: Yeah.

Interviewer: Yeah. So you haven’t got any problems with recruiting senior care workers, then?

Respondent: No, we promote from within.

Interviewer: Oh, okay. So you don’t recruit externally for senior?

Respondent: No, they all come from within. We have nurses we recruit for, but not for them.

Interviewer: Right. Other things on pay, do staff on probation have a lower initial rate?

Respondent: No.

Interviewer: No. Right, that’s the same. And sleep-in shift type things, are they paid differently or…

Respondent: We don’t have any sleep-in night shifts, if I’m honest. No.

Interviewer: Right. Yeah.

Respondent: But they wouldn’t be paid differently if we did.

Interviewer: Okay. And is there any differences in pay for those who’ve completed certain qualifications?

Respondent: So we’ve got, like, a structure where they start on the lower, and as they get their competencies, they go up. So we’ve got a structure. So we have Complex 1, Complex 2, Complex 3, and then you get to your top of your ceiling, and then you become a senior.

Interviewer: Right. Ah, that’s interesting. So you become a senior when you’ve finished those?

Respondent: Yeah, you can become a senior when you finish those if you want to.

Interviewer: If you want to, yeah. Ah, so when you say the rates of pay, looking at your table, this is really useful. So £16’s the top level when you done your three Complex… yeah. Right, okay. Brilliant. So what about length of service? Does that lead to an increase of pay?

Respondent: They get an extra day of holiday for every year they work with us.

Interviewer: Oh, right. That’s good. Have you got any long servers?

Respondent: In my team?

Interviewer: Yeah.

Respondent: (Laughs). I’ve got carers that have been with me 21 years, and I’ve got staff that have been with me 17 in my office.

Interviewer: That is amazing. Well, a testament to that. You’re doing well.

Respondent: Thank you.

Interviewer: That’s why [gatekeeper] put us in touch with you, then. Now, I know. Okay. Because that’s not the case everywhere. And do they get any extra pay for weekends or bank holidays?

Respondent: Yes.

Interviewer: What do they get extra?

Respondent: So whatever we charge extra, we give them. So, for instance, if we charge £5 on the shift, we give that to them.

Interviewer: Oh, right. Okay. That’s brilliant, yeah.

Respondent: So whatever additional we charge at weekends and bank holidays, we obviously put the on costs in, and then we pay them additionally. And we also tell the ICBs that whatever we’re paying, they pay us, we pay that directly to our staff.

Interviewer: Gosh, so everybody working a weekend, it’s extra per hour?

Respondent: Yeah.

Interviewer: I mean, that’s quite unusual, I think, from what…

Respondent: We are.

Interviewer: Yeah. (Laughter). Sorry, I’m just thinking out loud. Okay, brilliant. Compensating for travel costs and travel time, our funder is really interested in this.

Respondent: So we don’t employ people for… so we don’t do many call-ins. We do mainly complex care, so they are travelling to one workplace and not moving around. But, instead, when they’re doing the rotas, we pay them a day rate, and included in that is their travel. So they might work seven hours of the day for a 10-hour rota, but we pay them for 10, which covers travel. So they’re paid from the minute they start to the minute they end.

Interviewer: But that means, I suppose, they’re not… do they get mileage allowance, then, if they’re not…

Respondent: No.

Interviewer: No, because they’re just going to work, like I’m going…

Respondent: They go to work.

Interviewer: Yeah, so they don’t get mileage for that. Yeah, I get you. So I don’t know if this reimbursement of petrol, public transport costs, does that apply?

Respondent: If they’re on rapid response and they’ve got to drive for the job, we will pay extra for their business insurance, and we will also pay extra for any mileage, tolls or anything else. Tolls, parking, all of those things.

Interviewer: Right, yeah. So, in terms of how your workers are paid, are they paid, you know, when they check in to see a service user? Is it from that moment, or is it from the… when does the start of the day happen?

Respondent: When they get to the service user. So their days are from 8:00 until 8:00, and they get paid for all of that. So it doesn’t really matter.

Interviewer: Yeah, so it’s more like a normal job, isn’t it? Like, people are normally paid.

