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Interviewer: Thanks so much for agreeing to take part in this. You sent information which is really helpful. Just to say that I have sent you a participant information sheet and a consent form. So, can I just take your consent to take part, verbally? Is that okay?

Respondent: Yes, that’s fine.

Interviewer: Which includes recording the session, if that’s okay?

Respondent: That’s no problem.

Interviewer: It’s all private and confidential. But it means I don’t have to scribble away.

Respondent: Sure.

Interviewer: Just a little bit of background about the project, although I know you’ve had some information. So, we’re working with Department for Health and Social Care to look at pay and reward in the sector. We’re doing a big analysis of adult social care workforce dataset, looking at pay, pay levels, relationships to skills, turnover, those kinds of things.

Feeding in the local conditions and also local authority fee levels. So, we’re hoping to have quite a big model of what those relationships look like. We’ve done our own survey, which hopefully you’ll have had from Skills for Care, of providers. And this bit of the project we’re talking to providers and to care workers about their views on pay and pay levels and then its implications for those kinds of things that I’ve talked about; skills development, labour turnover etc.

So, you’ve helpfully sent back your information so we don’t need to spend a lot of time on the detail of that but what I am interested in is the logic behind that. So, why those pay levels, what influences those? So, that might be commissioners, commissioning fees, local labour markets etc., but those are the kinds of things I’d like to think about and also then the implications of those for training people, retaining people, attracting people etc. Does that sound?

Respondent: Yeah. That sounds fine.

Interviewer: Perhaps before we get into all that if you could give me a little bit of background on [organisation].

Respondent: Sure. So, we’re a family run company that’s been operating for xx years now. It’s owned by my [relative] and myself. We started with one home xx years ago. We now have eight homes all in [area]. I guess what’s unusual about our company is we buy failed homes and then we turn them around.

What’s interesting from that perspective is nine times out of 10 we will take over a service that has much worse terms and conditions than our regular terms and conditions for the company are. So, you know that’s been quite interesting in making those acquisitions over the years and looking at pay and reward because we have bought from [national chain 1] and [national chain 2] and small providers so we’ve kind of seen the whole range of that.

The only home that we took over that had better terms and conditions than ours was run by a charity but that home was running at a massive loss. Its staff wages bill alone was 110 per cent of its income. But because it was being operated by a charity they just kept ploughing money into it. It didn’t appear to be important that it was losing money hand over fist (laughs).

So, I guess we’ve developed a bit of expertise over the last xx years. We have close to 600 staff now. More than 100 of which have been TUPEd across in the last 15 months. So, quite a lot recent experience around that and change management. We are a real living wage employer and we started doing that in April 2022.

Interviewer: Can you say a little bit about why that was?

Respondent: I guess the major reasons behind it were we wanted to… I did a bit of research and when you look at the Living Wage Foundation, you can see who else in your area is a real living wage employer. And in the whole of [region], there was only other one other care home provider that paid the real living wage.

There are a lot of domiciliary care companies but I always find their pay structures very opaque and it’s difficult to actually know what you get paid for. When you’re working in dom care, even if your travel is being paid, is that being paid at a different rate? I don’t know. Dom care is not my business but I think it’s interesting that so many more dom care providers appear able to be able to pay that real living wage when care home providers don’t. Because I don’t believe there’s more money in dom care.

So, that just made me wondered how their wages are structured in dom care. So, in terms of how that’s been for us. I guess, one of the other reasons that we did it was because we wanted to be able to demonstrate to people who were looking for care that it was, that we maybe had an enhanced level of stability and consistency of staff because we treat our staff better.

We are a national, award winner, multiple times. We’re the [award winner]. One of those we’ve won [details redacted]. In fact, I think people are probably just getting sick of us going up on the stage now.

Interviewer: (laughs)A bit Ant and Dec like.

Respondent: A bit Ant and Dec like. But look, if no one else is better that’s not my problem.

Interviewer: Absolutely.

Respondent: It doesn’t mean that we should step back from it. So, it’s about what you can do to challenge perceptions around social care. No one wants to pay for their care and a lot of people don’t see why they should have to. There’s things they would prefer to be spending their money on. I know this, my [relative] lives in one of our care homes. So I have direct personal experience now of being a relative of someone in a care home.

But I think it’s important around perception that we can show that perhaps because we do pay the real living wage amongst many other things that we do, it attracts staff who are going to stay. And really that’s what you want, isn’t it? Because we know how expensive it is to recruit staff in the first place.

I was in one of our homes yesterday and I was told that – I met the girl, she started on the 2:00pm shift. Apparently by 5:00pm she decided it wasn’t for her and off she went. I mean, that’s three hours in a job. And this is some of what we do have to contend with because that person has already gone through a three-day induction programme. We’ve already invested hundreds of pounds in her for three hours of labour.

