**File name: P15 Audio recording**

**Audio Length: 1:05:04**

**Date Transcribed: 2 February 2024**

**Date proofread: 7 February 2024**

[0:00:23]

Interviewer: I appreciate your time anyway. Just as a starter, I sent you some paperwork about being part of the project, what the project was about and a form to consent to take part. But you can just give that verbally.

Respondent: Okay, this is my formal verbal consent.

Interviewer: So, you’re okay, then, for me to record the session?

Respondent: Yeah, carry on.

Interviewer: It just means that I don’t have to scribble notes down, it’s just much easier. Thank you very much. Shall I tell you a little bit about the project, would that be helpful?

Respondent: Yes, thank you.

Interviewer: It’s a National Institute of Health research project but it’s sponsored by the Department of Health and Social Care and we have various parts of the project or a big analysis of the adult social care workforce dataset, for example. We do our own survey. But this part of the project we are talking to care providers and care workers.

And the thing we’re interested in is pay but not just absolute levels of pay but rationale for why you pay and what you pay and how much difference that makes to recruitment retention. So, as I say, it’s not just about absolute pay levels, it’s all that kind of underpinning material, thinking behind it, yeah.

So, I’ve got a series of questions to work through but also, if I don’t ask things that you think are important, then do please feel free to add those in as we go.

But first of all, could I start by asking you a little bit about your workforce, so through your business. So, the services you provide and the workforce that you employ?

Respondent: We’re a domiciliary care only…

Interviewer: Yeah.

Respondent: …private patient, private clients only. Sorry, I have [health] background so I slip into “patients” too easily. I thought I’d got rid of that.

So, we have about 120 clients who are all pretty much over 65 but most of them much older than that. They’re scattered across two local authorities, partly [county] and mainly [town] because there’s a border halfway across the town. And they’re pretty much all self-funding. We take a few of our clients, when their health deteriorates and they become eligible for continuing healthcare, then we sometimes end up sending invoices to Health for the same people. But we rarely take someone on who is local authority only because they don’t pay us enough.

Interviewer: I was going to ask that, okay.

Respondent: We occasionally take a CHD funded person but only if they’ll agree to pay our normal rates, which they sometimes do if they get desperate.

And so, our workforce is about 60 strong, 12 in the care team, there are 12 in the office team. We are very heavy duty backup office compared to… so we’re delivering about 800 to 1,000 hours. It fluctuates a bit. Safe to say we’re at a bit of a low at the moment, we should be at 1,000 but we’re still recovering from the pandemic. We were at 1,400 hours per week of care at the peak at the end of 2019. We lost 20% because people decided to look after their own famliy, which was fine. And then we lost another 15% to 20% because of staff shortages, not being able to take on new customers over that next… we were absolutely stayed around 1,000 hours.

But anyway, it’s dropped so we’re at somewhere between 800 and 1,000 hours a week with a team of about 60 carers. We have good retention, we’ve got people who have been with us 10 years. In fact, I took one out for lunch last week. We’ve been open 12 years. We have good retention, similar problems of turnover in that early three months. It fluctuates but it’s better. And we are a Living Wage Foundation accredited payer…

Interviewer: So, real living wage?

Respondent: Real living wage, yeah. So, as you know about that, then, we make no adjustments for age. So, we pay anybody 18 to 25 the same as we pay anybody 65. And we have two or three grades of pay, which I can send you, actually. There’s a pay and conditions…

Interviewer: That’d be really helpful.

Respondent: …if you want me to send it to you.

Interviewer: Yeah, that’d be really helpful.

Respondent: Actually, is our pay… no, our pay is not on the website but our charges for our clients. So, you can see the proportion. I mean, the gross proportion of how much we charge now which we pay a carer, then plus all the adult costs, usually, you can pretty much safely say that 50% of the fee that you charge, well, if you’re making a reasonable living and you’re running this thing safely, should be about half of what you charge. And, of course, if you’re only being paid £19 by a local authority, then paying someone £15 in the evening plus their pension, it doesn’t stack up.

But that’s us. So, about 60 staff, outstanding rating, private pay. And our customers are paying us around the £30 an hour mark. So, a lot of the workings out of how much we can push staff salaries are based on how far we can push our client fee rate.

Interviewer: And you talked about – sorry, I’m jumping around a little bit but things I’m interested in, you talked a little bit about having fewer hours, not being at 1,000 hours at the moment but that is more to do with staff availability than clients that will pay the £30?

Respondent: No, we’ve got plenty of clients, we’ve got a waiting list of people, there’s no problem with… this area, when we set up in this area, I happened to come from here, I had a [health care] practice here, so there was an element of knowing the area. But the demographics were pretty clear that this town has got [LA1] and [LA2] and a slightly higher than average, so 2%, there’s about 27% over 75. And it’s an affluent sort of a community built area. So, there was always going to be enough business for a private only provider. And there aren’t many round here.

Interviewer: Right.

Respondent: We’ve got one [competitor name] branch, a franchise, nearby and they’re private only but they won’t split their hours. They’ll only do, that’s their franchise agreement, they only do a whole hour as their minimum…

Interviewer: Right.

Respondent: And they’re not necessarily training their staff to do the more complex needs. If you only do a whole hour, no one is going to pay you for two hours for two carers for a quick visit as part of a whole…

Interviewer: Yeah.

Respondent: …pop in and do a pad change and a freshen up type visit in the middle of longer visits that are familial sort of things. So, they limit themselves to a certain bit of the market, which is much more around companionship.

Interviewer: So, you do shorter visits. Can I ask – I should know this, I suspect, and I don’t – but in the private only market, do they still have care plans established or do you work…?

Respondent: Well, we write them.

Interviewer: You write them, yes.

Respondent: So, we write them because most of our private customers know that they’re entitled to an assessment of need but they also know that they’d be means tested out if the local authority get involved. So, we signpost constantly. Our enquiries tracker shows just how much advice and information we give out without them becoming our customer. And that’ll be those people who we push in the direction of the local authority in order to get the assessment of need in order to trigger the funding.

And so, we also have a problem around here, which is, listening to the Homecare Association the other day, it’s pretty common, is that what the government want and what the government think is going on is that there is a whole bunch of people being offered direct payments in order to then top up the payment towards care. But this particular council uses an intermediary company, so they’re not really direct payments. And we won’t do business with them because they are even worse at paying than the local authority.

So, there’s a massive business cashflow problem if you take direct payments and stuff in but they aren’t direct payments and you are dealing with a, basically, a not-for-profit that’s really inefficient and doesn’t pay the bills. So, we’re actually worse off if we take direct payments. So, we just stay out of that market and just go with people who are going to pay us directly.

