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Interviewer: So, you sent your form back very kindly.

Respondent: I did.

Interviewer: But not the consent form, which is absolutely fine. So can I just take consent now?

Respondent: Yeah, sorry.

Interviewer: No, no, it’s absolutely fine. Both to record and obviously your consent to take part in the interview.

Respondent: Absolutely.

Interviewer: Lovely, that’s great, thank you very much. And just to say thank you, I very much appreciate your time in committing to this interview.

So, just a little bit of background very briefly, because I know I’ve sent you some information. We’re working with the NIHR and Department for Health and Social Care, looking at pay and reward in the adult social care sector. So I’ve got a series of questions to work you through, but in this part of the project we’re talking to care providers and we’re talking to care workers themselves. And we’re tyring to understand what informs pay setting, what drives pay setting, how important that is compared to other rewards and other parts of the employee relationship, like value, being valued and respected and those kinds of things.

So, I’ve got a series of questions to work you through, but also I’m really interested in your views. So if I don’t ask you anything you think is really important, I’ll probably give you time at the end anyway, but if there’s anything that I don’t ask you that’s really important then please don’t feel constrained by my questions, do chip in.

So you’ve very helpfully returned the sheet, that’s great. Perhaps you could tell me just a little bit about your business or about the care that you provide.

Respondent: Sure, so we are a reasonably... I still think of us as reasonably new, so we’ve been going for five years. We mainly do work with the public sector, so we are mainly working with [local authority, LA]. We have two branches, one in [town], one in [town], the outskirts of [city] basically, sort of in the [name] area.

We provide purely domiciliary care, we don’t contract with the NHS quite deliberately because I don’t like the way they contract.

Interviewer: I’d like to come back to that, I’d be interested in that, but we’ll come back to that.

Respondent: Yeah, absolutely. It would probably be slightly helpful just to... the background into when we set up the business and our background in terms of the three of us. So I set up the business with [associate 1] and [associate 2], her background was always in care, so she came up from care worker, all the way up. My background is finance and [associate 1’s] background is IT.

So a slightly unusual mix, in terms of what we found, in terms of other people in the sector. So I think that’s probably informed a bit of our decision making, we maybe think slightly differently from some others because we just have a slightly different background.

Interviewer: Interesting, okay. And it’s all domiciliary care, and you said about 80% of it is local authority?

Respondent: Yeah.

Interviewer: And all [county]?

Respondent: Yeah, we border on [county], so some of our private clients will be in [county], possibly even... we have some private clients in [city], but [name] is our local authority.

Interviewer: But the local authority is [name]?

Respondent: Yeah.

Interviewer: And can I just go back then to your decision not to contract with the NHS, and just talk a little bit about that?

Respondent: So, we were already working with [LA] when the NHS, in our area, brought out a contract, they didn’t have anybody on their contract. They have some reasonably onerous terms and conditions, in particular one that we couldn’t work with, and actually I should take a step back.

We thought from the start when we started this business it was really important for us to properly guarantee the hours for our staff. So the full timers get properly guaranteed hours, and what the NHS do in their contracts in our area, and I guess it’s a standard one, very helpfully, is they tell you that as soon as a client goes into hospital they will stop paying you on that morning.

Now, what you can’t then do is guarantee your staff decent hours if your client is refusing to pay you as soon as someone stops receiving care on the day.

Interviewer: So we hear about local authorities who pay for 2-3 weeks in those circumstances, but I’m guess that [LA] doesn’t do that.

Respondent: [LA] actually have a good... they have a retainer. So basically for the first seven days of a client’s hospitalisation they’ll pay you. And their new contract that’s coming out that we’re working through at the moment, they actually have extended that. So they will pay you definitely for the first seven days and if during that seven days the client has a discharge date in the seven days following, they’ll continue to pay for that period as well.

Interviewer: Right, okay. So based on that then I’m guessing that it’s not block commissioning it’s all spot commissioning…. via a framework agreement. Okay, that’s really helpful.

So again, I can see your pay rates and they are above, not just the National Living Wage but also the Real Living Wage. So, I’m just really interested in your decisions about how you set your pay rates and also, given that 80% of your work is local authority commissioned, the affordability of that. You hear from other providers that that’s not possible, so kind of interested in that kind of...

Respondent: So again, I’ll be completely transparent in this because we’ve got nothing to hide here. But we have always, from the start, focused on trying to give the staff the most we can. So, we recognise that it’s not... it’s a sector that’s underpaid generally, right? And we’ve got staff that are doing work that will pay nicely but not the equivalent that they would get for doing the same job in the NHS. So we’re still, I think, miles off where we need to be, but we’re trying to push as hard as we can.

That has meant that in the five years that we’ve been running this business we have not turned a profit until the last year. So it’s not necessarily the most affordable model and we’re lucky because I came into it with a bit of capital from my old job. So we’ve managed to absorb that because the way a business like ours [can male a profit], that’s mainly local authority funded work, is at scale.

Interviewer: And you’re quite small?

Respondent: We are, well, I guess it depends relative to who. So we deliver about 2,100 care hours a week. So compared to some of the really, really big guys, yeah, but at that level we’re now making those numbers work. And I guess it depends... I mean, what’s the art of the possible in this? I guess it depends how much you’re trying to take out for yourself as an owner. It depends how much you’re focused on what goes where in the business and how much you’re putting around it.

I think we’re very lucky, we don’t have any of the franchise overheads that other people might have, which I think makes quite a big difference. But yeah, the thought process was always, make this as nice as you can for the staff, and you’ll make the business as easy as you can to run. That was the thought process and we reduce turnover, blah, blah, blah, was the thought process. Now, I don’t think we’ve been terribly successful at that to be honest.

Interviewer: We’ll come back to staff turnover, we’ll come back to that, yeah.