Interviewer: So you pay for their induction?

Respondent: We pay for their induction.

Interviewer: Can I just take you back to the point that you made that I was really interested in, that you’ve taken over failing providers and yet your terms and conditions are better than theirs. So, how has that worked? How has that been possible?

Respondent: Well, there are different reasons why people are failing. So, often there will be a failure of leadership which then results in financial failure of the home because if you’ve got a revolving door of management in the home, often you will then get a lower CQC rating. It becomes harder to attract people to the home, so your occupancy falls. So, you don’t have that occupancy that justifies paying people good wages. Potentially.

I think for a lot of these and I guess it’s, we’ve bought two homes from [national chain 1], one home from [national chain 2]. You know, you’re talking about the big boys here. [national chain 1] don’t pay well. [national chain 1] pay far less than we pay. Overall, their homes are of a far lower quality than ours. Now a lot of that is to do with scale, I think it’s very difficult to achieve quality in care if you are operating hundreds of care homes.

We’ve got xx homes that are rated outstanding, out of eight, which is, you know. If you look and we’ll see what CQC state of care report says on Friday but last year five per cent of providers were able to achieve outstanding ratings. This year, if it’s two per cent, I think you’ll be lucky. It shows how difficult it is to achieve that but – and if you look at research from people like Carterwood – care homes that are rated as outstanding are able to achieve fee levels far higher than homes that are rated good.

Interviewer: And is that from the local authority as well as private? No, just private clients. Yeah.

Respondent: Local authority is just local authority. No one can make that pay on its own. And that will be the other reason, if you look at a lot of the [national chain 1] homes they will take an awful lot of local authority. And ultimately, those fee levels are insufficient to achieve the staffing levels you need and the pay and reward you want for your staff.

Interviewer: So do your private clients pay more than the local authority? Have you got a fee differential?

Respondent: There is a fee differential. Yeah.

Interviewer: I’m going a little bit out of order but I’ll run through my questions. So, in terms of your commissioning from a local authority. Are you spot commissioned, block commissioned?

Respondent: It will be both at different times. So, generally it’s spot commissioning. During the winter, it’s common that we will have block contracts but we are not block contracted throughout the year.

Interviewer: And is that NHS in the winter, block contracts? As opposed to local authority?

Respondent: It is generally NHS but we have also had local authority block contracts. Different authorities work in slightly different ways.

Interviewer: So, sorry I have jumped around a little bit there. So, to go back to pay. I think you have said you think it’s important in attracting people in. But perhaps you could say a little bit more than that? For the role of attraction and then retention for pay. And then we’ll go onto other rewards as well.

Respondent: I think what first started me thinking about the real living wage was I was looking at what local supermarkets were offering in terms of their pay and what we offer has to basically be at least on par with that because we are asking people to do a much more physically and mentally exhausting job than someone who is working on a supermarket checkout.

So, I think that’s where it started and then when I was looking at what our local Sainsbury’s was paying or whatever. I just said to my [relative], “Look, we’re really not that far off paying the real living wage. Why don’t we make a thing of it and brand it?” I just think it’s going to carry a lot more weight. I don’t think it’s the only thing.

We pay breaks, for example. The vast majority of care providers don’t. That’s really hard for us to get across in adverts because to be honest, if you’re just, you’re not sitting there with a calculator if you’re looking for a job. You’re thinking, ‘Oh that one pays £11.25 and hour.’ But what they’re not realising is, well, if you’re working 12 hours and one of those hours isn’t paid then I might actually be paying you more even though my hourly rate is less.

So it can be really complex and you’re not always comparing apples with apples. So, we’ve actually started in our adverts to convert that to what you’re being paid on an hourly rate. It’s difficult and it’s slightly messy but we just realised we were at a massive disadvantage compared to a lot of our competitors because they were able to advertise what appeared to be a much higher rate. But in truth, people were going home with less money at the end of the day.

Interviewer: And then in retention terms, how important is that real living wage?

Respondent: I don’t know if I could confidently say. We did do a little bit on our surveys last year about how important that was. But obviously a lot of our staff, well a significant number, get paid well above the real living wage. Because if they are a senior carer or care home assistant practitioner or a nurse or whatever that’s kind of irrelevant to them, although they might like the fact that we’re an employer that does that.

Other things that have maybe made a significant difference to us are we offer people an additional day of holiday but we brand it as, ‘We give you your birthday off.’ I mean people can take it whenever they want to. It’s not really a lot in pay terms but actually people feel that’s quite a significant reward that makes us stand out. So, yeah. I think pay is important in a sector where, to be honest, people will go down the road to another care home that pays them 5p more an hour. That’s how fickle it is. And you do see the same CVs just trotting around.