Respondent: Yeah. Yeah, that’s how it works. It works in my mind. That’s how it works. (Laughter).

Interviewer: Yeah, exactly. Oh, god.

Respondent: Our staff also get psychological support. We’ve got our own psychologist that supports them on wellbeing and resilience.

Interviewer: Oh, that’s good because it’s… yeah. We’ve got some questions near the end about… another university’s asked us to ask these questions around quality of working life and around safety, feeling… yeah. So that would tap in there. So have you got a shortest length of visit and longest length of visit. I don’t know if this applies to you. Sorry, I’m just checking my questions, but you’ve got a certain type of complex cases. You visit them. You can’t have a really short one, can you?

Respondent: No, but we do do the odd rapid response.

Interviewer: Yeah, so it’s just for… generally, is it just how long it takes?

Respondent: Yeah.

Interviewer: So it’s not an hour’s slot?

Respondent: I would never accept anything that said 15 minutes. I refuse to do 15-minute visits. They’re not my thing.

Interviewer: No. It doesn’t sound… yeah. Okay, right. Other ways to reward staff because this is about pay and reward. Holidays, what are their holidays? What do they get?

Respondent: 28 days a year.

Interviewer: Okay, yeah. And you say that goes up the longer…

Respondent: Yeah, and career progression. They get career progression, the CPD. We pay for all their training. We’re paying for the nurses’ PINs and RCN insurance, and we’re an RCN partner. And we send out regular gifts to our staff, so they get birthday and Christmas cards and a small gift. And they get an induction pack when they start. We supply uniform.

Interviewer: Yeah, uniform. DBS?

Respondent: Yeah, and wellbeing. If they need psychological support, we pay for that as well.

Interviewer: Oh, great. And what about pensions?

Respondent: Yeah.

Interviewer: Are they just choose or, sort of, put on a pension scheme?

Respondent: They can choose, but if not, we just automatically enrol them.

Interviewer: Yeah, great. And what about sick pay?

Respondent: In Covid, I’ve always paid them. They get statutory sick pay. But now, we can only afford statutory sick pay because we do all the other stuff, really.

Interviewer: Yeah. And have you tried anything new in terms of… we’ll give you some examples. We’ve got cycle to work, scooter schemes, gym membership, employee of the month, that sort of thing.

Respondent: We do employee of the month, and we do ‘a wish a week’, where they all put in a wish up to £10. And then, we pick out every week, and somebody gets something nice to cheer them up for that week.

Interviewer: Oh, that’s sweet.

Respondent: We do it for clients, as well.

Interviewer: Yeah, that’s nice. And have you tried anything that didn’t work in terms of reward?

Respondent: Not really. Not really, if I’m honest. They’re just so grateful people are being nice to them, if I’m honest. Some of them had really rough rides.

Interviewer: Yeah, to just be valued is… yeah.

Respondent: (Interruption 0:17:47-0:20:25) Okay. Sorry, I’m back.

Interviewer: No, that’s fine. Right. So the next question is how their contracts and working hours influence their income. So just while you were on the phone there, I was just having a quick look at your table. So it’s interesting. I mean, in terms of the contracts you offer, I’ve noticed they’re all on guaranteed hours, none are on zero. I mean, so do staff have a choice over their contracts?

Respondent: Yes, of course.

Interviewer: Yeah. And what about their contracted hours? I mean, is it easy to map… what are their hours and their preferences, and how do you match those?

Respondent: So, because we have complex packages…. Sorry, say that again? Sorry.

Interviewer: No, it’s fine. Okay. So what sort of contracts?

Respondent: So we will say to them, they can work up to 48 hours a week maximum for their own wellbeing.

Interviewer: And what’s the general spread? I mean, is there a…

Respondent: Most of ours work 48 hours a week because that gives them a really good wage. They end up being quite well off.

Interviewer: 48 hours, yeah. And is that their preferences? Because one of the questions here is… because, I suppose, one of the things we’re trying to work out is is it pay or is it working hours and the combination?

Respondent: So I did a presentation at… let me just get it up. One second.

