**File name: P16 audio recording**

**Audio Length: 0:57:12**

**Date transcribed: 29 January 2024**

**Date proofread: 9 February 2024**

Respondent: They’ve decided that all care homes have to follow the same security protocols as the NHS and all sorts of things are blocked.

Interviewer: Oh, is that what it is?

Respondent: And it does cause problems. I think there’s also a problem with my PC at home because I was trying to speak to someone yesterday and they said exactly the same, that I sounded like a Dalek.

Interviewer: I didn’t realise you couldn’t hear me, but you were completely distorted, but anyway, we sorted it out. Thank you so much…

Respondent: Nice to speak to you.

Interviewer: Yes and to you, thank you so much for your time, I really appreciate it. You sent back some paperwork, which is really helpful. I also sent some information and a consent form. You haven’t returned that, which is absolutely fine. But I can just then say, are you okay for me to record this…

Respondent: I’m okay for you to record it and use it as you will. If you were going to allocate it, say that [organisation] specifically said something…

Interviewer: Yeah, I have to send you a request to record, which I have sent and you’ve allowed me, brilliant, that’s really helpful. It’s just to say that you agree to take part and I have your consent to record, so that’s fine, lovely, thank you so much.

Respondent: I think Zoom, because I don’t pay for it, I think it cuts us off after half an hour, so if we’re still going at half an hour, I’ll send you another link.

Interviewer: Or I can record separately, is that more helpful?

Respondent: No, it’s whatever, the Zoom, during Covid we all used Zoom so much, didn’t we, and then two years after it, Zoom got wise to it and they said, I think companies have to pay about, I don’t know, it’s £30 a month, not huge, but anyway.

Interviewer: Okay, we’ll see how we get on, excellent. The project, I have sent you a little bit of information, but just to recap. It’s the National Institute of Health Research Project, supported by the Department of Health and Social Care. So our anticipation/expectation is that they’ll be very interested in our findings and want to use them in their policy work. We are looking at pay, pay and reward in adult social care. You very helpfully sent back the forms with your actual figures. What I’m particularly interested in is the reasoning behind that, the motivations for pay, how big a motivator of care workers you think pay is.

And then its role in recruitment and retention and how you commission that with the local authority and all those kinds of issues surrounding pay. But before we get into that, could you perhaps just tell me a little bit about your business? I know you’ve told me how many you employ, but the kinds of services you deliver etc.? That would be helpful to know.

Respondent: So [organisation] has been a care home for 50 years this year and it was owned by [relative] for 35, before I became the owner. So it’s been in the same family for 40 years. It’s a rural home. We’re equal distance between [town] and [town]. So it is in a very small village, yes, there’s a church and a shop and a school, but that’s it. We have a reputation… before care homes were split into either residential or nursing, we were EMI, so dementia home obviously, that bracket kind of went away however many years ago. So yes, we’re residential, we’re not nursing, but we have always had the reputation of being purely dementia. I’m going to give you, loads of anecdotal information…

Interviewer: Yeah, that’s great.

Respondent: Anecdotally we have the reputation probably in the county of [name] of taking the most challenging people that other places wouldn’t take. Now we’re not quite in that bracket, but we are very much a dementia home. It is not purpose built, it’s [an]-old building, it’s a converted [building type]. We very much live… it’s run like a home. It’s certainly not purpose built; all the rooms are a bit unusual. You go into it and it feels like a big commune, I suppose, it definitely doesn’t feel like a healthcare setting.

We recruit… the staff are all local. I have… I was just looking yesterday; I have four members of staff who have over 30 years’ service and a lot of the staff are all interrelated, and they’re also related to the residents. We support… I would say currently probably 60% of our residents live… come from within five miles of the home. The rest come from further afield, but historically we very much supported the local villages, and it was known that as people needed care, [organisation] should be the place to go because her sister went there or great aunty Annie or whatever.

We historically… I clearly now really talk back to about 15 years, but in the last 15 years I would say that the split of local authority to self-funded has generally been between 75%... 40% and 75% is local authority. At the moment we’re about, I think, I can’t remember if I gave you the details, but I think probably more like 60% private funders, 40% local authority. We predominantly work with [LA]. We have never used agent… well, we used agency staff for two nights during Covid when we had an outbreak, but other than that, we’ve never used agency staff and we don’t use bank staff, no zero hours contracts. Yeah, so that’s a little bit about [organisation].

Interviewer: And how many residents do you have?

Respondent: We currently, as of today, we have 17. We’re registered for 23 with the CQC, but the reason we’re registered with 23 is we only have 16 bedrooms. Historically at times they have three people in a bedroom and now I only have three double rooms. The CQC, I think about five years ago said that they didn’t want double rooms anymore and then they backtracked on that. So we do have some residents who are double rooms. But when that resident comes in, they don’t choose, or their families don’t choose a room. They come to us for care because obviously if I’ve got someone upstairs who is mobile, who then becomes immobile and needs a hoist, I’m going to need to move them downstairs. And although somebody might say, “Oh yes, I’d like for mum to come into a double room,” it may not work for the individual.

