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Interviewer: I really appreciate your time, thank you so much. Just before we start, I sent you some information, one of which was about the project and your agreement to consent, which you can do verbally, but I just need to check with you, that you are happy to consent and for me to record this, just so I don’t have to scribble everything down?

Respondent: Yeah, that’s fine, I did read that, I saw that, so yeah.

Interviewer: That’s great, lovely, I just need to check it for my formality, so that’s great, thank you very much. I sent you the information about the project, but just as a bit of an overview, we’re doing work on pay and reward, for frontline care staff. We’re funded by the National Institute of Health Research and sponsored by the Department of Health and Social Care, so they are particularly interested in our work in terms of their policy. We’re kind of hoping that it will have some resonance and make a difference, that’s our intention. We’re looking at pay and reward. We’re doing three different bits of work.

We’re looking at the adult social care work for data sets, doing analysis of pay and reward in that and looking at its relationships with skills development, vacancies, turnover etc. We’ve done our own survey, which hopefully you’ll have seen, our providers asking their views. And then in this bit of the project we are talking to care providers and care workers to get a bit more depth than you can in those other mechanisms. I’ve got a series of questions to work my way through, but also if there’s things I don’t touch on that you think are important and you want to raise, then by all means do. And I’ll ask you at the end anyway, I’ll give you an opportunity at the end as well.

Respondent: Okay.

Interviewer: Does that sound okay?

Respondent: Yeah, that sounds fine.

Interviewer: Great. Just before we start, could you just tell me a little bit about your business, the care that you provide?

Respondent: Yeah, so we’re [organisation], we’re based in [city and region]. We’ve got six homes in the group and they’re providing elderly residential care and dementia care. So across the group we’ve got 110 residents and we’ve got about 160 employees and that’s a mix of fulltime and parttime. Just going across all the job roles as well. So we’ve got domestics and carers and seniors. We’ve got registered managers and deputies in each of the care homes. And then we’ve got a sort of central structure as well where we’ve got head office, we’ve got our maintenance and the grounds teams as well.

Interviewer: And is it family owned…

Respondent: Yes.

Interviewer: The business is family owned, okay, that’s great, thank you.

Respondent: Yeah.

Interviewer: You told me full and parttime for your care workers. What about zero hours versus guaranteed hours?

Respondent: Mainly they’re all on guaranteed hours, if that’s what they want. But then we do have a number of bank workers who choose to be on zero hours and just pick up as and when. But yeah, we do always offer hours, to try and fit in with what people are looking for, yeah.

Interviewer: Full and parttime is also to meet their need, it’s their choice?

Respondent: Yeah, to meet their needs, yeah. It makes no difference really. We don’t have a cut-off between like, this is fulltime, this is parttime, people do the whole range of hours. So we’ve got quite a few that work 16 hours a week, because they’re on benefits, which we find very frustrating, to be honest, when we’ve got extra shifts to fill, we’re like, you could earn money but it affects their benefits and so they weren’t.

Interviewer: It just gets complicated.

Respondent: And then we’ve got… we’ve recently got our sponsor license, so we do have some overseas workers, so on that, so they’re on 40-hour contracts. And we’ve got all range in between really.

Interviewer: I’ll come back to the international recruitment as we work through, I’m interested in that. In terms of your workforce split, roughly, by gender, age and ethnicity, what does that look like?

Respondent: So by gender, we’ve got probably about 15% male workforce, it’s quite low. Ethnicity, it’s changed a bit actually, since getting our sponsor license, and because of Brexit. We were predominantly white British people, but now it’s given us a bit more scope that we can, you know, move out from just that. We did an analysis, when Brexit came in, with European workers as well, and we actually only had about 8% European workers at that time. But now we don’t have European workers at all.

Interviewer: Those have all left of their own volition?

Respondent: Yeah, a few left… I think the main exodus was prior to Brexit and the rules actually coming in to force, because they knew it was coming, so they took steps and planned something, or went back to their own countries, quite a lot of them, at that point. And then we just haven’t recruited any more since then really.

Interviewer: And international workers roughly, how many of those would you have?

Respondent: It’s probably around 15% at the moment I would say, but that is increasing.

Interviewer: We’ll talk about that now, I’ll come back… I must ask you about pay. (Laughs) Tell me a little bit about how you found that process, being a sponsor, bringing people over, integrating people?

Respondent: Actually applying for the license was quite a minefield in the first place, very expensive. So we had a lawyer helping us with it, to make sure that we got everything right. And actually I think maybe she was a bit overly fussy with it, because that’s what lawyers… they have to make sure everything… so it did, it took a long time to get it and to get everything in place. And it was expensive because you have to pay the government and you have to pay the legal advice as well. It got off to a bit of a slow start and we’ve been learning as we’ve been going, obviously. But now our admin manager who looks after it all now at head office, she’s really got her head around it. So we have been able to start making better use of it and filling some of our vacancies.