Interviewer: And so you lose to other care homes. Do you lose to the NHS, retail, hospitality in terms of your turnover levels?

Respondent: Well, we don’t really lose to many other care homes because we pay more than them (laughs). Yes, we do sometimes lose to the NHS. That’s not generally about pay it is probably more about Ts and Cs. Now, obviously the NHS Ts and Cs are not what they used to be but people generally still get probably more annual leave. They get more in the way of sick benefits and those kind of things.

So, I think that is more important. But I would say recently it’s not necessarily, people have gone for progression reasons. They’ve gone because they’re leaving the sector. I would say we quite rarely lose people because of our pay. And I think that is important for us to think about moving forwards as a whole sector because I know that we are at the top end of the pay scale out there.

The other thing that we do, is we pay by qualification. So, once you’ve got your Level 2 or your Level 3 you are getting however much more per hour. So, we are trying to reward people for doing that and impact on their pay is, I think, the best way of doing it.

Interviewer: And how keen are staff, for want of a better word, to do the Level 2 and Level 3?

Respondent: Really keen.

Interviewer: Really keen. So, you’ve got good proportions of your staff holding those?

Respondent: Yeah. Or going through them now. We will do regular – every year we hold career cafés and talk to people about what they want to do and what they want to start with. So, you’ll have a good chunk of people going through that at any one time.

Interviewer: Okay. And then you’ve got a senior meds trained on £11.50 an hour. What is that?

Respondent: So, that’s a senior carer.

Interviewer: Is that those 34 then on the list you sent back, you said you had 34 senior care workers? So, that’s the meds trained people?

Respondent: Yeah. They are people who are trained to administer medications. So, we have people who are trained to do that. We also have a level above them which is the care home assistant practitioners which will also be included in that figure. They’ve just had further additional training so that might be around wound training or other things. Generally in a nursing home, to assist a nurse. It’s more than just basic training to administer medications.

Interviewer: Right. I’ve lost my train of thought. Apprenticeships. Have you done any work with apprenticeships?

Respondent: Yeah, we’ve got a few on the go at the moment. It has not been a big area of focus for us. I think because we’ve not had some amazing experiences in the past. People kind of starting with us and then just dropping out. So, I guess we’ve lost a bit of heart around that but we have one at the moment that we’ve started from scratch and we’ve got a couple of, well a few others, who’ve joined us from other providers and we’re carrying on their apprenticeship. So, that’s been – it would be nice to do more of that. I mean, we certainly do quite a lot of work in local sixth forms, talking to students. We’ve done talks for GCSE students as well, so you’re trying to attract these kids in because so many of them are studying health and social care and they’ve never thought about working in the care home down the road.

Interviewer: So why do they study it? For the NHS?

Respondent: I just don’t think social care is sexy so they’re studying it because they think they might want to be a paramedic, or a midwife, or a nurse, or something else. They’re not thinking about going into care. And frankly, it’s not really surprising is it when you see what the newspapers write about care homes.

So we’ve done quite a lot of work with local sixth forms. They’ve come in and done modules of their Level 3 diplomas with us around infection prevention and control. And we’ve had people who’ve joined us from that who are still working with us. So, that has been much more successful than, if you like, turning up at a school careers fair where you can actively see parents ushering their children past our stand.

Interviewer: Yeah, okay. That’s a shame though, isn’t it? So, I didn’t ask you about your workforce breakdown. Age-wise and gender-wise, roughly what would your breakdown look like?

Respondent: There’s a very high proportion of females, certainly. We do have male carers. We do have male nurses. If I said probably it’s a 90/10 split, that might be roughly it but I don’t know, I’m just guessing.

Interviewer: And then age-wise. Because I’m interested in what you’re saying about attracting younger people in. Again, roughly, what would that profile look like?

Respondent: I don’t know. I could definitely get you a figure for it.

Interviewer: That would be helpful.

Respondent: To pull it from the system. I mean, it does vary a bit by home. The home that we took over from the charity last year, the average age was 55. They had people working in their mid 70s but the terms and conditions were so extraordinarily good, it really wasn’t worth peoples’ while to retire. That is not the norm, I would say. Although we certainly have plenty of people working in their 60s and some in their 70s. I’ve got an 80-year-old employee at one home. I would say more people are in their 30s and 40s.

Interviewer: Okay. So, you’re doing a good job of attracting people in. Because that’s one of the issues isn’t it, across the sector is an aging workforce. Can you go back to terms and conditions? Could you tell me a little bit about sick pay and pensions and then we’ll talk about other forms of reward.

Respondent: We just offer statutory sick pay, there’s nothing additional there. Not for the carers that you’re talking about. And pensions, we support with the Nest pension scheme and make the three per cent contribution. A lot of people don’t take it up. I can’t tell you now but if you want to know the proportion I can find out.