Interviewer: It all depends.

Respondent: People come in and we provide care throughout. We don’t… I know a lot of residential homes won’t take people who are hoisted or require double care. We pretty much take anybody, provided we think we can meet their care needs. So someone who is exceptionally aggressive, we may not take, and we have unfortunately… three weeks ago I had to… somebody was sectioned because their behaviour was just too much. Yeah.

Interviewer: That’s really helpful. Thinking a little bit about your workforce then. You’ve told me the numbers, what would the breakdown be by male and female, do you think, and what is the age?

Respondent: Currently we have 25… we have one male and the rest are all female.

Interviewer: And age, what would the age distribution be?

Respondent: So the average age was 43, the last time I did the analysis. But I had… the majority of staff are over 40. I have a few that are a lot younger that are bringing that age down. But in fact a large proportion of us are over 50. I would say over 60% are over 50.

Interviewer: And that comes, presumably, from the length of time your business has been running and your retention rates, which we’ll come back to in a little while.

Respondent: Yeah.

Interviewer: And in terms of ethnic diversity?

Respondent: Everybody is white.

Interviewer: And have you done any international recruitment or is it all local recruitment?

Respondent: I have, right, this is the really bit between you and I, this sort of information which… I have got my certificate of sponsorship. I am having absolutely pushback from the staff that they don’t want a foreign national working. A little bit of that is education. Unfortunately a large proportion of that I would describe as racism. You’ll probably hear this time and time again, and in fact on Friday I went out with five other care home owner managers, who we all have small care homes, under 20 people, family run business, 20 residents, family-run businesses. And the issue that care home managers and owners have is that the staff can do exactly what they want because we need them far more than they need us.

For example, I’ve been showing a resident around with one of my senior carers, who is an exceptional carer and she said to the prospective person, “Oh, and the other thing is, we don’t have any foreigners working here. We have a policy of never having foreigners working here.” You can imagine just, (gasping) I just felt sick and shocked. I don’t know whether I handled it correctly because at the moment you just… and I said, “I’m ever so sorry, what she means is, it’s not that we don’t have a policy, but we currently have no non-English first language speakers.”

And she then went on to say, “Well, yes, that’s what I meant to say, but that would be disrespectful to our residents. Our residents wouldn’t be able to cope with that and our residents wouldn’t like it.” Yes, it was racist, but it was coming from a place of, she thought she was doing the right thing and to be fair to her, I have had… I did have a young woman, a black, young woman who was working for us before she went on to do her… start a medicine degree. And the residents were pretty nasty to her. I had a lot of issues with… some that you kind of could somewhat smile at.

One resident took her by the hand and said, “Don’t worry love, you’re safe here now, you’re in England now, we’ll look after you,” through to just really unacceptable behaviours. So that was a long answer to a short question. I haven’t gone down the overseas recruitment. There is that bit bubbling. But the main reason is that to do that as a responsible employer, you’re bringing someone into a completely different culture, it’s very clear what the Department of Health says in terms of the support you need to give them. There is no public transport outside, from our village to [town] or [town], apart from once a week there’s a bus.

It is a predominantly white village. I can’t provide them with the infrastructure and the support. I have bought, would you believe, a cottage three doors down from the care home, which I renovated for emergency staff accommodation, which my view was, why I did that, was thinking, I could recruit someone from overseas. But thinking about it, I believe it would be wholly irresponsible for me as an employer to do it because I’m not sure that my workforce would be supportive.

But secondly, and almost more importantly, for a remote care home, yes the accommodation thing is mainly sorted out, but where are they… how are they going to get shopping? How are they going to integrate with society? Obviously people often want to bring their families over. The cottage is smaller than a one-bedroom cottage, it’s like a studio cottage. There is no accommodation nearby for rent, my care workers can’t find accommodation. And a lot of the other care homes, small care homes that I’ve spoken to have said… in fact one friend who has a small care home in [town], she now has 75% of her workforce are from India and it’s worked brilliantly from her.

But she said it only worked once there were two of them. When there were more overseas workers, then they had their community, they had their support and they are now finding accommodation, trying to find accommodation in High Wycombe. Anecdotally, she’s worried they’re already talking about trying to move to the NHS from social care. But the overseas worker… I think it has a lot of issues with the smaller homes. Because just to bring one person over, that’s an enormous change for them.

And it doesn’t feel ethically right for me to do it. In a way I’m concerned, going off topic a bit, but taking nurses from India, or wherever, because the UK, people don’t want to work in care, to me just feels wrong.

Interviewer: Okay, that’s really helpful, really thought provoking as well, but really helpful. To go back then to your hourly rates. Can you say a little bit about how you arrived at those rates? It was £11, I think, £11.20 for your care worker?