We’ve been offering five-year sponsorships, so it is an expensive thing to do. It’s over £5,000 per person, so it’s really investing in them. But we’re hoping… it’s a bit of a gamble for us really, and we’re hoping it’s going to pay off and stabilise the teams and we’ll have some long-term reliable workforce.

Interviewer: Any particular countries that you’re recruiting from?

Respondent: We’ve got some people from [country] and [country] and those two countries are because they’ve got family members who either work for us or have worked for us. And those family members are then able to help them out with accommodation.

Interviewer: I was going to ask you about that, okay.

Respondent: Yeah, because in [city] accommodation is very, very expensive and we haven’t got anything ourselves that we could use for that purpose. So we haven’t actually gone out for international recruitment of people that are unknown completely…

Interviewer: So it’s all word of mouth and connections and so they’ve had that accommodation ready when they arrive?

Respondent: Yes, exactly and they’ve got the support when they arrive in the country as well, somebody to look after them. But then we’ve got other people that have already been in the UK, some of them have been on student visas or on various different visas that were going to expire. So they’re in a better position because they’ve already got somewhere that they’re living, they’re already set up and it’s just changing their visa type. We’ve had quite a few that have been working for us 20 hours a week on student visas and then they’ve transferred and they’ve come onto fulltime hours.

Interviewer: So again, they were people you already knew, they were funding themselves whilst students…

Respondent: Yeah.

Interviewer: And that’s how you know them and then you’ve converted them.

Respondent: Yeah. And then we’ve been able to be a lot more fussy, I would say as well. So making sure that they’re reliable, their attendance record is good, their time keeping is good, their standard of work is good, because we are overwhelmed with people wanting to apply. So I think for the professionalism of the workforce, it really helps because prior to that you were a bit desperate. It’s like well, I’m not quite sure if this person has got the right experience, but we just need that.

Interviewer: But you just said you were overwhelmed by people wanting to apply? Is that because of the change in the visas or is that more general?

Respondent: Yeah, mainly it’s people already in the country, that their visas are coming to an end. It can be seen on a government website that we’ve got a license.

Interviewer: So you get a lot of contact that way.

Respondent: Yeah, we do. And people, even in different parts of the country that are willing to relocate as well, if they could get a license. And we do get lots of contacts from overseas people, just via our website, that we don’t take them forward at all. Because it’s just so complicated with the accommodation, coming to the country and then having that support network when they arrive.

Interviewer: So you’re overwhelmed with applications, but of either international or non-UK, who are base in the UK…

Respondent: Yeah.

Interviewer: In terms of domestic labour, are you overwhelmed by applications? No?

Respondent: Not in the slightest, we’re really struggling.

Interviewer: So you don’t get a lot of applications from, no?

Respondent: No, we don’t get many at all, no, very few.

Interviewer: Right.

Respondent: We could easily fill all of our hours if people were allowed to work and if the sponsorship wasn’t as expensive and all of that.

Interviewer: So filling your hours…

Respondent: Lots of people wanting those jobs, but not necessarily people that we can employ.

Interviewer: Because of… you don’t want to bring them over unless they have already a contact over here? Yeah?

Respondent: Yeah.

Interviewer: And then the UK workforce, the 16-hour cap is a barrier?

Respondent: It’s a real barrier, yeah. Because I believe that they either get their full benefits or if they go over 16 hours, they lose everything. So there’s no sort of step-down. And it is frustrating to us because we have had people that were really good potential that we’d like to bring onto the fulltime workforce and progress their career. But the 16 hours, relying on the benefits and not wanting to let go of that benefit system is, yeah, they won’t do it, some people.

Interviewer: Okay, to go back then to pay. We sort of jumped ahead a little. Could you tell me what you pay rates are and also what influences those? How you arrive at those pay rates?

Respondent: So we pay the real living wage as a minimum. So all of our staff start on at least £10.90 an hour and that applies for domestics, kitchen assistants, care assistants.

Interviewer: Are you actually accredited with the Real Living Wage Foundation?

Respondent: Yes, we are. Then after that, we’ve got a pay scale to try and acknowledge the different roles and the different levels. I’m just going to double check. Do you want me to tell you what the different breaks are for the different roles?

Interviewer: Yeah, that would be helpful, please.

Respondent: Let me just open my folder. I’ve got a rough idea, but I don’t want to tell you the wrong information. We’ve been accredited with the real living wage; I think this is our second year. So the new rates are being announced tomorrow.

Interviewer: Yeah?

Respondent: Last year it was a real struggle to find out how we could carry on, because we really wanted to carry on paying that rate.

Interviewer: It was quite a big jump, wasn’t it?

Respondent: It was, yeah. Right, I’ve got the sheet now. So we’re £10.90 for unqualified roles. Then a senior care assistant, we’re on £11.99. And then a deputy manager, £12.54. Our homes, the deputy manager does a range… they do some management functions and some hands-on care as well, because each of the homes is sort of average of around 20 people, so you don’t need just an admin-based deputy. And then our managers, their rate sort of depends on the size of the home they manage as well. I’ve got a very complicated spreadsheet. (Laughter) Our managers, they’re on about £35,000 a year, which varies a little bit. It goes up to like £40,000, depending on the size of their home. And that’s their salary, but then they can earn a bonus on top of that, based on KPIs.