Interviewer: We’ll come back to labour availability but that is the drag on your business growth, it’s not clients, it’s not demand, it’s supply of care workers?

Respondent: No, it’s not demand. I mean, I’ve got a number of my own existing clients who want more from us, which is really frustrating. They want an extra visit in the morning and we’re still scratching around. Recruitment has picked up, this last couple of months it’s picked up so we’re hopeful…

Interviewer: Okay.

Respondent: …we’ll be back into growth mode.

Interviewer: Just before I get onto that, you talked, I know you’re going to send me the rates, that’ll be really helpful, you talked about three levels. Can I just ask about what determines the level you’re at? Is it experience, qualifications?

Respondent: Yeah, a bit of both. So, our carers, we used to have four or five grades and in order to bring everybody’s pay up, we got rid of Grade 1. So, our basic jobbing carer is the person who has come in, whether they’ve got a little bit of experience or none, they come in at that level… I’ve got it, actually…

Interviewer: And that’s the real living wage, that level?

Respondent: No, it’s above it, it’s just above it. Let me just think… we try to, it’s at least on it and, of course, it’s just about to change again. I’ll just open it up, then I can tell you exactly what it is.

So, our basic is £11 in the daytime, Monday to Friday daytime is £11 an hour. So, that’s our absolutely jobbing. Including the holiday pay, that costs us £12.33 plus the pension. So, it’s £11.

But in the evenings from 7:00, regardless of grades, everybody gets paid £14.30. And that’s every evening and that’s because we just struggle to cover evenings. So, we pushed the pay up as high as we could, that cost us £16, with their holiday, that’s £16.03 so it’s quite a big deal. So, that’s our sort of headline rate for the evenings and it does help with cover.

And then, of course, it’s bank holidays and Christmas. So, our basic care is at £11, our senior carers/duty carers, which I’ll explain to you, are £11.30 and our senior duty carers are at £11.60. That’s their sort of take home pay without holiday added to it.

So, the definition of carer is somebody who has done our training at the very least and, possibly, comes with experience but hasn’t done anything more than Level 2, usually, hasn’t got 25 years’ experience and Level 3. They would come in at senior carer so they’d go up to the higher rate. And what we’re looking to do is to move as many people after their probation period, as many people into that senior carer role as we can. We haven’t got a quantum of senior carers, if everybody was senior, that’d be fine by me. It’s just a question of if we give something to work towards, you know, because people keep talking about career planning.

And actually, the panacea of all ills in this respect is not the NHS pay structure because it doesn’t necessarily have as many increments as people think it does. People do get stuck. So, £11.00 / £11.30, it will go up with the living wage.

So, our seniors and duties are people who have either got a Level 3 or are sort of functioning at that level. We don’t make it a Level 3 qualification or nothing, you know, you can’t move… because we know that we’ve got people who have been doing this for 20 years who are good at getting Mr Smith washed and dressed on Saturday morning and they’re the only one that can help someone in a certain way and they’re really good at complex care but they have absolutely no intention of sitting in front of the assessor doing a qualification. And so, we do our own version of what else can they do that we can say is why they get paid a bit more?

So, we do an inhouse quality assurance checking so we do our own spot check in training, just in and out to check other people’s quality. We’ve just trained a whole bunch to do the spot checks but to do the care certificate assisting, as well. And then we’ve just taken some of those, about four of them and I’ve created a training programme for them to start to get involved in induction training. We used to get them auditing notes and auditing care sheets but we don’t need to do that anymore because we went digital and it all gets done in the office so fast we don’t need them to do it.

They are the sort of people who we can send out for handovers and stuff like that, you know, people that can hold the hand of the newbies.

And the other thing, then, is our other role, which is at that higher level, is our duty carer. So, we have spare carers and they pick up whatever needs doing on any particular day. So, they’re a very particular type of person, they’re the sort of person who can walk into any house and crack on because they’re so experienced. A lot of carers don’t want to do it, like we’ve got 60 carers and if I put an advert out today for another duty carer, I’d struggle to find one because not knowing where you’re going every morning is not necessarily everybody’s cup of tea. Most people quite like the regulars.

So, most of our clients are like regulars, which is fine by us but when we’re planning for annual leave and then unexpected leave, it’s nice to have that spare person. So, every morning and every evening, we haven’t always got all of them but our goal is that we have at least one spare body on that rate in every shift.

Interviewer: And some of those things you’ve just talked about, like your training and your spare bodies and those kinds of things, then explain your higher back office cost that you talked about before. You talked about having quite a big… do you know what percentage that is?

Respondent: I can certainly find it, yeah.

Interviewer: Just out of interest, really.

Respondent: We’ve got graphs for everything. I mean, by the time we’ve paid all the old costs and all the rest of it, it’s a scratchy margin on the top, you know?

Interviewer: Yeah. And to go back to the…

Respondent: If you look at the margin, if you look at the thing, it’s not far off what the Homecare Association’s cost for care says it is. We just charge slightly more than that because of where we are. There are a couple of things in their cost for care that are slightly, if you adjust them by pennies per hour…

Interviewer: Very similar.

Respondent: …, it’s pretty…their calculation, have you seen their…?

Interviewer: Yeah, yeah, yeah, it’s about 25, isn’t it?

Respondent: It’s at 25, 26 at the moment. And they’ll do it again and it’ll go up again. And if you think we’re at 30-ish, we’re not far off. It’s just that we load half an hour visits, so we charge more for a half an hour visit pro rata than the 30, because it’s got two journey times in it.

Interviewer: I’ll come on to journey time, as well. Just to go back to the they don’t have to sit a Level 3 qualification, so it’s fair to say you take a competency based approach rather than necessarily a qualification based?

Respondent: Absolutely, absolutely. And that’s based on all the feedback. Obviously, we do lots of supervision, it might be on customer feedback, it’ll be on observation, experience, all sorts of things, yeah, competency, absolutely, yeah.

Interviewer: I didn’t ask you at the beginning about your gender and age split of your workforce. So, you’ve got about 60, what would you…?

Respondent: Absolutely, 58 are women, two men. And that’s because our customer base is this elderly, very frail elderly women and they invariably ask for a woman. So, the women in their own homes… I think it will change and I think it’s beginning to change. I mean, the second male carer only started about three weeks ago, so we were one male carer for four years. We haven’t had many male carers for a long time, because it just makes scheduling so difficult to pick off.

And [male carer], bless him, has done a much bigger journey spread across the town, picking off the men or the odd woman that will let him make her lunch. I mean, he’s so great with people and when they let him in, they’re delighted with him. But elderly women are not keen on having a man in the bathroom. So, it’s what we call an occupational requirement to be a female.

Interviewer: And age?