Respondent: So £11 is the absolute basic level for somebody who is not medication trained. These are individuals who have no formal qualifications, won’t be doing Level 3s and just enjoy what they’re doing. And then it goes up from there. Now since I bought the business, our monthly wage bill has increased by 42% in the five years. Basically it was I kind of inherited it and I’ve given between 8-10% increases every year. Obviously the minimum wage jumped quite significantly and that’s kind of how its been arrived at. And speaking to other providers.

I used to have a lot of problems with absences at weekends, so putting an extra pound at weekends helped. And the short term, I don’t know if I wrote about this, but if you cover a shift with less than 48 hours’ notice, you get time and a half. Now that works in one way, but in the other, staff will say, “I don’t feel very well, I’m not going to come in today, I’ve got a headache, but I’m not worried about the money because I’ll pick up a short-term shift later on.”

Interviewer: Yeah.

Respondent: But it only seems fair to me that if somebody is coming in with less than 48 hours’ notice, that you give them a significant increase. Now in five years, other than a blind cleaner and yes, I have a blind cleaner because I’m not able to give the blind cleaner notice… she was registered blind, and the employment law advice is under Disability Discrimination Act I cannot fire her. So whenever I ask her to clean something, she said, “I can’t do that, because I can’t see it.” That’s just a little frustration. So she’s the only person who gets absolute bang on minimum wage because I’m employing her…

When I say she’s ‘registered blind,’ she’s registered blind, she can’t drive, but she can look at Facebook at break times on her phone. So other than her, I try and always keep above the minimum wage. I have never, apart from her, in five years, no one has ever asked me for more money. And during Covid, the first year of Covid, although we did have an outbreak, I was just… I was alongside, I was living up in the care home and I said to [name]… I have a registered manager who I inherited.

To be honest, she’s kind of doing like an assistant manager role and I’m doing registered manager role. But it works really, really well. She’s on site more of the time, but we’ll cover shifts, we’ll cook, we’ll do night shift. And I said to [name], “I want to give the staff something, I’m really concerned,” we’ve had this money from the government which we’ve given back, every time they did an LFT test, I’d give them a fiver, so that all the money that the government were giving in, I was giving back to them.

But I said, “I want to give them a bonus.” And she said, “Do not do that.” I said, “What do you mean don’t do that?” She said, “Don’t do it, you’re being too nice to them. Do not do it, it’s going to backfire.” We actually had quite heated discussions about it. And I said, “No, it’s the right thing to do.” So I gave everybody, I think the lowest amount somebody got was £300, up to £750 as a thank you. That following two months the sickness/absence went through the roof. Everybody was calling in, having single days.

And a few of them I said, what are you… “I’ve got that extra money; I don’t need any more.” So the mentality is for a lot of the staff, is this is my direct debits, this is my rent, this is how much I pay on my credit card, this is my food, and I don’t do my job for the money because I do my job because I’m a carer and I love it and it’s convenient. I get all my food. We’re really good… although they might be, they normally work say a Monday, a Tuesday and a Saturday, they’ll say, “Can I not work on Saturday because I want to go shopping for the day.” And we’ll accommodate that.

So they love flexibility. And it took me a while, coming from the industry that I was in, to get my head around the fact that they’re not doing it for the money. And actually they’re not leaving for the money. Now on the flipside, you try and recruit anyone and then they’re like, well, why would I come to care and wipe bottoms for £11 when I can get £13 an hour cleaning in [shopping centre] down the road, whenever I want it? Or down the pub or whatever. I think with the current workforce that I have, no, money isn’t the motivator. But for people trying to get young people in, then yes, that is…

But an extra pound or two pounds isn’t going to do it. They’re going to say, “Well, if I can get £14 in an Amazon warehouse or £13 cleaning at [shopping centre], to wipe bottoms and work until 8:00 at night, I’m going to expect £16 an hour,” or £15 an hour, which there’s absolutely no way that with local authority rates and even the rates that I’m charging, I can do that. I’d have to change the whole model. Currently on fees, I’ve just gone up to £995 a week. The local authority, I think pay me £983.

If I was going to do that level of increase, I would have to be charging £1,300 a week. Well, none of our rooms have en suites. Our home is a bit… it’s not tatty, but it’s a lovely farmhouse with beams and you know, the walls are a bit wonky. People… the whole ethos of [organisation] would have to change to pay that sort of level. And that ethos is what people love.

Interviewer: Yeah, the local authority is giving you about the same as a private funder then, there isn’t a big gap? That’s unusual.

Respondent: Yeah, there’s not a big gap and it’s been ethically, I’ve always felt that I will not charge more for a self-funder than local authority. So the last five years it’s always been the same. Now what does happen is that I put in… so they come in pretty much together, the local authority people, for a couple of years didn’t get any increases, whereas the self-funders were. So someone who had been in for seven years, yes, there’s going to be a bit of disparity. But generally my… it’s always been that whether you come in as a local authority or a self-funder, you’re going to be charged the same. Give or take, it might be £30-40 a week difference. No difference in room.