Interviewer: Right, so you pay across all your homes, you pay the same salaries to the care workers, the senior care workers, the deputy managers?

Respondent: Yeah.

Interviewer: Can you tell me why you decided to become a real living wage employer?

Respondent: It was partly because it’s really hard to get staff and we wanted to be able to offer something over and above the basic. If we can afford to pay people more, then that’s what we should be doing. And it’s something… it’s a recognised rate that hopefully people understand as well. It’s a bit unhelpful really because the government, instead of calling it the ‘national’ minimum wage, they changed it to the ‘living wage,’ didn’t they?

Interviewer: Yeah.

Respondent: Whereas then there’s the real living wage, which is, yeah, it is a bit confusing with the name.

Interviewer: And the national minimum wage for under 25, so it is a bit confusing.

Respondent: Yeah, it is. But we just felt that we wanted to pay people as much as we could and we wanted for that to be recognised. And that the real living wage, it’s worked out on somebody’s done the fact finding and they’ve done the figures and the research behind it. So it seemed a good thing to align ourselves with really.

Interviewer: Absolutely. You talked about it being hard to find people. What impact has the real living wage had, I think you said it was your second year, was it, have you seen a difference to recruitment and retention?

Respondent: I think it did a little bit to start with, yes. But then we just weren’t getting people coming through at all from the UK really, which is why we went for the sponsor route too. But then again, by paying that, it means that the government have got set rates that you’ve got to be paying to sponsor people. So that means we can meet that without having to offer those people anything different to the rest of the workforce as well.

Interviewer: When you said you thought it made a difference initially, but then you weren’t getting anyone coming through, what changed do you think?

Respondent: I’m not really sure. I just think the whole country is short of workers and it affects us in care. But you can see in all aspects of life that businesses are just finding it really, really hard to get the workforce. And I think that’s partly the remanent of Covid as well, and people changing their lifestyles and partly Brexit. Partly the economic crisis. I don’t know, I don’t think you can nail it down to one or two things…

Interviewer: No, it’s a whole confluence of things.

Respondent: And it all sort of happens at the same time than that.

Interviewer: Yes, a bit of a perfect storm.

Respondent: Yeah. I think during Covid as well, our staff obviously kept working the whole time and the fact that other people were furloughed on 80% of their pay, it sort of… I personally believe that that’s got people used to not working, or not working as many hours. And I think a lot of people have then not re-entered the workforce fully.

Interviewer: I didn’t ask you, I asked you about age, but we got distracted. I’m interested in the age of your workforce in terms of is it ageing and as you say, after Covid a lot of older workers left and didn’t return.

Respondent: Yeah, there was a degree of that and some people that had to shield for health reasons, that were older anyway, didn’t return. We’ve got quite a mixed age range, but I would say we’ve got quite a lot of interest from young people and we do have older people, but people in the middle seem to be where the shortage is a lot. And I don’t know if that’s because people with young families, financially I don’t know whether it’s too expensive for them to find childcare and come to work. I think that may be…

Interviewer: Part of it.

Respondent: Partly the thing that’s on it. We are definitely getting younger people.

Interviewer: I’m interested in that. You’ll often hear that it’s difficult to attract younger workers in. Are there specific things that you’re doing to achieve that?

Respondent: Yeah, I think we have been doing quite a lot on that really. [Owner] couldn’t join us today, he was going to, but he’s been leading on a lot of that. We’ve been doing recruitment fairs and recruitment fairs at the local colleges, with the health and social care students and we’ve been doing school events. We’ve done school assemblies and just gone to talk to them about social care. We offer them work experience to come into us. And quite often that’s a good way then, they might want a weekend job or some parttime work. And that can sort of lead to other things.

And [owner] has also gone to some of the independent schools in the area and talked to them, because we get lots of requests for work experience from people who want to go into medicine, going to uni. But by actively going and talking to those people, some of them have then come in and done some little parttime jobs instead of just being there on their work experience week, they maybe have come in and done some activities with the residents and different things like that. Which is a really good way to increase the mix of people that you’ve got.

Interviewer: It sounds good, that’s really interesting that it’s been successful for you. I asked you about guaranteed hours, I understand most of your workforce have that. How does that work with shifts? How flexible are shifts? What kind of preference do people get on shifts?

Respondent: Shifts yeah. (Laughs) When people start, we always try to make sure that they have a mixture of shifts, including weekends. So it may be that somebody can only do mornings, like early shifts, or somebody else can only do lates or somebody else wants nights. So that’s fine, they can keep that separate. But if they’re doing more than two/three shifts a week, we always start them, that they understand that it includes weekend work, because those are our most difficult shifts to fill. But then what we do find over time, people then want to drop certain shifts and pick up different shifts.