Respondent: Age is really across the board. I’ve got that data, I can sent you that graph. I’ve got graphs for everything, I can send you the graph of leavers, starters, who leaves with…

Interviewer: That’d be great.

Respondent: …endless, which I’m happy to share.

Interviewer: That’d be great.

Respondent: And the age range, literally, is from 70 to 18. I mean, we’ve got, probably, pockets of 20s, a big lot between 35 – 45 because it suits their age group, women, because they haven’t got the school pick up to do, some of them. And then a few older workers who are very part-time. Lots of part-time. I’m guessing but I reckon…

Oh, I tell you what I can tell you is 60% of our work is done by our top 20 carers. So, in terms of the volume of hours, there’s a few full-time and a whole army of part-time.

Interviewer: And that’s their choice, the part-time?

Respondent: Absolutely. They are slippery snakes in terms of… in the politest possible way. We have a workforce and I’ve done this for 12 years, scratching my head, trying to work out where I’m going to get the next great carer from, but they are a workforce that are unique to home care. I mean, they are not the people who will do 12 hours in one place in a care home, they’re not the people who will be told by NHS what to do in terms of, “Well, you can only work Saturdays and Fridays,” you know?These are people who say, “Well, I can work at 9:15 till 1:00 and Thursdays and Saturday and every other Sunday morning, I can do 7:00 till 10:00.” I mean, the level of individual planning around that workforce is mind boggling.

Interviewer: Does that mean they’re on zero hour contracts if they’ve got that kind of…?

Respondent: Well, we try very hard to get them off that. Some of them like it, some of them won’t change, they want to be absolutely in control of when they’re available to us. So, where someone is available to us on a shift that makes sense to us, so from 7:00 till… our shifts that we are… we still bend over backwards but it gets very frustrating. 7:00 till 2:00 or four or five that can start till 10:00. If they do those shifts, we’ll move them to a contract shift. And then if there’s gaps, it becomes mega inefficient but we’re juggling, constantly juggling the ethics, if you like, between who is on the shift and who is on the zero hours.

And if somebody drops out, so if a client goes into hospital, we’ve created a no cancellation process for our customers in order to protect the pay of everybody. So, if a customer goes into hospital, they pay anyway. And it took us a long time to get there. We went from 24 hours cancellation to three days’ cancellation at about year five and then last year, we brought in two weeks’ cancellation. And this year, we’ve brought in no cancellation, you’re either with us or you’re not.

Interviewer: And has that affected business?

Respondent: It’s effective for pay.

Interviewer: Sorry, has it affected business, have you seen people drop off?

Respondent: Oh no, not really. I mean, there’s probably a handful, I’m dealing with a handful of disgruntled who don’t get it. But generally, when I phone them up and have a chat and say, “Look…”

They’re very, very demanding, our customers. They are sold the slot, you know, if they tell us they want 8:00, we’ll give them a half an hour window. On time, punctuality, is so important to them and the small team approach is so important to them that you go, “Well, you can’t have it both ways. I can either run your team and keep your team available or I can take your team and give them to another client who really likes them. And the hospital will mess you around or you decide to take your mum on holiday for a week…” I can’t keep moving them in and out because it makes the pay structure such a nightmare to work it.

So, I would say we’re moving towards more people being on… as many people being on a fixed contract a we possibly can. But zero hours works very well for our staff.

Interviewer: So, where they’re on guaranteed hours, they’re on shifts? So, they will get paid 7:00 till 2:00 irrespective of whether they’re actually seeing a client in that time?

Respondent: Yes. And then you see our rather large rostering team, which is bigger than most because of that has to look at efficiency and making sure that they’ve got something to do for every minute of that shift, otherwise we’re just losing money for hours and hours. And it’s tricky, you know, we give them a target for our shifts. 60% to 65% is what we’re expecting to see in terms of utilisation in those shifts. I mean, if you’re a restaurant, you’d be laying them off.

And for our duties, it’s more like… well, I’d say we’re aiming at 80% for the shifts and 60% for the duty shifts. I mean, we’re allowing for wastage of time that’s quite significant. But we don’t waste it, what we do is we try to find them things to do. But we can’t always charge for that. So, we might send them out to do a courtesy call to someone or we might send them out to go and handhold another carer or deliver some meds or do something.

Interviewer: But that’s not chargeable time.

Respondent: And it’s not revenue raising and it’s an expensive process.

Interviewer: Do you have any sense of your split between guaranteed and zero hours and in terms of your 60 care workers?

Respondent: I can tell you that if you want that number. If you just ping me exactly which numbers, I’ll try and remember…

Interviewer: Okay.

Respondent: Yeah, I can ping you that, yeah. I haven’t looked at that number for a couple of months but I would say it’s probably over 50% are on guaranteed.

The other thing about the zero hours is if you look at our payroll, we don’t just use it willy nilly, their pay, when they come in, we have a new starters form that asks them, “What’s the minimum you need to earn and what’s the maximum,” because a lot of people are on benefits, particularly when the 16 hours used to be a massive problem. So, on our web roster system, in the corner, the roster team can see the minimum and the maximum that that person needs and they sit in a green zone so that their income stays level.

So, we use their flexibility at their choice to their advantage but we’re very mindful of the fact that across the month, if Jane’s working 10 hours a week and she’s expecting X amount per month that it doesn’t dip like this, because in terms of retention, you won’t get away with zero hours contract if you don’t then manage their time well. And we have a roster system where they can see their scheduling for the rest of their lives. I mean, it’s on there, we don’t schedule a week at a time, we schedule… the only options that our scheduling team have is, “This week only,” if there’s just an extra visit or, “This week onwards.” So, Mrs Smith at 8:00 on a Monday will be Jane’s regular person and she’ll be on there until Jane books time out.

So, although it’s a zero hours contract, it’s managed in such a way that it gives them reliable pay; otherwise they’d leave. They can go and earn more at Tesco, we know that. But what they want is they want what the customers want, which is they want to know time they’re going, what they’re doing when they get there and they want a small team in each house. And if you put the two together, it works brilliantly, even if someone only does two shifts a week…

Interviewer: All right.

Respondent: …10 hours a week.

Interviewer: Okay. That’s really fascinating. Can I go back to what you said about recruitment? You said recruitment’s been challenging…

Respondent: Ugh, terrible.

Interviewer: A little bit better in, perhaps, the last couple of months?

Respondent: Three months it’s picking up, yeah.

Interviewer: Just tell me generally about that and then specifically what kind of role the pay has in that in attraction, how important it is.

Respondent: We’re not entirely convinced that the pay… we’ve played around with how we advertise around pay. We’ve advertised with a range, we’ve watched other people advertise with a higher number which is fictitious because it’s probably Christmas day. We’ve watched that, we’re not entirely convinced that that is the pull. We think outstanding is definitely a pull because people mention that when they come for interview. Local reputation, local company, recognisable brand we think is more important than specifically the pay.