Interviewer: That would be helpful.

Respondent: Yeah.

Interviewer: And that’s for cost reasons they don’t take it up you think? Yeah.

Respondent: Maybe they don’t think they’re going to get old. It is really difficult, isn’t it, because I can also appreciate that if you’re living more hand to mouth, you’re not really worried about 20 years from now (laughs). You’re just trying to deal with the day-to-day and actually maybe you want that extra, £20, £50, £100 that’s more important than sticking it in your pension pot.

Interviewer: It’s sad isn’t it? You talked about birthday, having the birthday off. Other sort of forms of reward that you offer? Financial or non-financial.

Respondent: Just trying to think. I mean we do a lot of ad hoc incentives throughout the year. There’s staff gifts at fairly regular points throughout the year. Nothing’s, it might be worth between £10 and £15. We don’t give people a Christmas bonus per se but they will get a gift card, or whatever bits like that and at other times of the year as well. I’m just trying to think, what else?

Interviewer: So, employee of the month, newsletters, social events, team cake and coffee events. Those kind of – blue lights, do you have the blue lights?

Respondent: Yes. So, we pay for their blue light card. We promote that every month in our staff update and tell them to bring the money in and claim it. Obviously, we pay for all of their diploma training and then with that we basically just ask them to stay for 12 months at the end of it, once we’ve paid for it all for them. All of their training is paid for, I know there are still some providers out there who expect people to do it as a freebie.

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

Respondent: Yeah. We pay for their – we ask them to pay for their DBS upfront and then we refund it after three months. Their uniforms are all paid for. Not that it’s relevant for this but for our nurses, we pay for their annual NMC registration. So, yeah, I guess there’s quite a lot of stuff in there really.

Interviewer: And again, in terms of attraction and retention. How important are those things do you think?

Respondent: I don’t know. I think a lot of people just expect it (laughter). I don’t think they see it as an add on. I think a lot of those things get forgotten about. I’m not sure they’re regarded as a big deal, to be honest.

Interviewer: Right, okay.

Respondent: I think it’s the headline hourly rate, that’s what people care about. And, from an employer perspective, do they feel valued when they come into work? That is complex, isn’t it? That is also going to depend on how the home is managed.

So, I can influence things from a certain perspective as the provider who will be in their home once or twice a month. And setting the vision and values for the company. Things like, the staff rooms, we’re refurbishing all of the staff rooms. We don’t give meals and we don’t offer subsidised meals but we offer good staff room facilities and everything so they can make their own. I know some providers do provide staff meals as well, which is another bonus, isn’t it?

Interviewer: Yes. And cost of living, have you seen much impact from that? Sorry, cost of living crisis, on your staff? Have you seen much change in demand or need from them? So some providers have gone to daily, weekly payments, for example.

Respondent: What we have done is we introduced a scheme called, ‘name’. Where if people pick up extra shifts on top of their contracted hours they will be paid for those at the end of each week, separate to the pay run. So, some homes have found that to be really successful and it has made a difference to people wanting to pick up extra shifts.

We pay a night enhancement as well. I think I said that before. So, yeah. And in other homes, it’s not had a massive difference but we will also make payments to staff in advance, salary advances on an ad hoc request basis. We’ve not had loads of those come in to be honest. And maybe that’s because the [scheme] has helped because if you have got a sudden car repair bill, you can do a couple of extra shifts and get the pay that week.

Interviewer: Yeah, that’s interesting. Most of your staff are on guaranteed hours I see and you’ve got a small number on zero hours. So, can you explain the rationale across those two things?

Respondent: Well, we’d like them all to be on contracted hours to be honest. I always think it’s really funny when you hear people say they’re desperate for guaranteed hours. And I think, “Christ what we do to try and convince people to take up contracted hours.” And a lot of people don’t want it.

They don’t want it for their own family reasons or they don’t want to work weekends and, therefore, they don’t – we require people to be available to work alternate weekends and if they don’t want to do that then we give them a bank contract only because it’s not fair to the rest of the staff who have to work alternate weekends. So, I’ve always been very strict and black and white, and fair, I feel, about that principle.

So, generally people who are on bank are doing that out of choice and they will all have been offered contracted hours previously. We have this year had some people who have moved off bank and gone onto contracted hours and had to accept that they’re going to have to do weekends as part of that.

Interviewer: So, your zero hours, is your own bank staff?

Respondent: Yes.

Interviewer: Because some people use zero hours just routinely. So, you use them as bank. Do you use agency staff?