We do find it quite hard with our managers, so as a senior management team we’re sort of saying to them all the time, look, people don’t have this right to just say, “I’m dropping my Saturday’s now, but I want to keep all the rest of my shifts.” Their contract, they’ve been taken on to do all of it. But then there is kind of a feeling with the managers, which I understand, that they’re thinking, oh well, if I don’t let them drop their Saturday’s, they might leave entirely and then I have all of the shifts to fill up. So quite a lot of the power is in the staff’s hands over that.

And a lot… not all of them of course, but there are a significant group that are constantly wanting to chop and change what their set shifts are, which is a lot of admin, a lot of resource to deal with that.

Interviewer: Do you pay any enhancements for evenings or weekends on top of the…

Respondent: No, we don’t, because we’ve set our rate at the real living wage for everybody, we then can’t afford to put enhancements on top.

Interviewer: I understand that. You talked about the fear of them leaving. What is your length of service and your turnover like?

Respondent: We’ve got a lot of staff who have worked for us for a long time. The majority of staff are quite longstanding. But then you’ve just got the turnover on the margins of it really, you’ve constantly got people coming and going. So out of 160, we’ve probably… I’m trying to think. It varies a little bit. We’ve just had quite a successful recruitment drive based on the sponsorship, so we’ve got quite a lot of new starters coming through at the moment. But during… yeah, I was monitoring the figures more during Covid and we might have sort of 10 starting and 10 leaving each month, which is quite a lot of work. And it’s probably reduced a little bit now.

Interviewer: I imagine you’re expecting that the international workers will be more stable, because of all the visa issues.

Respondent: Yeah, we’re hoping so. Yeah. So people might stay one or two years and that happens, but then we’ve got other people who have been sort of five years plus, quite a significant majority. But then we do have that sort of group at the other end, that it’s like people… we find people in the care sector, quite a lot of them are constantly thinking, oh now I’ll go and work here now, now I’m going to go and change and do that. And they’re quite mobile in their approach to that really.

Interviewer: Within care or are they… I’m interested in where you lose people to, to other care providers or outside of care?

Respondent: Yeah, within care a lot of it. It might just be that there’s somewhere a bit closer to them. It used to be, when we were paying less, that they’d go for 10p an hour extra somewhere else. So it’s not so much on the pay now and the benefits, but it’s more just… people don’t seem to have that attitude of wanting a long-term job.

Interviewer: They’re happier to move around.

Respondent: Yeah, they’re happier to move around. I think in the past people sort of wanted their job and wanted the security of it. But now I think they know that they can move around and there’s so much work available, they can sort of try this and then try that and try different providers. Interesting, when people do leave, we do get quite a few people who then want to come back later on.

Interviewer: And why is that?

Respondent: I think it’s just the grass is always greener isn’t it, and then they go and try something else and then they, yeah, they do come back as well, so it’s not all one way.

Interviewer: So most of the time you’re losing people to care. But are you losing at all to hospitality, to retail, the NHS?

Respondent: The NHS, yeah, people see that as a career progression, to go to the NHS.

Interviewer: As a healthcare assistant?

Respondent: Yeah, quite often as a healthcare assistant. Some of them go on to training, nurse training and things. That tends to be for nurse training, we do sometimes get the younger people who have done health and social care at school but have always wanted to get into the hospital setting, so they’ll do that. Yeah, one of our workers went off and she qualified to become a district nurse. So there’s some really positive stories as well as it’s difficult for us that we lose people. And some people are just exiting the workforce entirely.

Interviewer: You get those in older workforce, don’t you?

Respondent: Yeah.

Interviewer: You’ve got people retiring or just finishing work.

Respondent: Yeah.

Interviewer: Going back to your pay rates, in terms of how you move from one to another, particularly care worker to senior care worker. How do you make that move from one level to the next?

Respondent: It’s generally that we try and have a senior on all of the shifts. So if somebody, a senior leaves, then there’s an opportunity there. So we would either look to recruit a senior or we might have somebody inhouse who wants to apply for that, a little bit more responsibility.

Interviewer: Would that be based on qualifications or experience or?

Respondent: They don’t have to have qualifications. It is on experience. We will take on a care worker with no experience and train them, but if they’ve got sufficient experience, they can move on to be a senior. And sometimes it might not just be on their experience and current knowledge, it might be on their aptitude and their aptitude to the job and their willingness to learn. So sometimes we may promote a carer with potential rather than who has actually got lots of experience already.

Interviewer: But it doesn’t relate to qualifications?

Respondent: No.

Interviewer: Leve 2/Level 3… What is the uptake in your workforce of Level 2/Level 3 qualifications?

Respondent: It is fairly low, to be honest. And that’s why we can’t base it on qualifications because there aren’t enough people that have got them.

Interviewer: And you would like them to, you would support them or?