Respondent: Yeah, that’s still very high, but the thought process was always, do as much as you can because what you need to do is get to scale and when you get to scale you’ll be okay. That was my analysis at the beginning of it.

Interviewer: So, around five years, four years you weren’t making a profit. So this year you have and you see that model being sustainable now? You see yourself as profit making now?

Respondent: Exactly that, yeah.

Interviewer: And what has made the shift from the non-profit to the profit?

Respondent: Scale. So one of the things we’ve done is we’ve brought in staff from overseas.

Interviewer: Ah, and I’m interested in that as well. In fact, shall we just talk about that then. So, do you want to talk about that?

Respondent: So, basically we spent a hell of a lot of time running to standstill. So we would bring in staff, they would leave very quickly. The part of the workforce we’re dealing with, people generally have some quite complex home lives, will happily chop and change jobs. There are many other providers in our areas, if people get a bit cross with you one day they’ll be in employment with someone else the next day. So it’s not difficult to shift.

And we just saw ourselves running to standstill, not even running to shrink. We shrank quite a lot over the period before we started and saw that we’d gone onto the government shortage list and basically came to the decision, why would we not try this?

So we did, we tried very hard to get a local authority to support us, other people to support us, no one was really interested. So we took out a load more loans. So we had to get friends and family to help us finance it because it was an expensive exercise.

Interviewer: In what way, in becoming a sponsor?

Respondent: No, that’s not... becoming a sponsor is probably for us the easiest and cheapest part, so I think that costs us about £600 and a little bit of work. We did it all in-house because it’s not that complicated. I know other people go to lawyers, but we did that in-house. But every time you issue a certificate of sponsorship to a member of staff, that’s £1,300 and then the flights for people to come over and their training and finding accommodation, and it probably costs us between £3,000 and £5,000 per person that we bring over.

Some of it, they repay us over a little bit of time, but some of it is just sunk costs. So we’ve now got about 30 members of staff that have come from overseas in our workforce and it’s made all the difference in the world, but that’s cost us about, between £80,000 and £100,000 to get to this stage.

Interviewer: And where have they come from? Are there particular areas?

Respondent: So we’ve not advertised at all, so we are inundated with people that are tyring to come and join us. Predominantly we have people from Africa, a few from Asia, a few students that have switched over to becoming full-time workers who are already in the country, but predominantly those areas.

Interviewer: So you haven’t advertised and you’re a relatively small provider, so how are they finding out about you?

Respondent: So, there’s a very good infrastructure on the ground of people who want to come here. Basically as soon as you become a sponsor, as soon as you get on the approved sponsor list people start finding you and then tell their friends. So, I think our waiting list for people to do our pre-screening is now at about 7,000.

Interviewer: Goodness, a lot.

Respondent: So there’s a big demand for people that want to come and join and actually assisting that and making that right, I guess is an effort in itself.

Interviewer: It’s quite a big task for a relatively small organisation. You say it’s made all the difference, so could you tell me a little bit about what difference that’s made.

Respondent: So basically that’s allowed us to have a steady inflow of staff, it’s allowed us to effectively feel like we’re more in control of recruitment rather than... So before I would say recruitment was driving the business and now we’re driving our recruitment.

Interviewer: Right, when you say driving the business, shortages of staff, you were running to standstill kind of thing?

Respondent: Running to standstill, shortages, you can’t make a strategic plan for growing the business because you’ve got no idea of where you’re going to get workforce and pay rates didn’t seem to make a difference. Spending money on marketing didn’t seem to make a difference, we tried every level we could think of and it just didn’t seem to be something we could control.

Interviewer: In terms of housing for example, again, one of the things I often hear on international recruitment is, and I guess it depends on the geographical location, is the difficulty of housing, that kind of infrastructure. How have you found that?

Respondent: Initially we found it challenging because we wanted to get a house to put our staff up in for the first couple of months, to allow them to settle. Finding that was slightly challenging, probably one of the hardest things, but again, we found a private landlord that we could interact with, get through the HMO stuff.

The guys are not struggling to find accommodation of what’s there, once they’ve been with us for a while. And I think that probably goes back to the fact that we pay pretty well, so they’re not struggling financially to find somewhere to get accommodation. We’re not London and I think that makes a big difference.

Interviewer: We’ll come back to turnover generally, but turnover for that particular group, is that lower?

Respondent: It’s lower, yeah, definitely lower than the UK staff. It’s not been nothing. We have certainly learnt a lot in our recruitment practices, just in terms of really understanding motivations, understanding pulls to other areas. But it’s definitely lower.

Interviewer: So by that you mean making sure someone’s committed to both the role and the geographical location?

Respondent: Yeah, exactly. So we’ve had some people who have come and wanted to jump to be a nurse in the NHS and needed to get over to join us. Some people who have got family somewhere else in the UK who have come, it’s easier to come over to join us and then find a job closer to them, those kinds of things. Yeah, definitely lower turnover rates.

Interviewer: To just go back to your comment on pay though, I was interested in that. You said that paying more didn’t seem to help. Running to standstill before your international recruitment and paying more didn’t seem to help. Can you tell me a bit more about that?

Respondent: So we, yeah, at one stage were basically... To be honest, I was completely lost as to how to actually solve this thing because I felt like I was just in a mix of, what can we do? We’re paying loads on advertising, are we just completely off market? So we put through quite a big, for us, pay rise... I think it was about 75p an hour at the time, that we hadn’t had any money from the local authority to do, we were just like, if we’re actually going to make this business survive we’re just going to need to do something. Do this. And our existing staff were grateful, it didn’t bring more people through the door.

Interviewer: And is that because hospitality and retail are paying more, or why? So I’m leading you there, why was that do you think?

Respondent: I think it’s virtually impossible to say. What I actually saw happening was our hours are pretty antisocial and I think it was an entirely post-Brexit recruitment market problem. The guys that would have historically come and worked in care were now able to get easier office job.