Interviewer: How flexible can you be to match their preferences? Do they want to work more? Do they want to work less?

Respondent: I can’t let them do more than that because it’s not fair, you know? So let me just have a quick look. So what I did was, like, a thing about everything we do to encourage staff to work with us. Hang on, let me just see if I can find it for you. I think it’s in there. Yeah, it is.

Interviewer: It’s amazing. You’ve got all this information at your fingertips. It’s very impressive. Can you…

Respondent: So, if I send this over to you. There we go. Have a little look through that.

Interviewer: It hasn’t come yet, but I’ll wait. So that’s great, then. Because, I mean, I suppose, one of the things we’re… I can’t see it yet, but I’ll just ask. One of the things we’re trying to get at is their income, which I was really interested in what you said in terms of 48 hours and that’s quite a good income.

Respondent: Is that presentation with you yet? It’s clicked as there with me.

Interviewer: It’s not here yet.

Respondent: Okay. That’s weird, isn’t it? Do you want me to share it on the screen with you?

Interviewer: Oh, something’s just come through. Yeah, it’s here.

Respondent: Have a quick look through that.

Interviewer: It’s opening. Eventually… god, sorry, it’s taking ages.

Respondent: It’s all right.

Interviewer: It’s trying. It’s not opening at the minute. I’ve just had one of those days on Teams, and everything’s gone wrong today. I can see it. It’s there as an attachment, but it’s not opening.

Respondent: Do you want me just to share it on screen with you because it might give you everything you need?

Interviewer: Yeah.

Respondent: One second. Share…

Interviewer: It won’t open it.

Respondent: I’m looking for it. Is that the one? Let me just see.

Interviewer: Oh, something’s happening.

Respondent: Yeah. So here you go. So this is what I did for them. So, “What do you need to be to be a care professional?” all the things they need to do, average is £10.01, size of the adult social workforce, me moaning about the government.

Interviewer: (Laughs).

Respondent: What our ageing population is and how it’s going to affect us, recruitment issues, and there’s some information from the UKHCA there, negatives we’ve had, age breakdown of the workforce. Positives, so I’m working with the King’s Fund on younger people coming into care.

Interviewer: Oh, brilliant.

Respondent: They halved the funding on this. Me moaning about the government again.

Interviewer: No, that’s fine by me.

Respondent: So the research. So it’s personal achievement, recognition, work itself, being given responsibility, actual potential for career progression. And things that they want is clear, fair policies, good relationships with supervisors, good working conditions, acceptable salary, job security, good relations with peer group. Our approach, it isn’t perfect, but this is what we do. I’ve said three bandings for this. You can see, everything’s in there. And there you go. That’s all there for you.

Respondent: There you go.

Interviewer: That’s amazing. Oh, thank you.

Respondent: That’s all right. That’s most of your questions answered, isn’t it? (Laughter).

Interviewer: It does answer a lot, to be honest. I mean, in terms of staff… okay, so in terms of looking at that, and in terms of their pay and income, do your staff have variable income each week generally?

Respondent: Yeah, variable.

Interviewer: It’s variable. So, in terms of any of them claiming in-work benefits and things like that, I mean, do you think…

Respondent: I don’t think anyone would… we don’t really get that here, yeah. If I’m honest.

Interviewer: Right, because some people are really juggling the amount of hours, the amount they earn with, you know, universal credit. Right, so that doesn’t…

Respondent: It doesn’t affect us.

Interviewer: And do their hours get changed, ever, at short notice? I’m just interested when you said rapid response because…

Respondent: Yeah, they’re block-booked for the whole week, so we just move them around as we get it.

Interviewer: Yeah? And is there always work?

Respondent: Yeah, we pay for their lodgings and their food and everything.

Interviewer: Oh, my gosh. Right, interesting.

Respondent: So my rapid response team earn, probably, about £50,000 a year each.

Interviewer: That’s amazing. That’s brilliant. So I don’t know if this… this question’s now on recruitment and retention. How much competition is there between care providers for staff?

Respondent: Oh, loads. Loads and loads. But…

Interviewer: How do you manage this?