Respondent: We would, yeah, we do support them. So we do have people who are undertaking the different apprenticeship routes. And we’d like more to do it really. But I think it takes a lot of commitment and time from them.

Interviewer: Which apprenticeship routes have you got staff doing?

Respondent: They do the diploma Level 2 and 3.

Interviewer: On an apprenticeship basis rather than simply doing…

Respondent: That’s like with the funding. It’s called an ‘apprenticeship,’ but to us they’re full employees, we don’t count them as apprentices. The training providers refer to it as that.

Interviewer: And do you have to give them time off to do their studying?

Respondent: Yes, you do, you can sort of work it around them doing some of their assessments and things on the job and that would be in their training time. So we sort of work around it really with the training providers because there’s no way we could allow them, say if they worked five days a week, we couldn’t pay them another day to go to college because the finances just don’t stack up. So we sort of try and cover it by allowing them to do some of their experience and their tasks and their assessments within their working day.

Interviewer: Okay. Thinking then about benefits, in addition to real living wage, what other benefits do you offer?

Respondent: We do offer enhancements for overtime, but that’s sort of based on the home qualifying for it as a whole, by not using too much agency. So if they’re using lots of agency, we haven’t got the money to pay enhancements for overtime. But if they can get together as a team and cover most of it, and keep the agency use low, then we can use some of that money to then pay them more instead, which is what we’d rather do. So that’s one of the things.

And then we try and offer them as much of an employee care package as we can really. So we offer them an employee referral scheme, so if they refer a friend or family member and they pass their probation, they get a bonus for that. We offer them a training bonus, so if they complete any small bits of training, depending on the length of it. It might be £5, £10, £20 per subject, depending on how long it was, and they get that on a monthly basis for anything they’ve done, to try and motivate them and encourage them to learn.

Interviewer: And do they get paid for their time spent training or is that outside of…

Respondent: Yeah, they do, yeah, they get paid as well. Although in Covid there was a lot more online and a lot more short online things, so that’s when we brought the grant in, that’s like, if you’ve just watched this training video in your own time, about hand washing or whatever it is, they can claim a fiver if they haven’t done so, some things like that. But anything that’s a course or like a chunk of time, then yeah, they get paid for that.

We’re just at the moment changing our uniform and so we’re going to be providing uniform for everybody…

Interviewer: So you pay for that, they don’t pay for their own?

Respondent: Yeah, previously we just subsidised it and they got it at a reduced rate. But going forward, we are paying for that.

Interviewer: And why have you decided to make that change?

Respondent: I think just to… partly because we’ve decided to change the uniform, so that’s our choice, and if they’ve already bought the uniform, it’s not very fair to say, oh, you’ve got to find something different. But then we’ve sort of thought well, going forward, for new starters, that would be a good way of attracting them to say that they had uniform provided. We’ve obviously got a pension scheme as well.

Interviewer: And is your contribution 3%?

Respondent: Yeah.

Interviewer: Is it statutory sick pay?

Respondent: Statutory sick pay, yeah.

Interviewer: Do you pay for DBS?

Respondent: For their DBS, we get them to pay for it and then after three months working, they claim it back. We do pay for it, but as it’s their DBS, not ours, we don’t want to pay for people who just want a DBS to take somewhere else. So yeah, so after three months they get that back. They get extra money on bank holidays; they get time and a half for bank holidays. They get paid to come to staff meetings as well.

Interviewer: What about things like Blue Light scheme, cycle to work schemes…

Respondent: Yeah.

Interviewer: You do the Blue Light?

Respondent: Yeah, we’ve got Blue Light, so if they do get a Blue Light card, they can claim their fiver back for it as well. I’m surprised not more of them have taken that up actually, because it’s a really good.

Interviewer: I hear mixed stories about that. Some providers say there’s been big update and others say there’s been very little uptake, which yeah, like you, surprises me.

Respondent: Yeah, we said, “Go and get yourselves the card, and send us a photo of it and we’ll give you the fiver.” I’ve got one myself and you can make some good savings…

Interviewer: Yeah, my son has got one, it seems like a really good scheme, yeah.

Respondent: Yeah, yeah. We do an Employee of the Week scheme as well. That’s more of a card and some brownies or something like that, just a little ongoing recognition for people. And then we do put people forward for rewards as well, those regional and national awards. And then if they get through as finalists… we’ve been going to the ceremonies. But what we did this year, because we’d had finalists in different awards and you could only take certain people and it tends to be the same people. So we did our own internal company awards this year. We hired a [location] and we got them all to put each other forward and nominate each other and then we sort of had a whole sort of party night to celebrate all of them.

Interviewer: That’s lovely. Thinking about your pay and your rewards, financial and non-financial, what is it do you think that keeps people? Why do people stay?

Respondent: I would like to think it’s from being treated properly as employees. And having that support for them and acknowledging when they do things well and giving them that praise and thanks for what they’re doing. Because it’s not just about coming to work for money, is it? You’ve got to enjoy coming to work and get on well with your colleagues and be treated properly by your manager. So we do spend quite a lot of time on management training and team leading training. We always have a regular monthly managers meeting, we’re reminding them of initiatives and anything new we’ve got coming through. We’re always up for a new idea as well, so if anybody has got any ideas, then we’re always up to implement different things that are going to support the workforce.