Respondent: If we have to but we hate it (laughs). So, it is only done – I mean across the whole company now, we have 11 vacancies. So, if you look at that as a proportion of 600 staff, that’s not bad. I mean I’m sure that’s certainly way below the average vacancy rate. We have, this year, employed a recruitment manager who oversees all of the recruitment for the group. Does all of the sourcing of CVs, arranges all of the interviews for candidates in a bid just to try and professionalise that process.

It’s very difficult. Unless you are in the world of a registered care home manager. I mean, honestly, you can’t pay these people enough for what they have to deal with on a daily basis. It is absolutely bonkers. So, having to manage constant vacancies and stuff is just really difficult. So we’ve taken a lot of the hassle out of that for them and placed that with someone whose sole job it is to recruit and manage those vacancies.

So, over the course of this year since we took on the recruitment manager, our vacancies across the group have gone from around 42 to 11 this week. Which is our lowest, so you know, that’s a pretty good area of progress. However, we have also brought in overseas staff this year.

So, I’ve brought in 12 overseas staff now. Eight who are registered nurses in their home country and four I’ve brought in as carers. I’ve got another five carers arriving from [country] next month. I mean I did a presentation at [event] last week on this. International recruitment isn’t the solution but we would not be surviving now without international recruitment, particularly for nurses. Moving forward now, it’s just carers I’m recruiting for.

Interviewer: So, can you tell me a bit about how you found that process? I hear mixed stories about international recruitment.

Respondent: It’s absolutely exhausting.

Interviewer: Okay (laughs). Can you tell me a bit more about that?

Respondent: Look, if I’m a [national chain 1] or a [national chain 2], I’ve got people whose sole job it is to manage all of the sponsorship. No, I don’t, it’s me. I do all of that. I’ve done all of the interviewing, I’ve done all of the sponsorship stuff. I’ve applied for, managed all of that. I manage all of the immigration processes. I get a little bit of specialist immigration support if I’ve got things that I just don’t know the answer to.

And then managing them when they arrive, managing their accommodation needs. It’s an awful lot. Would I keep doing it? Yes, I would because pretty much without exception, the staff I’ve brought over are really good, loyal. They don’t go off sick. They turn up, they do the job, they’re committed and they’re good at what they’re doing.

So, it has not been easy and obviously it’s mostly been around nurses and that’s far more complex than bringing across carers. The nurses, yeah, that has been tough. The carers, I only started bringing across in August. That has been significantly lighter in terms of workload and I think because I’ve got a bit of a recruitment pipeline now with a health college in [country] that I’m working with.

So, I’ve been out to [country], I’ve seen the set up there, I’m confident around the quality of tuition these people are being given before they get put forward to me. But you know, it’s not cheap. Everyone I’ve brought across, that’s probably costing me at least £4,000. Probably a bit more than that. But if you look at how much it costs me to have a carer who comes and does three hours of work and then decides it’s not for her, I’ve wasted hundreds on her. So, at least I’m going to have these people for three years, at least and can train them in the way that I want them to work.

Interviewer: And what about things like housing? How are you finding – again, housing is one of the issues that we often hear is problematic.

Respondent: Very difficult. So, it has impacted where we can put people initially. So, we’re lucky at our home at [town] that we have a five bedroomed first floor flat which isn’t ideal for residents so we’ve taken that out of commission and we use that as our international hub. So, it’s generally where a lot of our international staff start.

And then once we’ve got them used to life in the UK, we will say, “Right, your permanent home is going to be…” wherever and then it’s trying to help direct them to find private rentals and that kind of thing. It is achievable but it requires an awful lot of time and effort and resource. And I believe, given as you know, the fractured state of the social care market where a lot of people are literally one-man bands, for most people, that’s not going to be the solution.

Interviewer: Yeah. But you will continue to do that? That is working for you?

Respondent: It is working for us and I think we have a number of rural locations which just make it really difficult to, I mean the home that I’m talking to you – well, the head office that I’m next to the home is, we’re nine miles from the nearest town here. I mean there’s a bus twice a day. So finding local people – it’s not that you’re getting lots of influxes of new people.

Not everyone drives round here. We’re half a mile from the nearest bus stop. So, there are lots of challenges and some of those challenges I don’t face at some of my other homes which are in town centre locations.

Interviewer: Yeah, so it depends very much where they are.

Respondent: Yeah.

Interviewer: And are you drawing mainly from [country] then? So, is there a little community for them to join as they arrive?

Respondent: The care staff. For the care staff I am. For the nurses, they’ve come from [country] and [country] so far.

Interviewer: Right. Okay and how did you make that relationship with the college in [country]?

Respondent: Through Care England.

Interviewer: Right, okay.

Respondent: it’s our trade association. I don’t know if you’ve had anything to do with them? I got introduced to the head of this college and I – once I understood what they were, the concept of what they were doing, I thought, ‘This sounds really interesting.’ And in terms of the regional, the international recruitment fund that’s being managed regionally, I’ve got colleagues in [county] who DHSC put me in touch with and they were also working with this college.