One of the things about the pay is that we’ve interviewed a significant number of people, not just one or two but a significant number of people who have worked for one of the very big contracting companies in the next sort of village up, if you like, and they have come for interviews, they’re really fed up, they get run around like mad creatures but they get paid for 60 or 70 hours’ of work but they don’t do 60 or 70 hours of work because they know how to play the system.

And everybody’s actually aware of it, from commissioner through to manager, down to the individuals, that there is a way of being paid when you work for the stuff that’s done by the local authorities where if you’re in there for 15 minutes, you get paid for 30 and if you’re in there for 18 minutes, you get paid for 45 or whatever it is. So, they’re actually cramming in six visits into an hour and getting paid as though they’ve been there for two hours. And they’re getting that pay.

So, I couldn’t even compete with them, it’s completely corrupt. So, when we see that that’s where someone’s coming from, we are very wary about even interviewing them because a) their style of care will need adjusting, you know, they need to slow down and have they got the right values to do care properly and equally, they’re quite possibly, even at full time for us, they’re going to take a pay hit because of, basically, the corruption that’s going on in the system.

And that came up at a very high level meeting last week, national level, that individual local authorities daren’t scratch the surface of the problem. But if your research can get under the skin of that…

Interviewer: So, how do they, for those local authorities, are they electronic checking in and out?

Respondent: They’re turning a blind eye to it. They are definitely turning a blind eye to it. They actually are so scared that they haven’t got enough cover for all of this work that they are turning a blind eye.

Interviewer: So, local authorities do know, it’s not that they’re not aware of it?

Respondent: They know and they could pick up on it very quickly. I suspect what they’ll tell you is that they haven’t got enough time to do the monitoring and so they’ve got no way of capturing it quickly or something. There’ll be some nonsense about it. But it’s rife, it’s not just here, as far as I’ve heard, it’s rife.

Interviewer: You’re not the first to mention that, although some care workers are telling us that they get paid for the minutes they’re there. So, they swipe in, swipe out. If they’re supposed to be there half an hour and they leave after 18, they get paid for 18.

Respondent: Eighteen. And that doesn’t account for parking, walking up the drive, letting yourself in, finding the person’s on the floor and getting in. I mean, it’s the wickedest way to pay people. Can you imagine what would happen if you tried to pay district nurses like that? I mean, God, it’s appalling.

So, in terms of recruitment, we certainly… refer a friend is one of our biggest sources. We pay a fee to our carers, about £200 or something and just for a temporary period of time, we paid a sort of golden handshake of £150 or something for someone joining. But I’m not sure that particularly was the attraction. Certainly the refer a friend is.

Interviewer: Let’s go back, you were talking about outstanding. So, you think it’s about your reputation. And the opportunity to work somewhere that delivers good care, it’s more that than the absolute pay rate?

Respondent: Yeah. The sorts of things, I always ask at interview, “Why us? Why now?”

“I’ve heard about you. My friend works for you. I told her I was fed up and I was going to leave care and she said to come and work for you.”

The number of people who in their first week who have done care already will say, “God, it’s like going back 20 years,” you know, it’s like, “Ah, it’s refreshing to have got time with people.” That reputation goes around and particularly because of the referring a friend, you know, the carers are referring.

And then other thing is generally, a number of experienced carers will come and say, “I've read your CQC report.” It’s rare but they’ve seen the headlines so that helps.

We filter out, I mean, the number of people who apply and the number of people we interview, 50% show up for interview anyway…

Interviewer: Yeah.

Respondent: But the number of people that we filter out is probably 60:1. We get a huge number of nonsense enquiries for jobs. We’re not doing overseas recruitment because…

Interviewer: I was about to ask you about that. You’re not doing that, no.

Respondent: We’re not doing it. We just decided, it’s about £5,000 a head and we just felt like we didn’t have the resources to be responsible about it. And that’s the other thing that’s going on around us that’s so irresponsible. Some of these people are being attracted here, they’re having to pay loads of money to get here and then the companies haven’t got enough work to give them. And I don’t know enough about it, I just feel that there’s an ethical problem. Where would they live? This is an expensive… how can they afford a new rent? There’s nowhere to rent in this town. How do you find them somewhere to live and then fill their hours with enough work? So, we just decided it wasn’t for us.

And driving is a problem. I spoke to a recruiter who is an English Indian girl based here with family members who have set up a business in [town in India]. And if I was going to use anyone, I would use her, she is great. But I asked her about driving and she said it’s the one big problem about interviewing people in [town in India] is that they’ll say they can drive and, “Well, we need a driving licence.” And it’s the one piece of paper that you can’t verify in India because there are so many bits of paper.

And they need to get here, have somewhere to live and a car. And I haven’t got sufficient work for walkers because the town is, the public transport’s shocking. So, you couldn’t get around doing half an hour visits with a five or 10 minute journey time. You couldn’t get around this town without transport.

Interviewer: So, you have some walkers but not many?

Respondent: A couple but very few and they do very few hours. And they usually, give it a month and they will throw the towel in. Every time my team recruit a walker, it’ll be in the summer and they’ll be gone by Christmas. It’s too hard, it’s too hard.

It would be easier if we were bigger. If we were bigger and clustered, there is a chance that… and I keep saying to the team, “Come on, we need to get to that 1,000 hours.” Once we get to the 1,000 hours, the next 300 or 400 hours, which we’ve done before, will be much easier for things like cyclists and walkers because you can have four or five people in four or five streets and you’re just going up and down the road. But we’re not quite…

Interviewer: There.

Respondent: Not quite there.

Interviewer: Can I ask you to think about reward more generally, travel time and then I’ll come on to other forms of reward but how do you pay for travel time?

Respondent: Travel time is paid at their normal hourly rate and it’s worked out by our system based on a logarithm, if you like, calculation. So, the web roster system, we plumb it in and it does Google Maps plus a factor of about five or something, five times, whatever it is, there’s a factor. And that just automatically does it. So, they don’t have to submit rate sheets for that and they get paid, I think we’re at 23p a mile for fuel on top of that. So, whichever hourly rate they’re on, their travel time is paid at that… this is if they’re on zero hours.

If they’re on a contract…

Interviewer: Yeah.

Respondent: …it’s a shift, their time is paid for in a normal hourly rate so that matches between the two types of carers. And they all get their petrol money. But the mileage, actually, they all moan about it but actually, when you actually break it down, it’s actually quite low, they don’t go very far, we’re not a big rural community. But they get paid for their petrol automatically, it just gets worked out. The only petrol that they have to put in a time sheet for is if they take a client out somewhere that we obviously don’t know they’ve gone but…

Interviewer: Otherwise you know where they’re travelling to and from and you just do that automatically.