Interviewer: From the team themselves, staff suggestions kind of thing?

Respondent: Yeah, so recently we had, for one of our homes we had a wellbeing grant from, I think it’s from the Healthier Together Support Network it came. And part of that involved doing a big survey in the beginning with all of the staff and finding out what they think of their working conditions. There were so many questions in it, I sort of thought, they’re never going to answer all of this. But we had a really good response rate. And then it was asking them what would support them, how they would like us to use that grant to support them. And their things that they chose were to have Costa Coffee gift cards.

Interviewer: Okay?

Respondent: And take away meals. So that was something we were doing throughout Covid as well. If a team had dealt with a particular challenge or had a hard time and they’d all come through it together, we’d sort of say, right, everybody can have a take away and send in your receipts and we’ll use some of our Covid grant to support you in that way. It’s just like little things to make them feel cared for, I think.

Interviewer: Of that survey, you were surprised at the size of response. Were there any responses in there that you were surprised about? Anything that came out you hadn’t expected?

Respondent: I don’t think there were any that we hadn’t expected. I think probably it was what we hoped for and we were really pleasantly, not surprised, but we were very pleased that what we feel we’ve been doing to support people, had been received in that way as well.

Interviewer: So that’s the kind of things we’ve already talked about?

Respondent: Yeah, because sometimes verbally you hear little moans and you hear this and that and you think, do they even realise what we’re trying to do to support the whole team? But yeah, that certainly came back really positively, that they did all feel supported. And a lot of the questions, there was a sort of scoring system between 1-5, five being the best, and a lot of them came in at four and a half and above.

Interviewer: That’s really positive.

Respondent: Yeah, it sort of like gave you a bit of a reality check as well, it made you think, yeah, what we’re doing then, it is working.

Interviewer: Yeah, that’s really good, really interesting. Just changing tack slightly, your relationship with your local authority or authorities, how many…

Respondent: [LA1] and [LA2].

Interviewer: So you’ve got two.

Respondent: Yeah.

Interviewer: Can you say a little bit about what you think about your… the fee rates, how they impact generally, how that commissioning relationship works?

Respondent: Well, for [LA1] their fee rate is very low. It’s currently £833 a week. So it’s inadequate. We do accept a few placements on that rate, but the majority we either negotiate a higher rate or we’d have to say, “No, we can’t help you.”

Interviewer: I didn’t ask you actually, the balance between local authority funded and self-funded?

Respondent: Right, we’ve got, between local authority and health funded, we’ve got about 70% and 30% privately funded.

Interviewer: So you had to do a lot of negotiation then to get your [LA1] rates up with that proportion?

Respondent: Yeah, we do. So generally with the [LA1] ones, we accept £900 plus, which you know, it’s just about workable on that basis. Because when the real living wage went up to its current level, we were really concerned how we could keep that going. But I think they find that they can place people at their stated set rate.

Interviewer: Okay, so they’ve got a set rate that actually more often than not, they don’t achieve because providers will push back and refuse to take people unless you negotiate a higher rate?

Respondent: Yeah, I mean if it’s really standard needs, and we’ve got a suitable room, then sometimes we do take it. But a lot of people, when you read their support needs, you just can’t do it for that rate. So we are able to explain that and I think they do understand it, but they are in such a difficult financial position themselves. You can see both sides of it. We do understand their position, but equally we can’t just accept that.

Interviewer: And the other local authority pays more, sorry I can’t remember which one that was?

Respondent: Yeah, the one pays more, [LA2]. At the moment they don’t have a set rate, but they are trying to negotiate with us to agree a set rate for each home that we’ve got in [LA2 region], but they are a lot more realistic. So they’re paying around £1,100 a week, which is a lot more sensible for us. And if we knew we could get that across the board, we could do more with the staff pay rates again. But yeah, it has been an improving situation…

Interviewer: It’s a big different though, isn’t it, between two local authorities.

Respondent: Yeah.

Interviewer: And do you know what the difference, why that level… I mean all local authorities I recognise they’re under budgetary pressures, but why would they be so different, those two rates?

Respondent: I think [LA2] is a much more affluent area. There are a lot more self-funders and I think they just haven’t got the same pressures that [LA1] have with their budgets. We are genuinely very concerned about [LA1], whether they may go bankrupt. They haven’t said that, but looking at the signs and what’s happened in other parts of the country, we do have a big concern, and then how that would affect us, if that was to happen.

Interviewer: How would it affect you, do you know? I hadn’t thought about that. I know Birmingham has effectively gone bankrupt, hasn’t it?

Respondent: Yeah.

Interviewer: But they would have to pay you, presumably still pay you?