That’s always been really important. And it also means… a number of our residents stay for many, many years and invariably they will run out of the fees. My residents aren’t coming from million-pound properties. They might have, I don’t know, £100,000 in equity in their property or something. And within three/four years they’re going to run out of funds. So the local authority has never moved anybody who has run out of funds out of [organisation] to somewhere else. They always just take over. There’s sometimes a bit of shenanigans, negotiating and they say, “We can only afford you this much,” and I say, “Well, I’m not going to do it.” Of course I would.

Interviewer: Yeah.

Respondent: But I have often taken people from other homes into our home when they have run out of fees.

Interviewer: Gosh, so most residential homes would have a differential between the local authority and private funders.

Respondent: Yeah, and that’s wrong. It’s wrong to be gaming it, gaming the system. The other thing, if I see again anything from the Department of Health about, ‘we’re going to encourage people to go into care and give them career paths and training.’ The other care home manager said the same because I said to them on Friday that I was going to speak to you. I said, “Is this just [organisation] or are you the same?” You say to staff you’re going to do training and they’re like, “Really?” At the moment I’m trying to get staff to do mandatory training.

Someone said to me, if I hear again, oh, we’ll give you a career… we don’t want a career progression. What a lot of care workers do is they want to come in, they want to do a good job, they want to help people, they want to feel good and then they want to go. They don’t want to sit and listen to some theoretical training about moving and handling, which says you could never lift a resident. And you kind of look at it and go, well, how are we meant to get a resident with dementia out of a chair when they’ve soiled themselves?

And when the CQC come in, we roll out the hoist for everyone and we leave lots of people in bed. The training is absolutely not fit for purpose, for all providers. And care workers don’t want training. Yes, they absolutely should have safeguarding training and fire refreshers, but telling them, “We’re going to make your workplace better by giving you career progression and training,” they don’t want that.

Interviewer: What do they want?

Respondent: They want to be paid… do you know, I said to… one member of staff said this brilliant thing during Covid, when the pubs had opened, she said, “I went to the pub in a nice village and I was with a group of friends, school parents, and there was mechanics, doctors, dentists, accountants, bankers,” and she said, “I said to them all, you know what, if tomorrow I went and did your job, I reckon I could last four hours, maybe a day, maybe three days I could blag it. You come do my job, you wouldn’t last 20 minutes.” And I thought that is so true. What they want is they want recognition.

What they would say they want, which would absolutely make me close down straight away, I’d just walk away, would be the same benefits as the NHS. They want full sick pay and I agree that on paper that’s right, but we would fall over. Sickness is horrendous. I do Bradford Factor analysis; I don’t do anything with it. They get up and they feel like they don’t really want to go to work, they’ll just call in sick. And that happens constantly. If they were on full statutory sick pay… I just had someone who absolutely tragically, her husband was diagnosed with cancer and within six weeks from diagnosis he died.

And she was obviously off on compassionate leave. The doctor signed her off sick for five months and she said to me, “I can’t believe the doctor signed me off sick, because I wasn’t sick at all, he just signed me off.” And I was thinking, absolutely… it’s absolutely… I’ll moan to you, but I heard ‘statutory sick pay,’ but I was thinking, for five months, she’s accruing her holiday… that should be… that carer’s allowance, a small home like me, really, really tough.

But doctors, because they’re under so much pressure, and I get it, anyone will turn up and go, all right, I’ve got the flu and I don’t think I can work for two weeks, they’re going to be signed off for two weeks.

Interviewer: I’m interested how that reconciles with wanting to do a good job. You say they care, they care for these people, they want to do a good job, so how does that… how do they fit that together if you like how does that fit together?

Respondent: I say that quite often because when they’re there, they’re going to care. But unlike you, me, [name], when they’re not there, they can switch off. Wouldn’t that be lovely, to go and do a job and then go, I’m not there now. They put their own needs above work, which actually is a really healthy and a good way to do it. Because on the flipside, we do everything on WhatsApp, if I occasionally do WhatsApp and I’ll say, “Look guys, I’m in. I’m really low now, is there any chance anyone could come and help?” They probably will. If they haven’t got plans, they’d go, “Yeah, I’ll come in.” I had to do something in a staff meeting the other day because we had one resident who was funded by [LA], and it was an incredibly complicated case and the family decided they didn’t want this resident to have her hair done by the hairdresser who comes in on a Monday to shampoo and set.

And the family weren’t paying. So I’d sent a note saying, just for the next couple of weeks [name] shouldn’t get her hair done. The staff had all clubbed together to get her hair done on the quiet, without me knowing, because they felt it was wrong. And then I’ll come in and they’ll buy, a night staff will come in with some croissant from Marks & Spencer, and I’ll say, “What are they?” “[Name] really likes them, so I bought them.” I said, “Oh, let me give you the money from the petty case?” “No, no, no, don’t be silly.” I’ve had to say, “Guys, anything that’s like you’d call ‘expense,’ I’ll pay. You do not use your own money for that.”