So, I actually went out to [country] with my NHS colleagues who are managing this fund. So, it’s all been really good and actually I’ve been able to really utilise these funding pots that the government has put out that I’m sure most people still don’t know how to access or, you know.

Interviewer: So, can you say a little bit more about those? Which funding pots particularly?

Respondent: So, I think it’s the International Workforce Fund or the International Recruitment Fund that the DHSC announced last year. It’s being administered regionally and there is a lead authority within each region who is responsible for managing that. And each region can divvy up the fund as they wish to. So, [county] which is the lead authority for the [area] had already established an international recruitment hub to support its own hospitals within, I think it was [NHS Trust]. And they’ve put together this programme and we’ve been allocated 10 of the 60 carer places on that.

So, you don’t have to get people from [country] but I have because it’s easier and they will pay for their flight up to about £700, I think. They will pay for their transport from the airport to the care home. They will pay for a welcome hamper on arrival. But they also help us process all of the paperwork in advance. They get the references. They do a really good job. They’re really professional. I don’t know how it’s operating in other regions. I’d be surprised if it’s as good as this.

Interviewer: I haven’t heard that from other people, no.

Respondent: So, there are lots of models, I’m sure of how it’s being applied. There’s other things in [county 2]. They’re paying for driving. Not driving lessons but driving theory preparation for overseas recruits and things like that, which again, are a nightmare. So, all of that has been helpful. It still costs, as I say £3,000 o £4,000. But it would have cost us more in time and money to bring our [country nationals] across. So, that has been helpful. And it is slowly plugging the gaps. Of course, this assimilation of people from foreign cultures into sometimes quite rural care homes is another thing to manage.

Interviewer: Can you say a little bit more about that?

Respondent: For example, the village that I’m sitting in now the two nurses that I brought over from [continent]. They’re the only non-white people in the village. They’re the only, not quite the only, non-white people working at this home but they’re in a very small minority. There weren’t any other Black people. There were a couple of Asians. So I think people probably do have preconceptions and most of my staff have never lived outside of [county].

So, I’m a rare exception in having lived abroad and having understood what it’s like to be homesick and have left your three young children in [country] and whatever else it might be (laughs). However, I think within a few weeks – and, you know, in a lot of these other countries dementia isn’t even a recognised illness. They don’t talk about it. So, suddenly to be in an environment where you’re dealing with a lot of people who’ve got an active diagnosis of dementia.

Or, you are supporting people who are dying and you are just giving them a nice gentle death and you’re not necessarily rushing them off to hospital because that’s not what they want. In [continent], that’s not how it would work. You are doing everything you can to keep that person alive. You are not letting them gently die. So there are cultural differences around the way that care happens, however, nearly a year on now, we’re in a much better position and those staff have been fully accepted and it has been really positive in the end. But not without challenges along the way.

Interviewer: And none of them have left?

Respondent: None of them have left.

Interviewer: Okay. Right, yes thank you. Let me just flick through, see what else I need to ask. So, in terms of your turnover rates, you’re less than 20 per cent now. So, without wanting to put words in your mouth, that seems quite low for the sector?

Respondent: It is low for the sector. I think what’s also interesting about that, given the model that I have told you that we have. So, within the last year, obviously, well slightly more than that, we’ve taken over two homes and even if you are going into a home and you’re making things better for people, some people won’t like the idea that there are new people coming in.

So, we usually say when we take over a home, you could be prepared to lose 50 per cent of your staff in that time. Now, in the charitable home that we took over, where the terms and conditions they had were unsustainable, you know, people were being paid double pay every Sunday, time and a half every Saturday, time and a half every night of the week, apart from Sunday where they got double.

But it wasn’t sustainable so we had to do quite a big change management programme in the home and I had to be very honest with staff and say, “If we carrying on paying you these enhancements, this home will close down because we aren’t a charity and we have to pay the bank back for what we’ve paid for this home (laughs). So, I am sorry, that this is what you’ve been paid and we can’t continue to pay it.”

Because the hourly rates, were in some cases less than what we paid our own staff. It was the crazy enhancements. But I said, “If you look anywhere else, not just in the sector but in any sector, you won’t find these terms and conditions anywhere.” They were probably aligned, to be honest, with what [LA] used to pay when it ran its own care homes but then, of course, most councils stopped that because it was unsustainable because they were paying (laughs) people too much.

But the charity carried on aligning itself to a model that didn’t exist anymore. So, even at that home, we’ve not had a massive turnover of staff. It will be massive compared to what they’ve been used to in turnover because, why would you – we didn’t even have anyone who was working full-time hours in that home because they didn’t need to. Because they could earn full-time pay on half the hours.