Respondent: Absolutely. Yeah, absolutely. It’s all done, they don’t have to do any admin, otherwise the admin would be more than it was worth.

Interviewer: So, other forms of rewards? You talked about refer a friend. Do you have, I don’t know, bonuses, those kinds of things?

Respondent: We don’t have a bonus system for the care workers, we do lots of nice things and they seem to appreciate those. We have a [name] log that happens everyday and if someone is mentioned in the [name] log, they get sent something, whatever, a voucher, a supermarket voucher. We do have a cupboard full of candles and smellies and things. And then we decided that actually, well, we asked them, I think we did a survey and they said they’d rather have money. Of course, money is taxable so you have to be a bit careful. So, then we send out an endless list of… well, we give the HR team, I think, a budget of about £150 or £180 a month to just make sure the people have got the thank yous and go the extra mile get a thank you and that works pretty well.

And we make sure we send birthday cards. I think they get a £10 voucher on their birthday. We’ve done Christmas presents. We asked them if they wanted a party in the summer and they all said no, so we sent them all, I don’t know, a £25 voucher from a supermarket of their choice. So, we are conscious of trying to do the extra thank you things and to formalise it in such a way everybody knows where it lives. But it’s a bit of a nice surprise thing rather than…

You know, they have a good old moan about petrol but we said, “Actually the milage is really low.” We could put an extra 20p per mile on petrol but the actual amount you get in your back pocket will be tiny compared to if we put an extra pound on the hourly rate. We feel that we’ve loaded our hourly rate as high as we can in order that that’s the reward. And then the evening rate is very… to attract the unsociable hours bit, we’ve pushed that much higher for everybody, regardless of experience. So, we feel that we’re winning the battle. But it’s a never ending challenge, really.

Interviewer: Yeah. And sick pay and pensions?

Respondent: Sick pay is statutory. Sick pay and pensions is obligatory…

Interviewer: So, you do the 3%?

Respondent: Yeah, whatever we have to do we do.

Interviewer: And holidays are the zero hours but the holidays rolled up in the hourly rate?

Respondent: Well, no, no, they get it paid separately… I’ll send you that pay…

Interviewer: Okay.

Respondent: They don’t get it rolled up, they get it paid separately into a holiday pot and they can take it when they want it. The thing about the zero hours people is that where they’re accumulating… actually, our shift workers have the same principle, is that 12 point something percent of every hour is shoved into a pot marked holidays for them. Because they often, when we talk to them… all of this has been done with staff surveys asking them questions about stuff.

When you work 10 hours a week, term time only, your holiday request is almost irrelevant because you don’t work the school holidays anyway. So actually, in August, what you want is a bit more money. They seem to leave it, they see it like a savings pot, they leave it in the pot and then they take it in August. And that seems to suit people…

Interviewer: It’s a pot of money, not a pot of hours, sorry, just to be clear?

Respondent: It’s a pot of money, yes, a pot of money. It’s their money. And it’s very transparent how many they’ve got left, what hours they’ve worked. So, the encouraging thing about that is that if they do an extra evening shift, they’re also accumulating more holiday money. So, they got £14.30 plus the extra couple of quid for the holiday put into the holiday pot. They’re quite motivated to do an extra shift in the evening, sometimes, for that.

Interviewer: And what about any other forms of rewards, I don’t know, cycle to work schemes, blue light schemes, those kind…?

Respondent: Well, we encourage them to do blue light, we don’t pay for it. We looked at paying for it but it’s a fiver so we just figure that actually, they can probably afford a fiver. So, we just push it out there that they can do that. We have insurance that covers counselling if they need it. So, they have a mental health counselling helpline. I mean, we would never know how many people have taken us up on the offer but given the number of people who have been off with mental health problems, I think they probably have appreciated the fact that it’s a lot quicker to get talking therapy than it is through their GPs. So, I think that’s been very useful in the last two or three years, knowing that we’ve got it.

And so, there’s that. I can’t think of anything else, I’m probably forgetting something but I think generally, I think what they really appreciate is, I mean, when you look at our staff satisfaction survey, it’s about job satisfaction. And people doing this job are motivated. Somebody said to me they’re not mercenaries, they’re missionaries. And so, there’s that balance. And I love that phrase because I think it is not necessarily… when we did a staff survey about pay, some of them said… most of them said, “It wouldn’t matter what you paid me, I’m not giving up my Saturday with my kids, no matter what it is. You can push it £30 an hour and I still wouldn’t do it.” I’m not entirely sure that’s absolutely true because when we have been desperate and said, “Right, there’s double pay for two hours on Saturday morning,” funnily enough, we’ve covered the… but on a regular basis, people are…

When it gets to Christmas, there are some people like every other year will happily work Christmas Day because their kids are with their dad. But they wouldn’t give up the year when they’ve got them, quite rightly.

So, I think it’s about understanding who you’ve got. And I think we’ve tried to do that by asking them. We’ve been quite democratic about it, like, “These are our options, which one would suit you better?” That’s why we’ve got so many different people on different sorts of contract, really.

Interviewer: Okay, that’s really interesting. Thinking a little bit more about retention, we’ve touched on it a little bit, but where do you… you’ve got some long servers that you said, as is pretty typical, a lot of your turnovers are in the first three months but where do you lose people to? Who is your competition?

Respondent: Not much, we don’t lose almost anyone to another home care company. We’ll probably lose one in a year to a care home and that’s very rare. And actually, they often come back because they suddenly realise that the care homes are only offering 12 hour shifts or nothing. And at the beginning of that, it feels like I’m going to be in one warm place and I’m going to earn all the money and I’m only going to have to break into one day. And they hate it because it’s so different to home care in terms of the people they’re looking after.

So, we’re losing the odd one but we lose most to all the other things of women’s lives so a couple of pregnancies a year, a couple of retirements a year, changes of circumstances, the other half gets a better job and they don’t need the money. The world is where we lose them to, not necessarily to care.

Like one of my best duty carers this year, been with us four or five years, she went to work for a train company. They offered her an admin job in a train company. I mean, it couldn’t have been more different. It was just one of those time for a change things. But I can send you our graph on that.

Interviewer: Okay, that’d be really good. She went to a train company but you’re not losing a lot to sort of retail, hospitality, those kinds of things?

Respondent: Occasionally but not so much. We’re pretty much like everybody else, if we’re going to lose them, we’ll lose them in the first three months. And if we do that it’s just that they just haven’t quite picked the right job. And we try so hard to stop that happening, like we do shadow shifts and paid… when you come for an interview, if you’re not sure, go out and just shadow somebody and we check the clients and do all that. They go out and just watch the job… we’ve done that and they still don’t last more than two weeks.