Interviewer: Right, because the labour market... the skill choices widely?

Respondent: Yeah, exactly, and I think then, I guess you ask the question, why would you go and do a job in care, unless you’ve got a massive vocation for it? Which a lot of people do, but where you can’t work around school hours, where you have to get up at 7:00, where you have to work weekends. Or would you rather be in an office 9:00 to 5:00?

Interviewer: And retail/hospitality, do you think there was a draw there?

Respondent: We didn’t really lose many, no. So, we lost people to office work, to care homes. So particularly during the petrol price spike we lost people to care homes. Not really to hospitality, not really to retail actually, no. No, that’s mainly where people were going.

Interviewer: And then that theme of retention generally, I know it’s sometimes difficult with a smaller firm, because the rates, you only need a couple of people to leave and it looks huge, but would you have a sense of your annual turnover?

Respondent: So before, I think we would be churning... I had a look when you were asking the question on the questionnaire because I thought this year looks worse than I expected it to. The year before I think it was about 50% turnover of staff in the year.

Interviewer: And this year is worse you think?

Respondent: No, it’s lower, our figure is down.

Interviewer: And is there anything particularly you can attribute that to?

Respondent: So I think we’ve got now a workforce that’s got more international staff in it. I think our UK staff are the guys that have actually been with us for a long time now. So we’re getting a few new UK staff through the door and we definitely saw UK staff ping-ponging, in and out of the business. So come and do a few weeks, decide it’s not for them, leave. So I think that’s made a bit of a difference. And I think that the labour market is definitely, it’s easing a little bit, so there’s not thousands of other options, which is funny to say about your business but I think that that’s definitely true from the staff that we have.

Interviewer: Okay, that’s really helpful. Guaranteed hours, can you tell me a little bit about your decision to offer those?

Respondent: Yeah, so that, I guess, goes two ways. So that was something we thought very much at the start was the right way to go. When we first started there was a big, and there still is, a big unmet need. So I felt quite strongly that actually that’s our job, that it’s our job to make sure that the people we employ have enough work to fill their time.

So obviously a zero hours contract as an employer is an easier way to employ someone because you don’t actually have to worry about and think about how you’re filling someone’s rota fundamentally. But it felt completely unfair to me that someone could start work on a Monday and not know at least the minimum they were going to go home with by the end of the week, that just feels completely unfair.

And what it felt like to me when I was looking at the sector was, basically everybody who had the broader shoulders, who should be taking on this risk was abdicating it down to the person with the narrowest shoulders who couldn’t. So local authority doesn’t, so you get employers don’t want to take it, staff have to take it, it felt nonsense.

So I guess I would say that was probably a bit of a moral stand from me at the start, not necessarily something about actually, not using it as a tool to get people into the business, just actually this is the minimum that someone who works from me should expect. That was the decision behind it.

It was not an easy one to actually get the team who were used to working in care in my office to do, to actually think about rotas like that was challenging. And also, it had implications about the type of work we could take on. And this is something that when I talk to local authorities who want to force providers to do this, they don’t then think of the consequences of it because actually what you can’t do then is take on a client who just needs one call in a morning because you can’t fill someone’s day like that.

So we need clients who have a minimum of three or four calls a day to be able to fill our member of staff’s time and that’s had an implications for the speed of growth and the type of work we can take on. But it’s definitely something that people who are already in care value, in terms of members of staff. So if you’re already in the sector that’s important to you and you understand what the implications of not having that can be.

Interviewer: But again, it’s not attracting new people?

Respondent: Because you don’t think about it, do you, if you’re not in the sector? You don’t think, well, my employer might just this week decide to only give me 10 hours of work, because you hear just there’s a big need for it. But yeah, it’s not something that necessarily pulls people in.

What it has done though, that discipline, has made us in a good position when we’ve brought international members of staff over because you have to guarantee them 37.5 hours a week of work and lot of providers have struggled to do that. So have brought people over and then not been able to meet those obligations because they’ve not been thinking like that already.

Interviewer: Right, so it sort of puts you ahead of the game there. So it’s a minimum of 30 [guaranteed] hours, I guess many will work more than 30 hours, but it’s a minimum of 30 hours, but you talked about three or four calls a day. So those hours could still be in split shifts across the day?

Respondent: Yes, exactly.

Interviewer: So, in terms of meeting the business need, which is deliver that care, but meeting the care worker need, which could be all kinds of things, how easy do you find it to look at your rotas and your patterns to get that mutuality of need? And then how important is that in retaining people do you think?

Respondent: Yeah, so that is really important. So we have had to be really, really clear with that. So we’re pretty regimented, in terms of the 30 hours but we have got a part-time pattern. So if people just want to work evenings, tea in bed we call it, so those evening calls, or just morning and lunches, we have patterns like that.

Interviewer: But that’s a choice, that’s the worker choice?

Respondent: Exactly, so that’s basically you come and join us on that pattern and we’ll offer you a different level of guaranteed hours for those patterns. But it’s been very important to be clear with the staff when they join us, before they join us, that that’s the way the structure has to work.

So I think what we do there, we don’t necessarily get everybody through the door on that basis because I know a lot of other providers will just say yes, and you can do that on a zero hours contract, to whatever availability someone happens to have. School hours is a perfect example of that. It doesn’t actually work very well in the care sector because most people need their care in the morning and at bedtime. So 9:00 to 3:00 doesn’t work, but you can take people on if you’re desperate, but just say zero hours.

So we’ve had to be very, very explicit with people about what we can and can’t do at the start and we have a lot of people who apply to us who can’t work with our patterns and we then can’t bring them into the business. Because yeah, I guess what you’ve got, you’ve got certainty and surety but you haven’t necessarily got ultimate flexibility which doesn’t work for some people.