On the flip, they’re incredibly caring, but on the other side they don’t worry about work when they’re not there. Yes, they might think about [Name]’s croissant, but they have much better work/life balance than probably a lot of us have. But I think all you hear, yes, an afterthought there was Clapping for Carers, but everything is about nurses and NHS and that is what your average social care worker will want to say. It is seen as being the dregs. I pretty much want to break friends when I see people who haven’t seen me for 10 years and say, “I hear you bought a care home, it must be a lot of money in that.”

And I think do you… I didn’t realise that I could be a carer but there’s no greater honour than sitting at someone’s feet at 3:00 in the morning and saying, “Do you want me to massage cream into your feet?” And as she’s sat on the commode having a poo. And that’s why care workers do it, because of the feeling that you get from that. But for politicians, everybody should talk about NHS and then say, “Oh, but care workers are going to have career progressions and they’re going to have more training.” That’s not what they want. Yes, they want more money, but I don’t think… well, there are two issues.

That’s from the people who work there at the moment. I don’t know how we’re going to get more people into care, because it is so badly thought of. Who says to their kids that are going to university, “Don’t go to university darling, why don’t you come and do care work?”

Interviewer: So you’ve got three vacancies at the moment, so how are you trying to fill those?

Respondent: We’re praying. To be honest. When we put things on… I did for a while put things on Indeed and Indeed you get people applying from [city], from wherever. You get lots and lots of overseas employees who haven’t got visas. You get loads of people saying they’ll come for an interview. When we run out of time completely, I’ll send you a new link.

Interviewer: Okay.

Respondent: When you get lots of people saying they’ll come in for interviews and they’re not coming in for interviews. And I’ve been told by staff that that’s because they can get… they have to demonstrate to get Universal Credit or some credit…

Interviewer: The job centre stuff, I think, yeah.

Respondent: Yeah. So we did put stuff on Facebook, but again, we’d get people saying they’re coming for an interview and then not showing or coming into an interview and then saying, “Actually, it’s not for me. I don’t want to work weekends,” or, “The pay is not enough.” Half the time it’s pay is not enough. Half the time it would be actually, “I can’t do those hours, I only want to work around the children, until 3:00.” So at the moment we are just kind of hoping. I think our model is unusual in that [name] and I, as a registered manager and owner, we cover shifts.

Interviewer: Do you do much outreach with local schools and colleges?

Respondent: I haven’t… I did a couple of years ago. The problem with school leavers is every person who is coming to do work experience, this is going to sound awful, they’re okay for the first couple of weeks and then they just sit on their phone and don’t want to do it. The few that have stayed have then left us to go to restaurants. And the few that are good have gone into training to be nurses or… and I haven’t gone into colleges again because of our remoteness. Unless somebody drives, they’re not going to be able to get to [village]. So if somebody happens to be in one of the surrounding villages, then yeah. But…

Interviewer: You’ve got quite a small local labour market then, so very poor public transport, so somebody literally has to be able to drive to get to you? Not even cycle presumably, you’re quite… or it would be quite a challenge to cycle?

Respondent: Well, they could cycle, but we’ve also got the added whammy that we’re right next to a culvert, which is where the massive [name] depot is. So pretty much the road is being closed all the time, you’d have to do like a six-mile detour to get into the village.

Interviewer: Right, okay. To go back to pay then, we’ve talked a little bit about your rates and how you arrived at those…

Respondent: As we’ve just come to stop, do you want me to stop now and send you another link?

Interviewer: Mine says seven minutes still.

Respondent: That’s fine then, that’s great.

Interviewer: At the top of mine it says seven minutes, 27, but I have to say, they don’t always cut you off, so you might want to just see, and then if they cut us off… they tell you they’re going to, and then they don’t. But if they do, then yes, please do send me another link. Talking about pay, do you pay for training, induction, those kinds of things?

Respondent: Yeah, all training is paid for. So anything that they do online, outside their working hours, I include the training, yeah.

Interviewer: DBS and uniforms, do you pay for those?

Respondent: Yeah.

Interviewer: What about other… are there any other forms of reward? That might be things like, we’ve talked about bonuses, but any other kinds of bonuses or Blue Light schemes…

Respondent: When they’re here they get… when they’re working, they can have a meal. Obviously they get all their snacks and things. We make all our food on site, so the cook will say, if they’re in for a whole day, “Do you want a meal?” If they don’t like, say, I don’t know, it’s liver and mash one day, which lots of people don’t like, they’ll be made a sandwich. So they can eat on [organisation] whenever they’re at work. I give them a £50 voucher at Christmas. I used to send them a bouquet of flowers on their birthday, but there was a bit of moaning about that, that the flowers weren’t very good. So I now give them a £15 M&S voucher, because I kind of figured that they can treat themselves to some flowers or a nice meal out or something, a £50 Tesco voucher at Christmas and that’s pretty much it.