So, there’s something about this job, I mean, I literally spend the first two hours of training trying to put them off. I tell them how hard it’s going to be, how difficult it is finding all these houses and parking. I tell them all the possible things that could make this really difficult, it’s going to be dark and wet and cold and you’re going to be in and out of people’s houses and some people are really grumpy. I try everything I can to put them off early because once you get over that three month hump, they’ll stay with you for a really long time.

And we’re all really proud of the other section, which is that we actively recruit from the high schools and the colleges. And we’ve had really great alumni, physios, OTs, doctors, speech and language therapists, paramedics use us for a year as the experience. And we’re very pleased with them. We try to cut them out of the stats, if you like, to go, “Well actually, that was always the intention.” And we’d like to be doing more of that.

Interviewer: And so, do you pay for the training, the induction training and ongoing training?

Respondent: Yeah, all of that. We didn’t used to, we used to let everybody else. We used to bring them in for training and say, “Well, that’s your commitment to us.” And we got away with it for a long time… not got away with it in that we didn’t like it but we couldn’t afford it. And then, I think, last year, when it hit the rock bottom of recruitment, like, “What else can we do?” and paying them from the minute that… the minute they start their electronic learning, we start paying them.

So, they do all 15 modules on electronic learning and then they come to the face-to-face training. And it’s a bit of a nuisance but we can see how long it’s taking them to do that electronic learning. We pay them for all of that, we pay them to sit in the classroom. So, our training is electronic learning, face-to-face learning for at least two days and then they go out on handover visits. So, we double up the care visits so that an experienced carer shows them the ropes and let’s them meet Mrs Smith and meet Mrs Jones so that we’re sure.

And occasionally, someone will go out who isn’t ready and the carer doing the handover will say, “No, she’s not ready yet.” So, we’ll end up paying for several handover visits. So, there’s a lot of hand holding. We think that makes the biggest difference to retention.

Interviewer: Supporting them to take the role up.

Respondent: Yeah. And if the roster team mess that up, which occasionally they do, you know, they’re just desperate and they put someone in and they forget that this person’s only been with us two weeks or three weeks or six weeks, that’s the danger point. So, they go, “Oh, that’s Jane,” they’ve got familiar with the name and they put them into somebody who is a bit complex and they’ve never met them before and they got, “Well, that’s it, I can’t do this anymore.”

So, we’re very, very conscious. What we actually do is there are little practical things. We put their names in capitals in the scheduling system, in the roster system. That means that if they phone up after hours or they phone up during the day or someone’s booking them for something, it’s just to remember this person’s still in probation. That’s for the first six months. So, we’ve got an eye on them just as a sort of…

We do that with our VIP customers. They’re not all VIPs but just somewhere it’s very sensitive so you can’t change the time. We put them in capital letters. And so, if you’ve got a client with capital letters and a carer with capital letters, you want to be absolutely sure that that carer knows that client properly because Mr Smith’s wife is going phone up and have a really big complaint if somebody goes in there and doesn’t put the kettle on. Some of the detail is, that’s what makes an outstanding care company, isn’t it, you actually do the detail.

Interviewer: And just going back to joining, do you pay for DBS and uniform?

Respondent: We don’t require uniform as such, we just ask them to wear a white shirt and black trousers. It’s the uniform across the company so we don’t pay for uniform. But we have got some logoed shirts that we do give them, actually, but we got them in a funding from Infection Control so we’ve got some left over, which we used in the pandemic. We will run another set of them, to be honest, they quite like having them. But there’s not a requirement to wear them because women are all different shapes and sizes.

And that was a client user group who came up with that idea that just any pair of black trousers and a white top, no logos. And then they choose something that fits them rather than put them into something… and our customers didn’t want them in nursey uniforms. They said, “Well, they’re not nurses. My mum who is 90 would behave like a patient in a hospital and be all dependent if she sees a nurse’s uniform.”

Interviewer: Interesting.

Respondent: Yeah, it was very interesting. It was really interesting. I was quite pleased because there was a point where the catalogues of all the different uniforms were on the table and I think we were going down the route of a pink stripey uniform, like, “Oh God, they’re going to look like beauty therapists,” which is not what we are either. And then somebody said, “Ah no, I don’t like that idea.” We take people out a lot, you know, we take people shopping, they don’t want to be out with a carer, they just want to be out with somebody…

Interviewer: Just somebody, yeah.

Respondent: And DBSs, we do get them to pay for their DBSs, it’s theirs, it’s transferrable. So, we pay the admin bit, we meet them somewhere in the middle. I think they pay £40 and we pay the rest or something, just that we pay some of it. Pretty standard. I mean, the thing is that we’re running DBSs before we even bring them in for training. And the fall out rate at that point is a bit of a problem. And the once they’re in, then we pay to renew it.

Interviewer: Right, okay

Respondent: So, the first one. If they’ve got the transferrable one, we don’t need to do it again. And if they haven’t done that in the past then we… we charge them once and then they… I mean, if they’re really hard up, which they often are when they start, we can spread it out, we just take it out of pay later on.

And the other thing, we do sort of things like if somebody comes to us who is really hard up and they’ve been paid weekly and then they’ve had to give two weeks’ notice and then they start with us and they’ve got a week’s training and they’re a bit worried about money, we normally pay monthly but we might make them a loan against how much, you know we might make them a payment in between, once they’ve done 20 hours. But we try very hard to not do too much loaning of money because it doesn’t help them in the long run. But we will get people out of trouble.

We’ve looked at systems for that but there’s all sorts of people who want to sell you software for that. But we just decided that on a case by case basis, because people are asking us for money in the middle of the month. Usually, we’ll say yes but equally, we might send them to Home Care Workers’ or the Care Workers’ Charity to talk about budgeting and their own finances.

I used to have an administrator working for me who is great at budgeting and she used to say to people, “Well, we can do that. I’ve been told we can lend you that £100 but next month you’re going to be £100 short. So, which extra hours can you do in between to make it up? And also, do you want to do a household budget in confidence with me?” And they’d sit down and be very grateful, actually. It’s a sort of skill that not everybody’s got.

Interviewer: Yeah, yeah, it’s interesting. Have you seen the cost of living crisis increase those kinds of conversations?

Respondent: Yes, yes. I had a girl ring up, woman with three kids, ring up and say, “I’ve been told by the social worker,” or whoever it was that organises the food bank, “that I need to go at 2:00 on Wednesday afternoon to the food bank. So, I need to take the afternoon off.” How ridiculous is that? So, you’re not going to earn four hours’ work for the sake of getting your things. So, we gave her £100 to go to Tesco, gave her a Tesco voucher and said, “Don’t do that but go back to the referrer.”