Respondent: So I own two other companies, so we share the staff around three companies to make sure they’ve always got work.

Interviewer: That’s amazing. That’s amazing. So have you… sorry, I should look… but you’ve only got two vacancies.

Respondent: Yeah, clinical leads. I’ve got 101 staff out working, and I’ve got 168 compliance. I’ve got 58 staff ready to start with us when we get the work.

Interviewer: Oh, my gosh. That’s amazing. So your vacancy rates… yeah.

Respondent: We hardly lose anyone. We lost six people last year, four of them for a disciplinary…

Interviewer: So you’re not competing with other providers for them. They never leave you to go to other providers. No? No. Do they leave their providers to come to you? Yes. (Laughs). It’s the other way. Fair enough.

Respondent: Yeah, especially because I offer nursing associates and nursing apprenticeships, you see, because they do them free, don’t they? They don’t have to contribute towards them.

Interviewer: Oh my god. That’s amazing.

Respondent: And we pay them.

Interviewer: That is just…

Respondent: So my first nurse qualifies next year, and then the year after, I’ve two nurses qualifying.

Interviewer: That’s just amazing because a lot of… what you do find is a lot of turnover is when people want to be a nurse. They want to stay in…

Respondent: So I’m working with the University of Westminster on the social care nursing qualification.

Interviewer: Oh my gosh. Wow. Right, very good. That answers a lot of that. There’s so many on different vacancies and how you keep them and how can you stop them leaving. You’ve, sort of, done all that. Have you made changes to pay rates to attract or keep staff at all? They’re so high. Have they always been high?

Respondent: Sorry, say that again. Sorry.

Interviewer: Have you always paid those pay rates, or have you raised them recently?

Respondent: We’ve always kept them quite high. But we did give a 15% rise when I started this business again.

Interviewer: And was that to do with the cost of living crisis? Did you feel like you…

Respondent: Yeah, I just felt we had to.

Interviewer: Right, yeah. To attract people and, what you say, to be at the professional…

Respondent: They’ve got to be able to pay their bills, haven’t they?

Interviewer: Yeah.

Respondent: It’s practical. They’ll go and work elsewhere if they can’t pay their bills.

Interviewer: Exactly. So, I mean, from that PowerPoint presentation, one of our questions is what do you prioritise in terms of employment terms and conditions to attract and keep your staff?

Respondent: So our induction’s good, and we have a client liaison officer, candidate liaison officer which works with all the staff for the first six months to support them through being with us. And that works really well.

Interviewer: Because that’s when they leave. You know, if people leave, it’s actually usually very quickly because they think, “This is not what I’m after. This is not the job I thought it was.” So it needs to be explained quite clearly what it involves.

Respondent: Yeah.

Interviewer: So do care workers leave because of pay-related issues?

Respondent: Not really. Sometimes, they just get worn out.

Interviewer: Yeah, because here, you’ve said about turnover. You said, “Following disciplinary measures.” I mean, I don’t know if that’s confidential. But you’ve only had six leavers and four were because… was that you identifying an issue?

Respondent: Yeah, they weren’t doing their job properly.

Interviewer: Okay. So we’ve got government influences. Now, this is around how the local authority impacts you and what you can pay. But, in terms of you…

Respondent: I work with Continuing Healthcare. I don’t work with local authorities, really.

Interviewer: I see.

Respondent: So I don’t really have that problem. But they don’t pay enough for us to work with them. That’s the reality.

Interviewer: Yeah. So, if they came to you and said, “We need you to look after…” you know, “We’ve got a caseload,” you would then see what they’re offering. How does it work? And then, if it’s not enough, you say no?

Respondent: Yeah, basically. If I can’t do it, I just say, “We can’t do it.” I’m really, really honest on that one. I can’t… you know.

Interviewer: I’m wondering how you feel about this in terms of your relationships in the NHS then, and if it’s possible to match the pay and conditions of those working in the NHS.