Interviewer: Then we talked about turnover, you don’t get a lot of turnover…

Respondent: No, I’ve just had someone… unfortunately I hired someone in January, and they were working out really well. She has a dinner lady job, so she only works afternoons and night shifts. Initially she came in as a cleaner, but we trained her up to be a carer and she’s a brilliant carer. And on Friday she told us that she was leaving because she had interviewed for a TA job, which she hadn’t been selected for, but the school have just called her and said that they’d like her to do a TA job. So she’s going to do that, but get this, and work Friday night, a shift for us still, and do some weekend cleaning for us.

She’s also got seven children; I don’t know how she has the energy to do it. But unfortunately we’ve lost her. I haven’t spoken to her in person yet, so I don’t know if pay was a factor, I’ll find out. I suspect it was more being near her youngest child, because it’s her youngest child’s school. And then we had two… what we do have, we’ve done in the last five years, we’ve had three staff go off on maternity leave. They’ve come back, but whereas they were doing much… they’ve gone off on 36 hours and they’ve come back just doing 12 hours, one night shift a week. So we are finding people reduce their hours as their tenure increases.

I did some back-of-the-envelope analysis before I came onto the call and 75% of my staff have extra jobs that I’m not to know about. Essentially pretty much all of them clean, a few of them do…

Interviewer: And why do they do that rather than more hours with you?

Respondent: I suspect because they probably get paid more for cleaning. And it’s as and when. But they like the fact that with me they’ll get statutory sick pay and it’s guaranteed income.

Interviewer: So they’re all on guaranteed hours, contracts, full and part time at their own discretion.

Respondent: Yeah, so they’ll be on like 24, 36 hours, 48 hours, whatever.

Interviewer: And how much influence do they get over their shift patterns?

Respondent: Well, this is interesting. The ones that have been there for a long time, pretty much know the shifts they work, I work Tuesdays, Wednesdays and Thursdays. Everybody works weekends, so it is a deal that… so they might work one weekend off, one weekend on. The younger ones, and the ones that have come in tend to have less say over their shifts. It’s more the people who are working full time, have less say over their shifts. But everybody gets one weekend off in two, unless they’ve explicitly… we have one lady who wants to work weekends. So they do get to say what they want their shifts to be, generally.

Interviewer: So you’re pretty flexible in meeting their needs, essentially?

Respondent: Yeah.

Interviewer: And that presumably helps retain them?

Respondent: I don’t know, because we’ve never had anybody leave to go to another care home. So I’ve had two people leave, one who just had enough and one who went to be a cleaner and both of them came back to me.

Interviewer: And why was that?

Respondent: The one who left to be a cleaner, went for more money and didn’t like doing night shifts and actually he’d left… he’s a man. He’d left three times, twice before. And I said to him, “[Name], if you come back, you need to not leave again because I won’t give you another chance.” And he said, “No, I won’t.” And in fact he’s now doing his Level 3 and he is my future registered manager, he is exceptional. The residents absolutely think he’s the best thing since sliced bread. He’s just… he really is… he is actually lapping up the training. So out of 25, I’ve got one person who is saying, “I want to do more training, throw it at me.”

“I want to be alongside you, show me everything.” And if I don’t sell [organisation] at some point, or CQC don’t change regulations around [organisation] making that I have to sell it… if CQC say all rooms need to be en suite, or all care homes need to have sprinkler systems… [organisation] can’t be future proof. I mean environmental sustainability, it’s a joke, it’s not insulated. You’d have to flatten it and rebuild it, which…

Interviewer: You wouldn’t do.

Respondent: Can’t do. Couldn’t afford to do it, no.

Interviewer: And are many homes around you in that situation, or is it purpose built more than norm now?

Respondent: The homes around us, all of them are purpose built. There’s one or two of them that aren’t family run, but I can’t think… there’s one very swanky stately home [name] one. So it looks like a stately home, but inside it’s been done…

Interviewer: Been done up.

Respondent: Drastic, yeah.

Interviewer: So it says less than a minute, so let’s see what happens, let’s see if it really does cut us off. But I’d like to talk to you about your relationship with the local authorities. We talked about fee rates, but just really, your experiences of working with them, the contracting arrangements. Do you get extra time for particular things? Is there a quality bonus? Those kinds of things?

Respondent: So I have, no… I feel quite supported from the local authority, I thought they were absolutely dreadful during Covid. They felt like they were there to criticise everything that we did, as did the Department of Health and Public Health… what are they called now, Public Health England as well. But other than that, they are generally very helpful. The enormous issues we have with them is the same with the doctors and everywhere, is that there’s no continuity…

(Zoom call cut off and respondent and interviewer log back on 0:39:35 – 0:43:37)

Interviewer: We weren’t too far off the end. I’d got onto local authority, and you were saying the problem was there was no continuity, I think?

Respondent: Yeah. Staff were clearly leaving there all the time and as soon as you get used to one person, someone else comes along. But no, had a good relationship with them, kind of feel supported, if we need support, yeah.

Interviewer: Did they pay in a timely fashion? I hear from the home care people that can be quite tricky.