So we’ve had to be quite firm and we’ve gone through phases of flexing that a little bit, because someone says something or we want to be nice to people, it just doesn’t really work. We need people who can offer us regularity within set patterns.

Interviewer: Yeah, but then you can also work to... if it doesn’t meet their needs you don’t bring them in, but if it does meet their needs then you can bring them in and work with them around that.

Respondent: Yeah, exactly, around that.

Interviewer: That’s really helpful. We’re jumping around a bit, which is normal, but I’ll just have a look at...

Respondent: Just on that, in terms of split shifts that we were talking about, if I had more money and more certainty from my local authority or from anywhere, I would be employing people differently.

Interviewer: So can you say a bit more about that then?

Respondent: Yeah, so what I would want to do and I think what my staff would want is to basically employ them like we employ community nurses. So we should be employing them on pay from 7:00 AM until 2:00 PM and that’s a shift, and then there’s a shift in the evening, and we’re just paying them the whole way... What we pay is X pounds per hour of contact time plus... I didn’t put that on the sheet I don’t think, plus an amount per visit, so like a call out charge almost, which covers their travel, time and their petrol.

That’s the idea of that, and often it works out a lot better for them than just paying... well, it always works out better than paying them by the mile. But it works quite well for our staff because they can often make a lot of money on those visit payments if they’re really close together, all the visits, which we try to do for them. So that’s the approach we take.

Interviewer: So, what would that call out charge be?

Respondent: We give them, oh my gosh, I think it’s £2 an hour but I’ll correct that, I’ll drop you an email if it’s slightly higher. But yeah, £2 per hour, sorry, per visit.

Interviewer: Per visit?

Respondent: Yes.

Interviewer: But that is instead of travel time, it works out more than travel time?

Respondent: It should work out more usually, yeah. So that’s the approach we take. But my ideal would be to pay for a block shift. So I pay someone from 7:00 until 2:00 and I pay them 45p a mile and I pay them the amount I’m still paying them and they do okay, but I can’t find a way to make that work yet.

Interviewer: What would you need then from a local authority?

Respondent: I’d need them to pay me more per hour basically. Well, two things, either you shift them contracting us to block shifts. So actually what you want to be doing is matching everything, and the argument I have with the local authority always is, you’ve got the volume, you can guarantee me this, it doesn’t cost you much, right? But what you haven’t got is the thought process to do it. So I could probably do it if you pay me a little bit more to take on that risk, because actually what I’m risking is gaps in the day that I can’t fill, that you’re not going to pay me for, but if you pay me a little bit more I can afford to do that.

But that’s where I think we need to move to and I keep trying to make that work, but we’re little and we’re mainly local authority funded, so it’s harder for me to do that, but that’s just reasonable to me.

Interviewer: Yes, I absolutely think so, and actually one local authority has just done a whole block commissioning of its dom care, which is really interesting. So I really hope that’s successful, it will be interesting to see how that works out as a model.

Respondent: Yeah, I hope so too. When I talk to local authorities sometimes they say, then they have the issue of provider failure, so you have to have the stability of workforce underneath you. But it has to be the way that we end up going, but I think that that ultimately is the answer because it’s absolutely nonsense that people aren’t getting paid.

Interviewer: So these guaranteed hours contacts, you could do a couple of hours, have a couple of hours not working, another couple of hours. So, you could have a very long working day and still only be paid for part of that day if you’ve got lots of breaks in between.

Respondent: Yeah, exactly. Which our guys, some of it works for, they get home, they can do whatever jobs, but for some other people it’s just a very long day and they’re very tired.

Interviewer: Yeah, I get that. Where was I going? So we talked a lot about pay, which is really helpful. In terms of wider reward packages, which could be pension, sick pay or it could be a bonus reward schemes, recognition schemes. What things are you able to do?

Respondent: So the first thing that we invested really heavily in and actually makes a massive difference is training. So, we have built an in-house training department of... well, department sounds very grand doesn’t it? It’s two people. But we did that quite early on and it makes a big difference. Our training, our guys value the money we put into training them.

So their first year they do their first week as an induction training that we pay for. Then in the first year we bring them back in every quarter to build skills, development, talk about them. And then on an ongoing basis every year, every quarter we give them one day and a quarter of paid CPD. So they can book onto CPD that we offer and that seems to make a big difference actually. It’s not like bonus, it’s not pension, it’s not all those kinds of things.

Interviewer: But it’s valued.

Respondent: It makes people feel valued and they are really loving the fact that they are then becoming better at their job and more skills. So, we do that. We offer basically what we are obliged to on sick pay, we offer statutory sick pay, we offer a pension as we’re obliged to offer. There isn’t enough money frankly to do much more.

So what we moved away from was things like Christmas bonuses as well because I just put everything I could into the hourly pay because that seems to make more of a difference.

Interestingly during the pandemic, I don’t know how it came to us, there was something I think came from the NHS to the local authority, that was like this retention bonus that came out. I don’t know if it was something that was a national thing.

Anyway, it came out and I thought it was very badly structured, but I wasn’t allowed to do anything about that, and the guys got £500. But people knew it was coming the next month and already left two weeks before it because they were annoyed or whatever, you know?

Interviewer: So it didn’t keep them?

Respondent: It doesn’t make a difference, I don’t think it’s anything that actually works. And yeah, the fact that people left straight after it, that made sense to me because that’s okay, but people who knew it was coming, it wasn’t enough to keep them. It makes me feel like a bonus isn’t really what you want, and it doesn’t seem to make that much of a difference. So we’ve sort of moved away from that.

What people seem to value are things like training, socials, those kinds of things make a difference. Making people feel like they’re part of a group and a community rather than... Because you’re out on your own working in our sector, you don’t really feel like part of a team, those kinds of things.

We invest in a lot of silly things, this is going to sound pathetic in this kind of context, but like badges. Like we win awards and we give them stuff, that kind of thing really is... it’s like the little things that make sure that people are noticed.