Respondent: As you know, we get paid a lot less than the NHS, and we save them a massive amount of money. So, for instance, a child in an ITU unit… sorry, in a high-dependency unit, would cost the NHS about… I think, it’s £xxxx a day. And we provide the service for just under £xxxx. So we sound like we’re expensive, but we’re not really, if that makes sense.

Interviewer: No, but you don’t have… now, you’ve got this nursing pathway. Do you lose any staff to the NHS first of all? Sorry, I should have asked that.

Respondent: Not particularly. Not particularly. I get a lot of staff that work for NHS and us.

Interviewer: Oh, okay. But they’re getting paid more…

Respondent: By us.

Interviewer: By you?

Respondent: Yeah.

Interviewer: Really? Because I thought… in what role is that, then?

Respondent: Well, my lead nurses earn more than they would at a Band 6 in the NHS.

Interviewer: Yeah. Gosh, wow. But, [name], can I just ask, how can you afford it? It’s amazing.

Respondent: Because my minimum charge is £27 an hour.

Interviewer: Right, yeah. So that’s how.

Respondent: And I get all the difficult cases.

Interviewer: Yes. Okay, great. And the last ones in an ideal world, what would be the going rate for care workers’ pay? Sorry, that’s one last one.

Respondent: £14, £15 upwards, I think.

Interviewer: Gosh, you didn’t hesitate there at all. Usually people are like, “Hmmm.” You’re just in.

Respondent: £14, £15. No, of course.

Interviewer: Right. The last multiple-choice questions are… I think it’s the University of Kent are working on a toolkit for quality of working life for care workers. You might have come across it actually. I mean, it’s getting trialled. So I’ll keep you posted because it sounds like you do lots of really interesting work around this anyway.

Respondent: That’d be great. Yeah.

Interviewer: Yeah, because it might be nice to get… yeah. Anyway, yeah, I’ll definitely keep you posted on this one.

Respondent: Thank you.

Interviewer: So there’s some multiple choices, and this is about quality of working life. Basically, thinking about your staff and the difference they are able to make to people’s lives, which of the following statements best describes how they feel. Do you think they are 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 are not able to make any difference. I’m just reading these out so I get it right. Yes. So are they able to make as much difference as they like / they’re able to make some difference / able to make some but not enough, or not?

Respondent: I think they can make as much difference as they want to make, really. We have champions here, as well, as a business. We have champions for different areas.

Interviewer: Champions in terms of different…

Respondent: So we have people that focus on different areas because they’re really interested in them.

Interviewer: Yeah?

Respondent: So we’ve got dementia champions and all of those things.

Interviewer: Brilliant. Oh, that’s actually a good… I’m glad you mentioned that, yeah. Fantastic. Okay, right. Thinking about your workers’ relationships with the people who are drawing on their care and support, which statement best applies? Overall their relationships with people drawing on their care and support are as good as they want them to be / good enough / not as good as they would like / not at all good.

Respondent: Feedback is they’re really good, to be fair, my team. So we do all the surveys with the clients, and they’re all really happy with their carers.

Interviewer: That’s amazing.

Respondent: Yes, we’ve got some really nice stuff on that.

Interviewer: That’s great. Next one, autonomy of staff. Which best describes how much autonomy your staff have within their role, and that’s the degree of freedom and independence they have to make to make decisions and determine the tasks they do. Do they have as much autonomy as they want / adequate autonomy / they have some but not enough / no autonomy?

Respondent: Adequate because some, I can’t let them loose on. Sorry, I’ve got to keep an eye on them.

Interviewer: Is that because… I mean, that’s interesting, isn’t it?

Respondent: Because we have to have rules in place. And, sometimes, we have to have standards and rules. So we can’t change that. So that’s not that we don’t trust them. It’s just we have to have an order to what we do.

Interviewer: Yeah. I mean, is that the case that some go above and beyond and, sort of…

Respondent: Some do, but obviously, we have to be really careful with everything.

Interviewer: Yeah. No, that sounds good. And this next one’s about tasks they are required to do within their role and their ability to do them well within their paid hours because this research has obviously found out. So, depending on their role, it might include direct care support, paperwork, supervision, anything management.

Respondent: It’s all paid in their hours.