Respondent: No, absolutely fine. When something changes… I mean sometimes we are waiting a couple of months when someone has moved in, but once it’s working, it works well. Yeah, I don’t have…

Interviewer: And how do they commission you? There’s no block hours…

Respondent: No, we’re not block bed, it’s just spot beds…

Interviewer: It’s all spot.

Respondent: What happens is they will send requests saying, “Have you got any rooms?” Because they know I haven’t got any, they generally don’t come to me… it tends to be when I’ve got rooms I’ll phone them and say, “I’ve got rooms, let me know if you’re interested, if you’ve got anyone,” and they then send me details and I say, “Yes, I can meet this person’s needs,” and then they say, “What’s the best price?” And I say, “What you pay for the others.” And they go, “Are you sure that’s the best price?” And we have a bit of backwards and forwards over a couple of days and then they agree to pay.

To be honest, at the moment, we have so many self-funders that are waiting. The difficulty with care homes is that when we’re completely full, yes, you’re making quite good money some months, but the minute you drop two beds, you’re losing money and you’re losing money fast. The margins are very small. So when a bed is free, I need to fill it quite quickly. Over the summer I did have two beds spare, because we had so many issues with staffing, I just thought, I can’t bring anyone else in. And then I’d filled those beds in September. So it tends to be, at the moment, that it’s easier to get self-funders in. I’ll be honest, I prefer taking local authority to self-funders sometimes…

Interviewer: Because?

Respondent: It’s easier dealing with the families, when you’re dealing with local authorities, the local authority is a lot more reasonable in terms of, they get the way that we work. You get sometimes… when I go to see a resident, 50% of me is going to see a resident, 50% of me is going to see the family. And there have been many residents that I’ve said no to because I’ve met the family and thought, this is not going to work. I mean one… when somebody comes to look around, if they’re not respectful to the staff, then I don’t take them in.

I don’t ever say who I am, I always wear scrubs when I’m at work and so it’s interesting to see how people speak and when they find out that I’m the owner, if that changes, then it’s that… because you’re not going to be seeing me, you’re going to be seeing the carer and it’s quite shocking how some families speak. You get some families who as far as they’re concerned, they’re paying for mum’s care and you kind of think, no, you’re not paying for mum’s care, your mum is paying for mum’s care.

So sometimes it’s easier to have local authorities. I know what I hate supporting, but equally it’s the ones that it’s most important to support is the husband and wives, when somebody has tried to support the husband or the wife. We’ve got a man at the moment, he’s only 68 and his wife is quite a bit younger, and you look and think, you should be enjoying your retirement together. He’s going downhill really fast. That’s what managing is all about, supporting the family as well. Sometimes it’s easier to deal with local authority, because the money bit just goes, that’s between me and the local authority, you can just get to understand the family and the person and not be dealing with chasing families for money.

Interviewer: Okay. To go back to, you’re all spot commissioned, does the local authority do any block commissioning or is it all spot…

Respondent: It does do block commissioning and five years ago I asked if I could get block contracts, but I was told absolutely not, it’s only for the bigger homes. That was when I didn’t understand the business, actually I wouldn’t want to do block contracts with them. I mean I do think it’s crazy that you can be a block contract provider, but you can go, “Oh no, I don’t want that person.” Quite often they would come to me with somebody, and I’d look at the details and say, you know, “He’s challenging behaviour, he’s a smoker, he’s an alcoholic.” So you’ve got that all going on.

Why? Why me? Oh, the block beds won’t take them. How can the block beds not take? Well, their needs are too high. Well, surely if you’re a block bed provider, you take what you’re told to take.

Interviewer: But apparently not. Are there, in your contracts, anything, quality bonuses, any requirements that you pay particular rates? So you literally get funded £900 whatever it is per week and then you make all the decisions around payments, etc.?

Respondent: Yeah, and that was the one thing. When I saw your email, I thought, how are the government asking for this, because they’re going to set policy? Well, we’re private companies?

Interviewer: It is a challenge.

Respondent: Since Covid, this capacity tracker thing, you’re like, do you go and ask Tesco’s or I don’t know, British Airways for this level of detail? And some of the things you’re asking, you legally can’t ask. The fact that I have to tell daily in theory, the capacity tracker, how many residents I have in have vaccinations is one thing. Yet I’m meant to tell you how many of my staff have flu and Covid vaccines. But staff don’t tell me, why should I know what vaccination they’ve had. It’s none of my business.

Interviewer: It’s really interesting, isn’t it? It’s a good point, because of course local authority, I guess, what the government might say, well, we’re funding, public money is going into this. But roughly half of yours is not publicly funded and actually some providers are wholly privately funded and yet those requirements still apply. So it’s a really challenging area, a really grey area.

Respondent: And even if you can ask that information, why is it their business what somebody’s vaccination status is? What are you going to ask next? What’s your BMI? Do you smoke? I think this is where we just feel that we’re being dictated to, but not listened to. The people you hear talking about social care aren’t the ones who are actually doing that, and that even includes Care England. And these people that have these big chains of homes that you’re like, you don’t know the home, that’s some pension fund or whatever that’s in the Cayman Islands. I think that’s the frustration.