Interviewer: Right, so thank you and recognition for a job well done.

Respondent: Yeah, we have things like above and beyond, yeah, those kinds of things seem to make more of a difference than big structural. Which is fascinating me coming from finance because everybody was living for their bonuses there, but it just doesn’t seem to work in the same way.

Interviewer: Right, okay, that’s interesting. Going back to training, what proportion of your staff do you think would have a Level 2 qualification, a relevant... is that something you...not many?

Respondent: No, not many. So everyone gets the Care Certificate, well we put everyone through the Care Certificate as part of our training. Level 2 not so much. We have an offer to get people onto Level 3s occasionally, but it’s not a workforce that seems... like they don’t seem very motivated to go back into classroom based training.

Interviewer: So it’s their choice not to do the Level 2, you would support them to do that?

Respondent: Yeah, well, it’s generally the Level 3 that they want to go for, so from what we hear the Care Certificate gets you pretty much what a Level 2 would do anyway, you’re not getting that much more. So Level 3, yeah, we absolutely would. So we have a link with a local college, we have a way to get people through that. We tried the apprenticeship approach, which absolutely does not work.

Interviewer: Can you say a bit more about that?

Respondent: Many issues. The first one of which was trying to get people through their maths and English, terrified them to the extent that they weren’t interested anymore in doing it. The second issue that you’ve got of people going through an apprenticeship, well I found, is that you have to pay them for 20% of their week in training, not working. That’s just not affordable.

Interviewer: So you don’t get any extra funding for that?

Respondent: You get nothing for that and the idea is that, for other sectors, people bring apprentices and pay them less, the apprentice wage doesn’t have to be the same. But you can’t say, you’re working for me, you’ve got a family to feed, now you’re an apprentice because you’re training, I’m going to pay you 40% less to cover the 20% of time you’re not working for me. It just doesn’t work, badly thought through.

Interviewer: Okay, that’s really helpful, I shall feed that back as well. So looking at your structure, you’ve got three senior care workers.

Respondent: Yes.

Interviewer: So I’m thinking that qualifications don’t lead to seniority. So what is the difference then between your care workers and your senior care workers?

Respondent: So, we call our senior care workers care leaders, so the idea there is that it’s less... I think we’re a bit less traditional. It’s like the first step on the management train for us as our senior care workers. So, after you’ve been with us a year we open applications basically to be a care leader, a senior care worker and they’ll be the people that take the new carers out shadowing. They’ll be the people that fix the work for the carers, like help the carers on the ground if they’ve got challenging clients.

Basically it’s sort of that halfway house between being a carer and sort of taking a little bit of management responsibility. And the idea of that is that that’s part of our progression through the business.

Interviewer: So at the moment you’ve got three out of... well you’ve got 59 and then three. So is there capacity to increase that number when people get the right level of experience or are you constrained again by your funding and how many of those that you can have at any one point?

Respondent: So, we’ve got two branches at the moment and we’re about two thirds of what we want for those branches. Sorry, hours that we’re delivering from those. So when those branches are both full we would probably have six.

Interviewer: Six, okay. And getting them full is about your relationship with the local authority and then private work that you generate?

Respondent: Yes, so that’s where we will build from but the getting them full is about bringing the staff into the business to be able to support the growth.

Interviewer: So you could get more care packages if you could get the staff?

Respondent: Yeah, that’s come easy, getting the work is not the challenge.

Interviewer: Okay. So you talk about wanting to expand, is it just within those two businesses, offices at the moment or are you looking at other locations?

Respondent: So, we will look at another one probably in Q1 next year. The idea is ultimately to get up to five.

Interviewer: And the growth then is all about staff availability and capacity?

Respondent: Yeah.

Interviewer: Really interesting. And what about your international recruitment then, what scale are you anticipating doing that on?

Respondent: That will continue to grow with the business. So, at the moment I see no reason that that wouldn’t ultimately end up being the majority of the staff.

Interviewer: Right, simply because that’s a readier supply?

Respondent: Yeah, exactly, it’s a readier supply. And if we could get all of our staff from the UK at the similar pace and consistency we would take them, but that’s not available.

Interviewer: Okay, that’s really interesting. Are there any distinctions between the two groups, in terms of anything that gives you some advantages, some headaches you have to deal with?

Respondent: Yeah, so I think probably both. So, what we see between the two groups are international carers are generally incredibly motivated, incredibly appreciative of the opportunity and very, very keen to do as much work as possible. To the extent we have to tell them, you need to sleep, you need to rest, this isn’t what we’re going to do. Our UK staff do not have that level of motivation.

We still have the issue with our UK teams and I think just generally in the business, of care being almost like the job you do when you can’t do another one. So I can always go and find something else. We have people dropping us. Like literally will quit one day and not come into work the next. So it is a different mindset I guess, in terms of what the job is and does.

Now that’s not true for everybody, absolutely not. But there’s that sort of difference in motivation levels I probably would suggest, like it’s not seen as an aspirational career in the UK, whereas for our guys coming from overseas it is, and I think there is definitely a difference there.

We have a lot of issues with our international guys, in terms of driving, that’s proven very challenging and understanding food culture and stuff, but that’s just experience, right, that’s just coming into the country and experience.

We have some issues because we’re in [county], with sort of local ex-mining communities, very insular. We’ve had some issues in terms of racism and trying to overcome some of that. But generally, actually, it’s been good for our UK staff to work with our international staff because we’ve seen this difference of actually you’re getting a bit more experience of why people love this job. And you’re getting some pride of being able to say that you’re doing something that other people really value as well.

Interviewer: So the point about it not being aspirational in the UK is really interesting and I wonder what are your views about things that could be done to change that.