I actually didn’t realise at that point, which was, probably, over a year ago, that people have to be referred to a food bank.

Interviewer: I didn’t, no, I didn’t.

Respondent: It’s not something you just pitch up at, you have to be referred by either a social worker or a doctor or somebody. No, I didn’t. And so, the referrer had actually told her to go on Wednesday afternoon. And I suspect she didn’t say, “You’ll have to take the afternoon off.” I suspect she wasn’t brave enough to say, “Well actually, I work and I won’t get paid if I don’t go to work.”

Interviewer: That’s counterproductive, isn’t it?

Respondent: Well, it was, yeah. So, we just gave her a Tesco voucher and said, “Right, go and do a food shop, come to work otherwise the money will be less and then talk to the person about whether you need to…” but it felt really bad that somebody who was working for us needed to go to a food bank. But she was only working 10 or 15 hours a week. So, three kids and household budget and quite possibly a wayward…

Some of the dads, I mean, some of the behaviour of some men is appalling. We function like a social work team for care workers in that HR department. They know some terrible stuff. We’ve had domestic violence situations, we’ve had fathers who’ve left, fathers who’ve spent all the money. There’s one girl who her holiday pot was the only bit of money that she had control over. And we said to her at the end of the year, “You need to take this money out of this pot because you’re going to end up…” it’ll sit in the pot but if it goes up too much, you end up paying National Insurance again on it, which is ridiculous. So, we said we’d keep an eye on it and said to her, “But you really need to take it.”

But if she put £300 in her bank account, the partner would just waste it, spend it, it wasn’t hers to keep. So, we do get to know people very well around what’s going on in their personal lives in that department. And I think by being that sort of employer who is trustworthy, like the rest of the team don’t need to know but HR know, we know as directors we’ve made an adjustment. Actually, the loyalty factor is great. Where else can you deal with that?

Interviewer: Yeah, I mean, it is really shocking, isn’t it? Do you use agency or bank staff?

Respondent: Not at all, no, not at all.

Interviewer: I’m interested in this question, although I know that you don’t deal a lot with the local authority but you said continuing healthcare, which I know is quite complex, not sure I fully understand that, but could you talk a little bit about your relationships when you do interact with local authority, how that works?

Respondent: It’s shocking, it’s shockingly bad. It’s why we’ve avoided it for 12 years. We avoid it wherever we possibly can. Everything from raising a safeguarding is slow and frustrating through to taking on a new client and then not being paid. The payment system, in fact, I’ve got notes which I possibly shouldn’t share with you but I might cut and past one area of it, which was a provider meeting with [LA1], with feedback from a group of providers. And the feedback…

In fact, I don’t see any reason why you shouldn’t see it because it’s anonymised. It’s [LA1], which you’re not going to quote but the feedback from the other providers is the slowness of paying, the clunkiness, basically, of the payments for these systems, is so bad that these small businesses, they would drive these small businesses into bankruptcy before they paid the bill. And sometimes, that would be because they’ve contracted for 30 minutes three times a day but in the month that that’s being invoiced for, there are two visits that are 45 minutes and one that was an hour because the poor old dear was on the floor and they had to wait for an ambulance.

And they won’t pay the whole visit unless you manage to get another contract that allows for that extra. So, that hour has to be a different contract with a different reference number. Unless somebody in your system has gone on a Saturday morning when social services or NHS are closed, you go, “Oh, excuse me, could we stay an extra hour?” It’s just a nonsense.

So, we have been battling for a long time over that one. And that’s why I just won’t do business with them.

Interviewer: So, it’s all spot contracts and there are no block contracts in domiciliary care at all?

Respondent: There is block contracting, I don’t have anything to do with it. But even then, it’s still piecemeal. I suppose it depends what you mean by that. So, the block contract companies, there’s one called [name], in fact, [owner] is a good person for you to speak to because he would know way more. They’ve just bought out a failing local care company that was under “requires improvement” but was one of the bigger contractor companies. I’m sure he could tell you chapter and verse about that contracting work. They have a block of work to do, but the volume of work... and the thing is they’re still having to invoice, from what I can see, they’re still having to invoice by person because it’s all done by time and task by the minute.

If you work with the local authority or a CQC or the NHS or any of those things, you never know what your business income is going to be. The fluctuations are unreliable. The uplift, you know, they say, “Actually, you need to pay that to your staff.” One of the payments that they offered in Covid, they said, “Well, you’ve got to pay it directly to your care staff.” Hang on a minute, what about the 12 people in the office who are actually working God knows hours covering things? The carers were dropping like flies, the office team were the most reliable people in the business. But they were like, “Oh no, we can’t possibly pay it to them.” You think, “God,” you know?

So, I like to be in control a bit more around destiny. And we do have an incentive payment for the office team around hours. We’ve written like a bonus scheme if the hours go up. It’s like well it’s sensitive that the care team don’t get it but the care team don’t do it. They don’t do the same things. So, it’s a bit of a tricky one.

Interviewer: And how does it work, then, so you’re charging roughly £30 an hour for someone who gets continuing healthcare so, the NHS then pays you for that hourly rate?

Respondent: Yes, they will do. If the family push hard enough, they will pay. It’s a terrible system. About five or six years ago, I emailed the commissioner for the NHS and said, “This is a two tier, three tier system, this is not fair on anyone.” Because I knew that the lady who was running [organisation] was getting paid £14.50 an hour and I was demanding £28.50 and getting it and she was getting… so, those families were getting asked… and other families… it’s really, really wrong and it should be way more transparent.

And the other bugbear in this business is that each local authority owns a care company. So, there’s [LA2 care company], which is outstanding, [LA2 care company], which is outstanding. Well, of course they’re outstanding, they’ve got none of the on costs, they pay themselves whatever, it’s totally obscure, you can’t find out. I did find out because someone was leaving and they told me that they were paying everybody else £19 an hour and they were paying themselves £26.50 an hour. And they were giving themselves the contract for reablement.

They haven’t got a single therapist working for them, there’s no OT and no physio. Now, I’ve got myself as a [AHP] and a manager who’s a [AHP]. They’ve never approached us to do rehabilitation reablement because they’ve got an inhouse company but it’s very skewed in their favour financially. They’ve got [LA] that’s paying insurance for the building and HR teams and contract writers and all that stuff. I mean, all of that has to come out of the same pot for these small companies that are delivering. So, this is going on all over the country.

Interviewer: As I understand it, most councils do have a reablement team and then beyond that, it all goes out into either private or charity sector.