Interviewer: Yeah? So do you think they have the time they need to do their…

Respondent: Yeah.

Interviewer: Brilliant.

Respondent: We’re digital anyway, so it makes their life easier.

Interviewer: Oh, yeah. Well, that is great. This is about worry about work outside of working hours. Thinking about how much they worry about the people they care for, support, and all the tasks they have 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: So we’ve got a survey saying that they don’t. We’ve got two members of staff that worry about work once they’ve left. They feel we’re robust enough to deal with it.

Interviewer: Oh, my gosh. So you ask that in your…

Respondent: Yeah. How does it affect you in your own life? Yeah.

Interviewer: Yeah. That’s fantastic. And are they able to look after themselves at work, take their comfort breaks, time to eat, rest? Yeah?

Respondent: Yeah. We’ve done all that in our wellbeing survey.

Interviewer: Oh, right. Okay. So they’re able to look after themselves as well as they want, the top one, do you think?

Respondent: Yeah.

Interviewer: Okay, great. Safety at work, and I notice you’ve got a psychologist, so that’s… and their wellbeing’s obviously there, on your slide. So, by feeling safe to do their job, we mean this includes fear of physical harm, from lifting and handling, and infection, and physical abuse, and psychological harm.

Respondent: So we had, in the last survey, three people that were worried about moving and handling, but nothing else.

Interviewer: Right. So, in terms of any abuse or anything like that, they don’t seem to come across that?

Respondent: We deal with it quite quickly. They do come across it, but we work with them really quickly on it. So it’s quite a big deal for us.

Interviewer: Yeah. So, actually, do you think the top one, then? They feel as safe as they want, or generally, they feel adequately safe, which one? It’s got to be between those two, hasn’t it?

Respondent: Adequately safe, I think.

Interviewer: Okay. Right, interesting one about their professional relationships with other people. It could be family, carers, health and social care professionals, the wider community of 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?

Respondent: As good as they would want them to be.

Interviewer: That’s amazing. That’s amazing because that’s not always the case.

Respondent: We do get all the difficult clients. That’s probably why they like us. We get all the headache cases.

Interviewer: Yeah. If you’re taking that off them…

Respondent: Yeah.

Interviewer: Yeah, that’s fair enough. Thinking about how supported your staff feel in their role, it sounds like you might have surveys on this, maybe, because I know it’s hard to ask a manager this. But do you think they feel respected and encouraged by their managers? And we’ve got, obviously, the different options. They feel highly supported by their managers / they feel adequately supported by their managers / they do not feel as supported as they would like / they do not feel supported at all. What’s your feeling?

Respondent: So the feedback on our survey is that they all feel highly supported by their managers.

Interviewer: That’s amazing. That’s amazing. It’s great.

Respondent: Yes. But we’ve got to keep that up. (Laughs).

Interviewer: Yeah, that adds additional pressure, doesn’t it?

Respondent: No pressure there, then.

Interviewer: Yes. Last few. In terms of skills and knowledge they need to do their job well, which of the following best describes it? Do you think they have the skills and knowledge they need / adequate skills and knowledge / some skills…

Respondent: No, they got the skills and knowledge they need because we do training with them, and they are signed off in their competencies.

Interviewer: Oh, that’s amazing. So they’ve got a direct manager that can do that?

Respondent: Yeah. And we also have a… what’s the word? Clinical lead that supports them.

Interviewer: Right. And how often do they see… because, if they’re working out and about…

Respondent: They’re observed in the workplace. We spot check and everything.

Interviewer: Right, okay. Thinking about career aspirations, I think you’ve already hinted to this. Do you think they have the opportunities to advance their career as they would like / they have adequate opportunities…

Respondent: Yes.

Interviewer: Yeah. This is so easy doing this with you compared to…

Respondent: I’m a bit OCD about stuff, as you can tell. I’ve clearly got something going on. I should probably be one of the clients the way I am.

Interviewer: It’s great. It’s great. Thinking about their income, which I was really interested when you talked about income earlier. Thinking about their income from their work in social care overall, how would you describe their financial security? And, by financial security, we mean whether income meets their own and their dependents’ household needs. So thinking about their pay, benefits, pension, sick pay, how reliable that income is, do you think they have as much financial security as they want / enough financial security / not enough / none.