Respondent: We’ve got a few. So I start ultimately with, you have to have parity of esteem with the NHS and that is virtually impossible to tell the staff that they’ve got when they don’t get paid the same as the NHS workers. And I just think at a fundamental level you don’t value care the same as the NHS if you’re prepared to support an income stream that only allows you to pay them £3 an hour less. It’s just nonsense, absolutely nonsense, and I think that there’s an issue there.

There’s an issue with a lack of... corporate is the wrong word, but something that I’m bringing through my business really, really strongly is, here’s your career path. And that kind of more corporate approach to understanding how you travel through the thing actually as a carer, you’ve got a path that could get you to being a registered manager, and it’s really clear how that works.

So hence our care leaders, then the office grades, it’s really obvious in our business how you progress and we should push people through it. I don’t see that necessarily in other places, and I think that that could help as well. Or some clearer path into the NHS as well actually.

Interviewer: Could you say a little bit more about that? So we talked about carer to senior carer, didn’t we? And then the next set of pathways.

Respondent: So the next step after that is, we call it our junior care coordinator. So basically the next step from a senior carer is into a really junior... really junior, that sounds awful, but a non-scary job in the office.

So we found a lot of our carers didn’t want to come into the management roles because they hated the idea of being in an office and they were scared of the rotas and scared of the complexity of being behind a desk because all they’ve been used to is being out in the community.

So we created a job that’s basically, sort of midway there, where you’re on the phone to the GPs, you’re on the phone to the carers, you’re doing a lot of office liaison stuff. And you do that for nine months to a year and then you can step up to being the person that’s running the rotas, which is what we call our senior care coordinator.

And then the jump after that, some people call it a field care supervisor, we call it care quality manager, you’re back out in the community checking on the care that’s being provided. And then you go onto a deputy manager and manager pathway. So it’s sort of quite clear and gets you all of these skills and it’s really thinking about how you get someone ready through all of those stages.

Interviewer: And they can see the training or shadowing or mentoring or whatever is required available to do that, that’s clear to them?

Respondent: Yeah.

Interviewer: What interest is there in that?

Respondent: So, quite a lot actually. So particularly now the more stable, the more happy the team are we get a lot of interest. And also because we have people who have gone up through those levels, we have people who, “I could never do that,” “Absolutely you could, I did.” So that kind of role modelling, it’s starting to be there now, and I think that that’s really important.

I guess there’s something about I’m doing this because it’s a really great job and I’m doing this because it also allows me to go and do these other jobs in the future. I think there’s such a missed opportunity there and particularly I think, if we do have a shift of government, we’ve got a big opportunity if we have something that joins the NHS and the care sector together a little bit to link those career paths. That actually, everybody who wants to be a nurse should have gone and been a carer. You’ve got these opportunities of actually growing through these paths. I get frustrated, sorry.

Interviewer: No, I’ve worked in the sector, researching, not doing it, for a long time and during Covid there was that kind of glimmer of hope, wasn’t there, that people talked about an integrated agenda? We talk about integration but we don’t integrate at this level, do we? There’s a world of separation. And it looked like there might be a bit of a movement towards that and then it just all disappeared again, didn’t it?

Respondent: So it’s complicated, you’ve got a load of private providers, it’s a really difficult thing, I get it, I get it, but yeah, it feels a shame.

Interviewer: It does. And also, very female dominated, which again... although nursing isn’t and they have managed to... they’re not on a par of esteem with doctors, but nevertheless it’s an esteemed occupation despite being female dominated. I think care again has that kind of journey to make, doesn’t it? Because it’s female dominated doesn’t mean it’s less valued. I think there’s a risk in that.

Respondent: Yeah, that’s very true. And actually, sorry, just one other thing about our international staff that’s interesting, we have as many male applicants for our international carers as female, and that’s definitely not true of our UK workforce.

Interviewer: No, and it is as valued for men as it is for women as a role?

Respondent: Yeah.

Interviewer: Yeah, that is really interesting, isn’t it? Yeah, work to do around that, definitely. Right, let me have a look at where I’m up to. So in terms of increasing pay, what influences are there on that?

Respondent: For me, so I’ve pushed as far as I can and I always do. So literally it’s what the local authority... because we are so heavily local authority funded, it’s what they will put through their pay reward, the pay awards. And there’s a bit actually, probably... tell me if this is boring and not relevant, but I chair our [representative organisation] in [county].

So, one of the things that [LA] do is they talk to the [representative organisation] every year about the rate changes. So for the first time last year I went through that process with [LA] and their model behind the scenes was screwy. So it basically presented something up to their cabinet that suggested providers could pay staff a rate that their pay didn’t support.

Interviewer: The commissioning fee didn’t support it?

Respondent: Yeah, because they basically ignored all of the overheads that a private provider has to pay. So they assumed that that didn’t exist pretty much in their thing. So basically we didn’t have to pay the regulator, we didn’t have to pay insurance, we didn’t have to pay office staff because that didn’t play well up the line. The idea that those costs were there didn’t play well and what they put into the model was something that suggested they pay their in-house carers a lot more than their commissioning rate allows us to pay ours.

So I think there’s something in being really honest and transparent and using some national model. Even if the actual carer pay that feeds in at the bottom of that is different because obviously you have to pay somebody to live in London a lot more than you probably have to pay someone to live in [county]. But actually, the rest of the chunks of that are really, really stable and static across the country and authorities really need to understand that.

Interviewer: I mean obviously the UK Home Care Association does its cost of care, doesn’t it? But what I hear when talking to a lot of providers is the local authority ignore, not just that but sort of local initiatives and the whole Fair Cost of Care didn’t really come to anything.

So I have spoken to some others who have quite open book processes of costing their care and negotiating that with the local authority. Have you had the opportunity to do any of that kind of work?

Respondent: Yeah, so I did a load of work with them. I did the figures, I showed them what we do. But the problem you’ve got is to actually to try and drive any change through a local authority is virtually impossible. There’s not enough time and actually they just want to show the same thing again.