Respondent: I don’t know, presumably they’ve got… yeah, you’re still going to have to look after those people, aren’t you? Presumably they would still pay us and you would hope that. But the people that they’re paying above [LA1] rate, I don’t know, would they try and cut back and not pay us the current agreed rate? I think what’s happened to new placements coming through from them, they just don’t have the money.

Interviewer: But with Birmingham, although they went bankrupt, it was essential only, wasn’t it, which you presume the adult social care budget would be within that.

Respondent: Yeah.

Interviewer: [LA2], they didn’t have a set rate? That seems unusual. So each provider could negotiate a different rate with [LA2] then?

Respondent: Yeah, but their placement system works on the basis that they send out, I think it’s about a weekly list of people they’re looking to source placements for. If you think you can meet the needs, the provider then has to request the support plan for that person. And then once you’ve requested the support plan, you then submit your rate and then… so it’s a bit like a bidding system really.

Interviewer: Is all your provision from both your local authorities on the spot basis, you don’t get any block commissioning?

Respondent: We haven’t got any at the moment, no, but we do have some block beds with health with ‘discharge to assess’ beds.

Interviewer: Is that for winter pressures or is that just general?

Respondent: Well, at one of our homes we’ve had four beds for about the last two years, it’s meant to be a year’s contract and then they’ve extended it several times.

Interviewer: And that’s the NHS?

Respondent: Yeah, but now they’ve just recommissioned them. They put it all out to another tender. So now going forward we’re going to keep those four beds at that one home and we’re having three beds in our other home in [LA2].

Interviewer: Explain a little bit to me how that works? You haven’t then got a permanent resident; you’ve got people who are discharged from hospital into those beds while they wait to set up care packages etc.?

Respondent: Yeah, I think it’s a really good scheme to be honest, because it may be people that are medically fit to discharge from hospital, so they don’t need to be in a hospital place. But maybe they’re not quite ready to go home, they might need some extra support. Or it may be that they’re waiting for a care package to be put in place at home. Or for some of them it might be determined during… they’re supposed to come for four to six weeks with us. And it might be determined that actually they do need residential care going forward, which could be with us, or it could be with a different provider.

Interviewer: But it frees the beds up, it’s a sort of hallway house to free beds up while the next… while the social care as opposed to the healthcare is…

Respondent: Yeah, I think it’s really, really good, because sometimes, if somebody is not ready to go home, they could otherwise be put into a permanent residential bed, when actually they don’t need that. They just need some more support for a shorter time. So it’s a really good way to look at people going forward and what their needs are outside of a hospital setting and then put the best care package in place for them.

Interviewer: And then that is block commissioned?

Respondent: Yeah. So that one… we’ve got new contracts on that from the first of November for 18 months.

Interviewer: And does that make a difference to you having some block, in terms of… rather than just spots?

Respondent: Yeah, yeah.

Interviewer: Can you say a little bit about that?

Respondent: It helps your bed management as well really, because sometimes… I think the maximum is like a six-week placement on that contract. But then if they’re still not ready to go home, then the local authority might step in and then they’ll be on a short-term respite placement for a few more weeks and then they go home. But then you can really plan a lot better for your admissions and discharges and you know what beds you’ve got available.

Interviewer: If there was anything you were going to change with how you work with a local authority, what would it be?

Respondent: I would say that more block contracts would be really beneficial to them as well, and then we wouldn’t have all the time taking on this separate negotiation on every price on every placement. And those ‘discharge to assess’ beds, they’re all in the [LA2] homes. And I say that [LA1] ought to be doing something. But it’s not the local authority that determines that, it’s health.

Interviewer: Yes, as a health scheme.

Respondent: Yeah. But then it has a massive knock-on effect to the local authority.

Interviewer: Because it takes beds up.

Respondent: Yeah, in [LA1] last year, the ICB, or whichever acronym it is, ICS, whatever it is, they didn’t commission any ‘discharge to assess’ beds in the care homes, but they gave them to a care hotel. And we’re just, well why would you do that when there are available beds in care homes that you could purchase?

Interviewer: And you don’t know why they did that?

Respondent: No. No.

Interviewer: Just thinking back again about commissioning, do either of your local authorities… so not the NHS beds, but any of your local authorities do any block commissioning? Because sometimes I hear that they do it with the bigger providers, but not the smaller ones. Is there anything like that or is it wholly… it’s wholly spot…

Respondent: No, they’re all spots, it is all spot. In the past we did have some block respite beds that the local authority was commissioning and that seemed to work really well, but they stopped doing that. So we haven’t had those for quite a few years. So it’s completely spot purchase.

Interviewer: For the whole… for any provider?

Respondent: Yeah, as far as I know, I don’t know if they have any block beds, but they don’t tell us about it. (Laughs)

Interviewer: Maybe they do, yeah.

Respondent: (Laughs) [LA1] are actually, they’re just retendering their framework, so they’ve got an open framework that’s been in place, like the maximum legal amount of time. So they’re just recommissioning that. And I’ve got this much paper that I’ve printed off to read to put in our tender for that. (Laughs)

Interviewer: But the tender gets you on the framework, but gets you no guarantee of any level of work?