Respondent: They do but if you actually dig a bit deeper around the reablement team, it’s like what’s the qualification of the reablement team? Not a single allied health professional works in the reablement team here, not one. No OT, no physio. How can you possibly be reablement if you haven’t got the right professions involved? It’s dodgy. But, you know, I just… I’ve fought very hard for the people of this town and I’m on the board now for the [organisation]. Like you keep battling with them and in the end, you just feel like, “Well, I’m trying to boil an ocean.”

So, there’s being focused on my own service and then there’s the bigger picture, which is that social care is not respected by anybody at any level of government. They’re not respecting the fact that we… we’re not part of helping the NHS out, we are absolutely, actively keeping people out of hospital and keeping them well.

In fact, the guy who runs A&E at [town], a very senior nurse, says, “It’s all your fault that we’ve got too many people in A&E because you’re keeping them alive too long.” (Laughter) And it’s true, we keep them hydrated, we keep them fit, we keep them mobile, we spot slight changes, we phone GPs and get them involved early, we do meds reviews. But the volume of complex things that social care is doing for less than £30 an hour is phenomenal.

Interviewer: Yes, it is.

Respondent: And people want to blame zero hours contracts. Well actually, the workforce, they are a different group of people. I think that’s what’s so important is that the people who work in the NHS and the people who work in care homes would not want to do what we do. And the people who work in our sector don’t want to do that, they don’t want to do 12 hours in a building. They’re different. They like to be.

I think the growth in the PA market is one of our biggest threats but it’s because the opportunity to be sort of self-employed, pick your own hours, come and go as you please is quite appealing. The growth in PAs is huge. But it’s a risk to the public because they’re not trained, they’ve not necessarily got any supervision. There’s a lot of reasons why it’s not safe.

Interviewer: And they’re through direct payments, the PAs, aren’t they? I hadn’t realised there was such a growth, I thought that kind of stalled. That’s growing, is it?

Respondent: Well, certainly round here, they’re all being sent by this [name] intermediary company. But certainly, there’s enough work for them to do. And the families who have younger adults, working age adults with disability with quite big personal budgets, they really struggle to be employers. And they don’t know where to find training for their PAs or supervision. And so, there’s a lot of issues in that market. But it’s a growing market. I think it probably needs regulating, you know, it’s probably about time that the referral agencies who are saying they will find you the perfect carer, they’ve got no… we have to jump through a million CQC hoops and they don’t, which doesn’t seem quite right to me. It’s a complex market.

Interviewer: It is, it is. I have asked you my questions, is there anything I haven’t asked you that you think it’s important that I know?

Respondent: No, I think the most important thing is to understand that it’s oranges and apples when it comes to comparing the workforce. As a [healthcare] in the NHS, you know that when you graduate at a degree level, you’ve got a series of stages that you can go through to get promoted. As a non-graduate, so as a healthcare assistant or a cleaner or all the things that our carers basically are, there’s nowhere to go. So, the constant barrage in the press around, “We need to create a career structure for the social care worker,” is misguided, in my opinion because it’s trying to say that there is always a career structure for everybody in the NHS and there isn’t.

What there is in the NHS is a fantastic tax burden for amazing Ts & Cs like six months full pay and sick pay and maternity leave that goes on for ever and stuff, which is being paid for by the taxpayer. Whereas we have to pay sick pay, we have to pay it out but we don’t get it back. And it’s very limited, it’s £120 a week for six months and then nothing.

So, if there was anything that was going to make a difference to the workforce, it would be much more the terms and conditions that go alongside the contract, not necessarily the CPD opportunities but the job security opportunities and the pension pot. The pension pot, the sick pay and those benefits, we could do with some help in the sector to be able to match them because I can’t compete with them. I can’t bring a [AHP] out of the NHS with five years’ experience because I can’t match the pension pot because there just isn’t a margin enough in this business to make that happen.

Interviewer: It’s more about employment security, stability terms and conditions than it is that career path?

Respondent: Yes. There are millions of healthcare assistants in every bit of nursing, if you like and people that support the allied health professionals. The NHS is so degree-led, isn’t it? It’s like a degree in anything allied health. Everybody in HCPC registration level is degree level. None of my team are heading towards degree level, very rarely. You get one or two and the go off to do… which is great, they can go. But within social care, we need this vast number of people who are highly vocational, very skilled at what they do and need to be very well supported to do borderline health skills like changing catheter bags and knowing about infection, knowing about health relatedness but aren’t necessarily looking for a consultant post in the future.

But being able to pay them properly for sick pay would make a huge difference, I think. And I think we need some help with that. Even with a successful, outstanding, private only, the elderly folk who are paying us £30 plus an hour for care, can’t afford to be paying the sick pay that the HCA that’s being paid in the hospital. When they go into the hospital and the HCA get sick, they HCA are being paid full pay for six months. We can’t possibly compete with that.

Interviewer: No, no. Yeah, that’s really interesting. I really appreciate your time.

Respondent: That’s all right.

Interviewer: It’s been really, really helpful. And I will drop you an email just with a few requests for…

Respondent: Send me an email and I’ll send you the graphs… we collect data on everything, it’s quite nice that someone else wants to see it.

Interviewer: Yeah, it’s be great, I like that kind of stuff.

Respondent: And I’ll send you our terms and conditions seat that the carers see. Obviously, it’s not that commercially sensitive but it’s just…

Interviewer: I won’t share with anybody.

Respondent: Yeah, it’s all right.

Interviewer: All right, love it, really helpful, thanks.

Respondent: I’d be very interested in the outcome. Like will I get included in what you’re writing in the end?

Interviewer: There’ll be an early report in the spring that won’t be public and the final report will be delivered in the summer and that will be public. Knowing the speed of the Department of Health and Social Care, it might not actually be published until the autumn but it will be in the public domain. And hopefully, the important thing is that they will have our work and they have sponsored it because they’re interested in it.

Respondent: You actually think they might take an interest in it. The next thing is going to be that everything’s going to get shut down from manifestos and elections, isn’t it? So, it’d be nice to get your findings in front of them before they start writing their manifesto.

Interviewer: The last election, the Department of Health and Social Care funded us with gender pay gaps in medicine report, which we tried to publish and then there was Brexit and then we tried to publish and then there was elections. So, you’re right, it’s all kind of very sensitive but…

Respondent: And frustrating, yeah.

Interviewer: Hope we’ll get out before the next election, yeah.

Respondent: Absolutely. Well, the Homecare Association would always be interested in what you’re up to. Do you know…?

Interviewer: I will make sure that people like that, those people who supported us absolutely get the findings, as well.

Respondent: Yeah, it’s useful, exactly. And do tap into their stuff, they publish…

Interviewer: Yeah. All right, thanks.

Respondent: Bye for now.

Interviewer: Bye.

END OF AUDIO