So, I guess, that’s interesting. I would say, even with the turnover at homes like that, it’s a relatively good figure. It’s still more than I’d like. I mean, I spoke to a [provider] last week who’s got 300 beds and three homes. His turnover is about three per cent. So, there’s definitely room for improvement and I would be interested to see where we are in another year once these two homes have settled.

Interviewer: And did he give you any indication of why he thought that figure was so low?

Respondent: He pays staff sky high rates. I think he starts his pay for people at £12.50 an hour. So, it will be far more than what the local supermarkets are offering. But he charges very high rates for his homes. If you’re in a home where you’re paying £2,500, £3,000 a week, he won’t be having any social services there.

Interviewer: So, it’s all privately funded?

Respondent: It’s all privately funded.

Interviewer: How do you feel then about your split between private and local authority? Is that something you’re happy with? Would you prefer to go to all private? Just interested in…

Respondent: We probably – I mean, you want it to be a higher proportion of private, for sure. This reflects also, I guess what is interesting, is if you look at [LA 2] some of their rates have changed quite significantly in the last year. So, now someone who is receiving nursing care but on a social services basis through [LA 2], is not that far off what we’re charging a private bed in our [county] homes.

So, residential rates are shockingly poor, bearing in mind that person might have dementia and very high needs. But nursing rates are pretty good in [LA2] now. Much better than they’ve been in the other counties, [LA and LA3], that we operate. However, four homes that we have taken over more recently, so in the last three years we’ve taken over three homes.

When you go into at least two of those, the two [LA2] homes that we bought, you barely have any private payers because the reality is, why would you pay privately to send your loved one to an ‘inadequate’, or a ‘requires improvement’ home? I wouldn’t do that. Councils are okay with it because they’re going to get cheap care that suits their budget there but you generally find they are stuffed full of people on social services rates and then over time, our aim is to improve the reputation of the home and refurb the home, get a better rating, so that we can attract more private payers.

So, at our longer established homes, we will always have a higher rate of private payers. And that would be up to 70 per cent in some homes. It doesn’t mean the rest of people on social services because a significant number will be on continuing health care. Which is generally worth more than social services rates.

Interviewer: Right, okay. Sorry (laughs). I’m looking out at the postman leaving us something on the step. I’m just waving to say, ‘Yeah, yeah it’s fine, leave it there.’ (laughter). I’ve lost my train of thought. You contract them with three different local authorities, I think you just said? So, how do you find, how are your relationships with those authorities? How does that work?

Respondent: Generally, pretty well. I think what’s always – we have some agreed rates so we’re not having to negotiate every single time but what we are finding is what we are being presented with is not standard nursing care, I mean these are often highly challenging, complex individuals who have probably been on one-to-one in the hospital. But then they’re not offering that in a care home environment.

So, very often the rates don’t reflect the needs of the individual. And where that’s the case we will go back and challenge that. But, for example, with [LA2], so I talked about the fact their residential rates are really low. [LA2] have a really different model to the other counties that we work with and I think most other counties. In as much as, the other counties say, “Right, residential rates for 22 - 23 are however many hundred pounds a week.”

[LA2] do it for – if you have a new person coming in, they will be on this new rate. For anyone who’s already in your care, they will be uplifted by whatever, two per cent, three per cent. So if Doreen came in 10 years ago on £400 a week, £300 a week maybe and she’s been uplifted a tiny little percentage each year, Doreen might be on £500 now. Whereas a new person coming in might be on £650 and they don’t get why we don’t think that’s acceptable.

We’re like, “Hang on, if we said that we’re giving notice now because we can’t care for Doreen for £500 a week, you would have to send her to another care home and pay them £650 because she’s a new entrant to their care home.”

Interviewer: And it costs the same to care for both of them.

Respondent: It costs the same to care for both of them, and they’ve admitted this. But they’ve said it’s a £20 million deficit if they went back and did that and they can’t afford to go back and make up the care packages for those historic residents.

Interviewer: Right.

Respondent: It’s a bit of a twisted system in [LA2].

Interviewer: And they’re not changing that system? So, I can understand they could say, “Can’t go back and do it.” But they could change it for all…

Respondent: What they have told us to do for those people is to see if we can argue that those people have complex health needs and, therefore, should be entitled to a higher rate. Because inadvertently that will then enable us to get the higher rate for them and obviously they don’t want us to issue notice to about 30 people.

Interviewer: It’s challenging, isn’t it? It’s people’s lives, isn’t it? It’s your business and you need to make your money but equally it’s their lives. It’s really challenging.

Respondent: We’ve had to put up our private fees 10 per cent for the last two years. And we’ve not had anything near 10 per cent uplift from councils. So that gap kind of grows. But ultimately, I mean our staff wages went up 10 per cent and that wasn’t the only bill that went up by that amount. If you think of energy and food and all the other costs. So, yeah, that has been very challenging.