Respondent: I think they’ve got enough if I’m honest.

Interviewer: Yeah, enough.

Respondent: With us, I think it’s enough, yeah.

Interviewer: Yeah. So not as much as they want. Do you think they’d always want more or…

Respondent: They’d always want more but…

Interviewer: Right, last two. We have some final questions on whether care work is valued and paid as it should be. Thinking about how it’s viewed from the people you know, the views expressed in the media, the public, do you think care staff feel their role is highly valued by others / adequately valued / not as valued as they would like / not at all valued?

Respondent: Not as valued as they would like.

Interviewer: Yeah, and does that impact attraction and retention of care staff generally?

Respondent: I don’t think it particularly impacts, but I just think it’s sad. I think it’s really sad. They do a really good job. It’s not fair. Yeah, it’s not fair.

Interviewer: And it sounds like you’re involved in things to try and turn those views around, yeah?

Respondent: Yeah. I’m trying really hard. It’s why I spoke about professional recognition, etc., and why I’m working with the university, as well.

Interviewer: Right, last one. What should be our main take away about pay in social care and whether it can lead to better care or…

Respondent: It’s not just about pay. It’s about recognition and a proper career structure for the social care workforce. That’s what it’s about.

Interviewer: So we shouldn’t be just focusing on pay?

Respondent: No.

Interviewer: No, right. And what about quality of working life? I’m so interested about what you said about psychologists and…

Respondent: Yeah, I think there’s so many things. But I think, if you’re going to look at one area to work on, I think it’s recognition.

Interviewer: And recognition from the wider society or within… do you know…

Respondent: Just recognition, yeah, you know. When my team come in here and they go, “Everyone says I’m just a carer,” I want to scream because it really upsets me. Like, when you look in my presentation, they have so many skills.

Interviewer: Oh, gosh. I know.

Respondent: And I have all these lovely, you know, single mums in my team who go to me, “I couldn’t make it as a nurse. I couldn’t.” And one of my lovely single mums is going to qualify now. And, actually, she’s the first person in her family to ever get a degree.

Interviewer: Oh, that’s just amazing.

Respondent: And I just think, “Stop limiting yourself by other people’s opinions because you are a real talent.” And I spend half my time telling them what talents they are.

Interviewer: But you can’t help but internalise it.

Respondent: I know.

Interviewer: But that’s amazing. So you paid for that then, with that nursing…

Respondent: Yeah.

Interviewer: Oh, my gosh. That’s amazing. (Laughs).

Respondent: Yeah, we paid for that.

Interviewer: That’s just great. You’re a star. Thank you. I mean, is there anything else you would like to add. I know you’re really busy. It’s just amazing.

Respondent: No. That’s it, I think. Yeah.

Interviewer: Thank you so much. Thank you. And thank you for sending that extra data. I mean, if we keep you posted, it might be really good to get your general views if you…

Respondent: Fingers crossed. If you could just do me a little email, just because I have to put it in that I… we now have to prove that we help with the wider thing. So, if you could just do me a little email, that’d be great because I can put it in my “Celebrate the Good Stuff”, if that’s all right.

Interviewer: Yeah.

Respondent: It doesn’t anywhere else, but in here.

Interviewer: It doesn’t matter. Is there any particular phrasing I need to say? Sorry, I know you’ve got to play the game.

Respondent: Just say, “Thanks for your feedback. It’ll help the market,” or something like that’d be great.

Interviewer: Oh, gosh. It will.

Respondent: Excellent.

Interviewer: Can I mention best practice and stuff like this? Because that’s what I’m thinking when I’m… you know.

Respondent: That’d be perfect if you could. Whatever you write would be perfect. That’d be great. Thank you.

Interviewer: Thanks, [name]. Thanks for your time.

Respondent: All right. You’re very welcome. Lovely to meet you.

Interviewer: Thank you.

Respondent: See you later.

Interviewer: Bye.

END OF AUDIO