I think what should happen is probably the only thing, is that the NHS becomes… if the NHS continues, it should be the National Care System and buy up every single care home actually. Make carers and nurses have the same qualifications. So if you want to put a man with gangrene, who is a smoker and the alcoholic who is absolutely blocking a bed in [organisation], do it, but then provide specialist staff from the hospitals and whether somebody wants to be a carer or wants to be a paediatric nurse, it’s all regarded the same, the benefits are the same. Care homes can make a lot of money and you could put a lot of profit into the NHS, but…

Interviewer: But the model of it is, you’d have to get an awful lot more funding to equalise terms and conditions across health and social care.

Respondent: Masses, masses more, yeah. And I think it’s going to be interesting to see five years down the line, what happens with the overseas workers that have come into care, because they’re qualified nurses, why wouldn’t they go to…

Interviewer: So a lot of them could come over are qualified nurses.

Respondent: Yeah, everybody that I was interviewing, because I have done interviews on Zoom, all of them are qualified nurses.

Interviewer: So you think they’ll use this as a launchpad into an NHS role, which makes sense.

Respondent: And I would rather, if I was going to recruit an overseas person, I’d rather recruit someone who is already had the culture, got used to the UK, got their family there, so that I know that person has got three children… and that’s the other thing to say, [name] who has recruited the five Indian nurses, three of them have told her they’re trying to get pregnant.

Interviewer: Right.

Respondent: So she’ll have three going out on maternity leave.

Interviewer: It’s not a panacea, is it? Is there anything that I’ve not asked you about in terms of pay, reward, or anything really, that you want to give voice to? You just said you’re not listened to, that you want to share?

Respondent: No, I mean I think it was… my main bits, which is why I contacted you, was the bit around sickness, it’s an enormous challenge and sickness is seen as a sort of entitlement. I don’t want to go to work, I’ll take a day sick. And that story about bonuses. Because [name] was right, because she’s worked in care for 35 years and I was like, what do you mean? It’s a nice thing to do, give money. And she’s like, they won’t see it as nice, it’s not going to make them… yeah.

Interviewer: Yeah, they care for particular reasons and once they’ve got enough money beyond that, it doesn’t… you give them a bonus and they don’t feel the need to come into work. Your sense was that it wasn’t just about pay and retaining people. It’s not always about pay, but attracting people, more pay might be needed?

Respondent: Yes, but then I think this whole… your career progression, well, there isn’t career progression in a care home because there’s not… whereas in a hospital you’ve got people wiping bottoms and making beds. You’ve then got people taking blood pressure and doing obs. Then you’ve got people who do injections. Then you’ve got highly qualified nurses putting in syringe drivers. Then you’ve got doctors doing, basic doctor stuff. Then you’ve got consultants, then you’ve got surgeons. In a care home you don’t. You have your cleaners and cooks and then you have us all caring.

Holding someone’s hand, wiping someone’s bottom, feeding somebody, sitting with them, just talking, being alongside them, helping them walk. We don’t have… and that’s what people remember when they go to hospital. They don’t remember… yes, they’ll remember the surgeon saved their life, but then they’re going to remember the nurse that at 3:00 in the morning said, look, why don’t I just wash your hair, because you haven’t had a hair wash since you’ve been. That is what care is all about. And saying you’re going to give career progression, is screwing people like me who are going, but there is no job.

There’s me, there’s the registered manager and then everybody else, we’re doing the same, we’re one team and we are making a difference to people’s lives, albeit lives which are a tiny percentage of what they want their life to be, because they’re told when they’re going to eat, they’re told when they’re going to go to bed generally. They can’t move, they want their family with them. Families, as much as they say, “I want to come in and visit,” those people who were talking through Covid about how every day I stood at dad’s window… every care home is saying, they’re the minimum.

Because the maximum people that we have visit, there’s probably one in 25 that will come more than once a week and most come… I’ve got some residents that have one visitor every six months. Sorry, I can do a lot of talking.

Interviewer: (Laughs) No, it’s absolutely fascinating, if not necessarily uplifting, but the caring bit of it is really uplifting. The fact that people have those skills and that motivation to do that is phenomenal. Okay, I think that’s everything I wanted to ask you. Really, really helpful, really appreciate your time and I’m glad we battled through our technical issues, thank you also for that. (Laughs)

Respondent: Well, give my love to [city].

Interviewer: Oh, thank you.

Respondent: I’ve got a resident who is that man I was talking about, he’s the chemist at… did a doctorate at [university]. My dad was at [university] as well and I worked out of… my father and me were at [university] at the same time.

Interviewer: Oh right, really, that’s nice, yeah. Thank you and good luck with it all, it sounds excellent, thank you so much.

Respondent: All right, nice to speak to you.

Interviewer: And you, bye-bye.

END OF AUDIO