But ultimately, councils are working within what they’ve been given by central government. So, which I guess comes back to the point perhaps, or one of the points of your project. Is actually understanding how we fund this moving forward.

Interviewer: Yes, it does come back to that. So, I think that was most of my questions that I wanted to ask you. Are there things that I’ve not asked you, that you think it’s important to know? You know things that you work with on a daily basis that I’ve not touched on?

Respondent: Not that I can think of really. I mean I think things that it is worth reflecting in terms of additional and constant costs for us are things like, you know, we’ve got the cost of the DBS and when you look at how many DBSs that we are having to apply for, there are massive costs around that.

The training requirements for care workers are astronomical. And I’m not saying they shouldn’t be but every year something else gets added but nothing ever gets taken away. So, this year we have to train all of our staff in learning disability and autism. Even though we’re not a specialist LD and autism service but we have to make sure 600 staff have received their training in that.

We don’t get any funding to help us with these things but it’s just another – I mean some of these things will be barriers to preventing people coming into the sector, because they’re thinking, “Well, hang on, if I go to Sainsbury’s all I’ve got to do is my moving and handling training once a year. And maybe some health and safety.” Oh, probably safeguarding because everyone has to do that, don’t they?

But there are some significant barriers to entering this sector that are outside of the pay. I still think pay is always going to be the biggest factor but ultimately but if you look at the proportion of LA funded residents, and a lot of services will have a lot more LA funded residents than us. So, there’s only so much that government can do.

Or the amount that they can do is only influencing the local authority residents, isn’t it? Because the rest of it is on private fee payers and how much the market is willing the bear. You know, we can carry on putting up our staff wages but are people prepared to pay the fees for quality care? It’s, like I said, often you’re not comparing apples with apples.

I spoke to a guy last week who’s an activities co-ordinator in a 170 bedded care home in Scotland. And I said, “Oh, how many people are on your activities team? It must be a lot looking after 170 people.” One. I mean, I’ve got five. In a home for 30 people.

Interviewer: And activities being, trips out, sing songs, paintings?

Respondent: Yeah. It’s the every day stuff. He doesn’t even know all of his residents’ names. How could he with 170? But when you’re looking for choosing that care, you’re not necessarily going to know there’s only one person doing that stuff. So, there are so many factors, aren’t there that are going to influence what someone is going to charge for care.

Interviewer: It’s really complex, isn’t it? I was going to ask you. What do you think about registration as a way forward? In terms of, esteem, valuing professionalisation. Do you think that would be something that would help?

Respondent: I don’t know. I worry it might put people off to a degree. You know, there are some of my staff who have been working in care for 20 years now. “I don’t want to do a qualification, I know what I’m doing, I don’t need a piece of paper.” I just think with the industry being in such precarious place at the moment, I fear that registration would not achieve the outcome we want it to because I don’t think it’s going to keep someone there.

Yeah, sure it might mean if someone conducts themselves poorly and you want to knock them off the register you can do that. But given my experience of trying to do that with the NMC, that’s a joke anyway and that can take years to happen. I mean the bottom line is now, if we report someone to DBS. It will probably have the same effect. They’re not going to work in care again. So, I don’t necessarily see there would be a massive advantage to having registration.

Interviewer: Okay. No, just interested. Wales have done it. I think Scotland have done it as well. I think it’s reasonably recent, I don’t know that the outcomes of that are clear yet. But we’ve often talked about how we professionalise, not professionalise necessarily but raise the esteem in which the work is held. So, it’s just finding different ways to do that, isn’t it?

Respondent: Yeah, absolutely.

Interviewer: That’s really helpful. I really appreciate your time. I’m often asked when it will be out. So, our preliminary findings will go to DHSC in the spring but our full report won’t go until July. So, I imagine the speed these things work at, it will probably be the autumn before it’s out. But it will…

Respondent: Yeah. I used to be a civil servant, so I know the pace of operations (laughter).

Interviewer: Yes (laughter). I’m hoping for the autumn.

Respondent: It’s a time commitment, you don’t know what the minister might say (laughs).

Interviewer: Hoping for the autumn. Fingers crossed but certainly DHSC will have it in July and some point after that it will be out. But hopefully we’ll be influencing policy ahead of that from the spring. But your input has been really important and I really appreciate the time that you’ve put into that. So, thank you very much.

Respondent: You’re very welcome. And if you’ve got any follow up questions, let me know. I’ve taken away a couple of points that I’ll come back to you on as well.

Interviewer: All right, that’s great. Thanks very much then. Bye.

Respondent: Thank you. Bye.

END OF AUDIO