So what we ended up doing was coming up with a number that used the same model but sort of got some of the way of where we’d got to. But we got the wrong answer really, because you still don’t show it to cabinet members. It’s something that’s not real and the appetite for change there is challenging I think.

But again, it feels like something that you could really easily help with some kind of national approach of, here’s how you should work out this thing.

Interviewer: Were you involved in the Fair Cost of Care or was that prior to your work? Do you have any views on that? Because that was an attempt, I guess, at it, wasn’t it?

Respondent: Well, was it though? So I literally laughed at our local authority when they came back to me on that because what that did, for us, was it basically said, show us what you’ve done last year. And it’s not going to show... I mean, most people aren’t going to run a business like I do, which is loss making to show that you’re doing the right thing by your staff.

So at the end of the process the local authority said, “Oh, what a surprise, what this has shown is we’re paying about the right amount.” Well, of course it’s showing that because you’re not asking actually what do you need to have a sustainable fair fee here. You’re asking people to say last year did you survive? The questions were just wrong.

Interviewer: Yeah, so that’s interesting. Obviously it led nowhere anyway, but the idea of some kind of national approach to costing care or that understanding at least, as you say, I think...

Respondent: At least the building blocks.

Interviewer: I’m just checking what questions I’ve asked and which I haven’t, so it’s a bit of a shift in direction, but in terms of visits to homes, how do you know how long someone’s spent there? Do you have check ins, check outs? So if it’s a half hour visit do they get paid the half hour, if they’re on there 15, do they just get the 15? How does that work?

Respondent: So no, they clock in and out, so we know. They get paid for the scheduled time. So if it’s half hour and they’re there for 15, they get paid for a half hour. But what we do is every month we do a reconciliation and basically, carer by carer, we check that they’re spending the right amount of time at the clients’ homes. So if they’re not, if they’re consistently not there long enough regularly, because they’re rushing or whatever, then we have a process that basically says you have to be.

So we mark if 15% of your calls in the month or more than 10 minutes too short then you start that process of, we have to have a conversation about you’re not doing this properly.

Interviewer: So the local authority commission you for half an hour, again, however long they’ve spent. Like some local authorities will only pay for the actual time spent there.

Respondent: Yeah.

Interviewer: So [LA] doesn’t do that?

Respondent: They started a bit down this process, so they started a little bit down that with their electronic system, not quite literally by the minute but trying to see if they could do something along that line, and the system just didn’t work for them. They couldn’t make the administration of the electronic system work well enough. So they scrapped it.

Interviewer: So it was their system that your care workers were checking into?

Respondent: Yeah, we have to check in and out, both. As you said, our care workers check in and out on our system and theirs, it’s just a waste of everybody’s time, but there you go, that’s what we do. So [LA] can see, and [LA] have definitely said that this is really helpful for them. So there’s an issue in the sector of providers scheduling staff on calls, that means they have to cut calls short because that’s the way they make their money. That is not something we do, but [LA] have definitely seen an improvement by forcing people to clock in and out like this.

Interviewer: Okay, so the whole call clipping thing, they can pick up if that’s happening?

Respondent: Yeah. So I guess you’ve got two slightly separate things. You’ve got, as a commissioner, the call clipping is costing you money and it’s not good practice. For us we want our carers to stay the time with the clients because that’s what we want them to do. So we manage through that as well, but we also can see that it’s fair if a client, for example, wants our carer to leave because they want to go to bed, then the carer should still get paid because that’s still their rota time.

Interviewer: Yeah, absolutely. Okay, that’s helpful. I’m just scanning through. Do you use agency staff or bank staff?

Respondent: No.

Interviewer: No, okay. Cost of living crisis. I know we’ve talked about financial pressures generally, but anything sort of specific, in terms of the cost of living crisis that you’ve had to manage?

Respondent: I think not specifically. We have always provided food in our office for our staff. So, there’s always breakfast, there’s always snacks, there’s always drinks. So yeah, so that’s always been on offer. Have we seen an increase in use of it? Hard to say because we encourage them to come in and we always encourage them to eat.

But having those kinds of things available, I guess it all goes to this idea of we actually care about you as people, we’re not just seeing you as numbers on the road. So there’s always that kind of stuff available for you in the office and we want you to pop in and talk to us, so please have your toast or a porridge or whatever.

Interviewer: And we’ve seen some providers moving to weekly or fortnightly payment rather than a monthly payment. Have you had to think about any of those kinds of things? Still monthly payment?

Respondent: No, we still do monthly. Yeah, I mean to actually process weekly or fortnightly I think would be challenging actually, just in terms of the overhead.

I’ve definitely seen, one of the software providers that we use called [name], they do this advanced pay thing that they’ve talked to us a lot about, but I don’t really like it because I just think it’s another way for the staff to get ahead of themselves. Yeah, sometimes I don’t know that you help people necessarily by offering that kind of thing.

Interviewer: Yeah, to spend your money early, yeah. I think I’ve covered a lot of my questions. Are there things that I haven’t asked that you think it’s important to know?

Respondent: We’re talking pay, but we’re really talking about people being in the sector, aren’t we?

Interviewer: And how you keep them.

Respondent: And keep them. I feel like we’ve got a big gap of school leavers coming into the sector.

Interviewer: So they’re not coming in?

Respondent: Not coming in, no. And we’ve tried to find a way through that, but to this path through. There are a lot of people I think do health and social care qualifications in college, as a school leaver, but actually don’t then seem to come into the care sector and there doesn’t seem to be any real link to bring people through that education route in. And I guess that probably goes to that path we were talking about earlier. But it feels like a gap to me and maybe that’s a gap that we’re seeing and others aren’t, but I’ve definitely struggled to understand what that doesn’t happen.