Respondent: Yeah.

Interviewer: And is it a separate tender for the NHS beds?

Respondent: Yes.

Interviewer: So you have to go through two processes.

Respondent: Yeah.

Interviewer: Just one of the last areas for me is around the cost of living and the crisis and whether you’ve seen any knock-on effects from that, and if so, what?

Respondent: Yeah, definitely. I think you probably heard people say before, but running a residential care setting, all the costs that have escalated have affected us more than a lot of other businesses. We’ve obviously got massive heating bills and energy, lights, everything is on all the time, so that’s been massive actually.

Interviewer: And the care workers, have you seen any implications for them?

Respondent: Say that again?

Interviewer: Your care workers, have you seen… has there been evidence of financial strain? Have you seen much of that?

Respondent: You know, it’s strange, and I can’t quite work it out. Because if it was me, I’d be working more hours to earn more money and that’s one of our main problems, is getting people to work more hours. Yeah, obviously they are finding it harder, but…

Interviewer: But they’re not upping their hours, but that goes back to the benefit system?

Respondent: Yeah, yeah, so I guess that’s why we’re tried to support them as much as we can. One of the other things I probably should have just told you. We’ve just changed them all over. We’ve operated weekly pay forever. So we’ve just changed them all over to monthly pay.

Interviewer: And how is that going?

Respondent: We’re hoping that’ll help them… it’s going well actually. But we’re hoping that’s going to help them budget their money better. We were expecting more resistance to it, but actually generally people have taken it really well. We did offer them a one-off £200 additional sum of money to help them transition from one to the other. So I think that really helped the process and sort of enabled people to make that change. So yeah, we’re trying to do things we can as well to help them manage their finances.

Interviewer: Right.

Respondent: I’d say it’s the cost of food and provisions, has gone up massively for us.

Interviewer: Do they get a meal when they’re at work, do you feed…

Respondent: Well, we used to give them a meal if they ate with the residents. If they made it a social occasion, because we find if the staff eat with the residents, that would encourage them to… encourages the residents to eat more as well and it makes it a social event. But during Covid we were banned from doing that by CQC, they wouldn’t let them take their masks off to have the meal with the residents. And we did try to argue that we’d risk assessed it and actually the benefits to the residents are greater, but the CQC were having none of it. So that sort of put an end to all of that really. But still, if they want to sit and eat with the residents, they can have a meal.

Interviewer: They still can.

Respondent: That’s how it works, yeah.

Interviewer: Is there anything I’ve not asked about that you think is important, thinking about pay rewards, skills, turnover, those topics, I’ve not asked about that you would like to raise?

Respondent: No, I don’t think so, we’ve been through quite a lot.

Interviewer: (Laughter) We have, sorry, I do grill you, yes.

Respondent: Rambling on.

Interviewer: No, it’s really helpful.

Respondent: No, I’m just trying to think if there’s any areas that we haven’t covered. I don’t really think so, I think we’ve pretty much covered everything…

Interviewer: We went through everything I wanted to go through certainly, it’s been really helpful. If there’s anything you think about, you can always drop me an email, but I think we’ve covered the ground, it’s just obviously I wanted you to have the opportunity if there’s anything I hadn’t asked you about, to add in?

Respondent: I think it’s useful though to ask about the commissioning as well because that’s obviously a massive thing.

Interviewer: Yeah, I’m really interested in that.

Respondent: And for us, [LA1] have been saying that they want to be a living wage city and we’ve been saying that how are you going to be if you won’t pay providers enough to pay the living wage? And actually interestingly, part of their new tender, they want people, as part of that, to sign up to pay the real living wage.

Interviewer: They’re saying they’re going to enhance their fees to cover that or?

Respondent: No, they’re not. I’m not quite sure how they envisage that working.

Interviewer: But you pay your staff, whichever local authority the fees are coming from, your staff get the same, you don’t make any differentiation between them?

Respondent: Yes, they’re the same. No, there is a bit of cross-support across the company that quite often for us it’s one home struggling, for whatever reason, for staff or for vacant beds, that sort of thing. But having six in the group, it changes at different times which ones are doing better and which ones might need a bit more support. Sometimes you think, well, if I was just running that one home, things would be really tough now. But by spreading it across, that does really work for us.

Interviewer: It benefits the size, don’t you?

Respondent: Yeah. So yeah.

Interviewer: That’s brilliant, thank you. I know it’s your first day back (laughs) and you’ve got things coming at you from all sides, so I really appreciate your time.

Respondent: I’ve been trying to clear all my emails.

Interviewer: I imagine. (Laughter) Thank you for your time then, I appreciate it even more, but it’s been really useful, really helpful, so thank you very much.

Respondent: Nice to talk to you.

Interviewer: And you, take care, bye.

Respondent: Bye.

END OF AUDIO