Interviewer: So have you been talking to colleges?

Respondent: We’ve talked with them, and they say that there’s opportunities and we go to career shows and trade fairs and that feels like a bit of a missed link there.

Interviewer: It’s interesting, isn’t it, because they can’t all being going into health, I presume they’re not all going into health. And if they were interested enough to do health and social care then you’d think... and I wonder if that goes back to esteem, esteem of the sector probably.

Respondent: Yeah, well that’s what I wonder. Maybe there is, like if it’s not where you would choose to go. We definitely have an issue with domiciliary care as well actually, just about the practicalities of it and it’s definitely more challenging than other sectors, particularly in areas like [county], easier in city centres. We need people to be able to drive.

Interviewer: I was going to ask you that and I forgot. Because you talked about the international recruits and their driving, so are all your staff drivers?

Respondent: Yeah, our area does not... I mean, we’ve looked, we’ve tried to think of different ways around, but our areas don’t really suit, definitely not walking, and particularly on a split shift, walking is really challenging. It’s not like you get somewhere and then walk around.

And then we looked at things like e-bikes and all these kinds of things, but again, you need a lot of capital to be able to invest in the infrastructure around that, and then actually, is that a very safe way for people to travel around our area? Not really. So yeah, that I think, it’s a challenge that you basically need people to be able to drive and to have a car.

Interviewer: And public transport doesn’t cut it, no? Because it’s late at night and rural?

Respondent: Well, if there’s a bus service every half an hour, you’re not in a great place. So yeah, I think that’s a challenge in areas like ours. That cuts a load of workforce out and also it’s expensive. So yeah, we’ve lost people to care homes for that, they don’t want to be driving, I’d would rather go to a care home and stay for my hours.

So yeah, getting people in, that. What else have our guys been talking about? The split shifts, the time and days, that’s about how we commission I think.

But the things that have really made a difference or that we hear... and we get people bouncing back to us actually. People leaving us and then coming back because they then see that we sort of require a degree of quality and they go somewhere else and they don’t see that and then they want to come back because they prefer that. So you do see that kind of shift around, but I guess it’s difficult because if people can get a job somewhere else easily they will shift.

Interviewer: Right, but that’s an important point, this idea that it isn’t just about their own terms and conditions, it’s about the quality of care they’re able to deliver and that being important to them. So you do see that in your staff?

Respondent: We definitely do. And the training has made a big difference and having this training plan, so people can see their way through has made a big difference as well. And that’s quite a big investment and it does work, but it requires you to make that investment. And that’s hard when your authority is cutting your price, to actually be someone who’s prepared to invest in that stuff is more challenging.

Interviewer: Yes, I think a lot of it, not all of it, but I think a lot of it comes back to commissioning, doesn’t it? But then equally there are people like yourselves who are doing a good job in the face of that. So there is a management element to this as well. Good management and leadership.

Respondent: You know actually, as you were saying that, that is also something that is very underinvested in in our sector. So going back to the point that I’m coming from a different sector into this, all of the training and development that I see that goes into the care sector is about training about care, and not really training about running a business or training about management or training about how you do all of those kinds of things. And I think there’s probably a bit of a missed opportunity there as well actually, which is how are you training your leadership teams to think about this stuff and to be better at that stuff?

Interviewer: Because again, there are apprenticeships and that, aren’t there? But again, it comes back to the feasibility of that released backfill etc. to allow people to do those qualifications.

Respondent: And I guess actually, probably there’s something also that goes into the esteem of the sector there, because when I came into the sector to start this business everyone thought I was mad.

Interviewer: I did wonder about asking you that, what motivated that. Not that you were mad, sorry, but what motived it?

Respondent: Yeah, honestly five years in and we’ve just about started making money, I think I probably was. But it was really the... well, a few things. I wanted to come out of a sector where I was just making money and not doing anything good for anybody. But the longevity of this sector, like if you’re going to go into a sector this is one that’s going to be around. So if you can make this work you’re not going to have the rug pulled from under you because actually, if anything, we’re going to need more and more of this.

Interviewer: Yeah, we are.

Respondent: And if people can come in and see that. And I’m getting a lot of approaches from private equity people that want to buy out care providers at the moment. So clearly there’s a bit of interest in that. But yeah, it was the wanting to do something to make a difference. Seeing that there was a big gap in the market for people that were doing something and making a difference, so I thought there was something we could do there. And then it’s a sector if you get it right it’s going to work. And I was completely naive to all the challenges, but that was sort of the rationale.

But I think if we could get a few people from outside the industry in it would make a big different as well.

Interviewer: It’s really interesting. I spoke to somebody yesterday, so a bigger organisation than you. She was saying her scale allows her to do a bit more perhaps than your scale, but she’s a finance director who’s come in. So it is really interesting about, as you say, the background, the leadership, the management capacities. Yeah, really, really fascinating, I think that’s one of the things we’ll take back.

Really appreciate your time, I realise you’ll be really busy. Anything else you want to throw in before we finish?

Respondent: I don’t think so. No, I talked about the paying the people by the shifts, that’s the one that’s on the top of my brain at the moment.

Interviewer: Yeah, and I think that’s where we need to move to. I think we need an integrated system probably, or at least terms and conditions. But the shift thing I think is really important.

Respondent: I think so too because I can see it, I wouldn’t want to do it and it’s not fair and I’m trying and at the moment I can’t make it work financially but we’ll get there.

Interviewer: We’ll get there, yeah, okay. Well you’re doing a fab job, it’s really impressive, really impressive. And I really appreciate you sharing all of that with me, thank you very much.

Respondent: And if there’s anything else that we can ever help with then just feel free to give us a shout because we’re more than happy to.

Interviewer: Brilliant, all right, lovely, thanks.

Respondent: Thanks, take care, bye.

Interviewer: Bye.

END OF AUDIO