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Interviewer: I seen you’ve been very efficient and sent back all your forms, everything.

Respondent: You’re pleased with that, obviously. It rarely happens, I'm sure.

Interviewer: Which is fine to be honest, because now I'm on my seventh Provider interview so I get a real sense of how busy it is.

Respondent: I unfortunately had Covid earlier this week so I'm still suffering a little bit, but if my brain is slow or I sound funny, that’s why but I'm absolutely fine to be working at home.

Interviewer: My friend works in a school; they’ve been told they just come in if they’ve got Covid.

Respondent: They're saying not to test children but if your child is unwell, keep them at home. I still test mine because I have tests and I worry about other people that are vulnerable and things. A lot of parents, I know they’ve got Covid, or they’ll tell you at the playground chatting away, “I’ve got Covid” and you're like, ah thanks.

I think we just work in a setting where we’re really cautious of it spreading and things.

Interviewer: Honestly, it’s fine because I know…

Respondent: I'm fine, yes.

Interviewer: When I had it, honestly, I am a bit dramatic but I did feel really ill. I felt really ill.

Respondent: This is my third time and it’s not just a little virus, it makes you feel rotten for ages, doesn't it?

Interviewer: Yes, so if you feel a bit urgh, it’s fine to stop.

Respondent: No, I’ll be fine.

Interviewer: I’ll make a start and obviously answer what you can, whatever, it’s fine. The first question is your job title, which I think I know.

Respondent: Yes, it’s HR Director.

Interviewer: You’re involved in all of the pay and everything then, so you're perfect.

Respondent: Yes, and we’re just in the process, we set our budgets January to December so we’re just in the process of starting budget testing for next year, which obviously looks at pay increases and we’ve done an analysis of what our competitors are doing at the moment, so we’re just trying to gauge what we increase to in April and what will the government increase to, as well.

We go off the minimum wage increase. Some of our staff are minimum wage but our carers are 20p above and obviously our nurses, so normally, whatever that increase is, we normally give it to all staff who are hourly paid.

Interviewer: I bet you were listening to Jeremy Hunt and everything talking about the minimum wage?

Respondent: Yes, and where that comes out and potentially, the impact. When Jeremy Corbyn was around, his suggested increase would’ve floored the business, basically. I'm all for a steep rise and I think it’s right, and especially for the care staff, but it’s got to be at a level which businesses can adjust to, really.

Interviewer: Exactly, yes. The first question was generally about your care workers and what are their mixes? Basically, women, men? We know the general trends in the sector but we’re just trying to recognise…

Respondent: Gender wise, it’s predominantly female. I haven't got the stats but I’ve got it on my gender pay gap report actually. I’d say 80% is probably female and then where we employ males, it’s generally in the maintenance, chef and domestic as well sometimes roles. Often, they're in those types of jobs which are more highly paid.

We’re working on that; a lot of our recruitment campaign is about trying to increase more men to the sector.

Interviewer: It’s interesting because the men I’ve spoken to, the care workers, because part of this project, there’s 20 care workers and 20 providers in this in-depth one, and the men are African. International. I don't know if for the general trend we need to look into that?

Respondent: I think it’s just culturally, perhaps more in same countries where they’re from, they’re more used to caring for elderly relatives. Diversity wise, I don't have enough stats to give you them confidently and it’s a project we’re doing at the moment, is where people haven't given us equality and diversity data, we’re doing an exercise to try and build it into our processes at recruitment and subsequently, so that we can better monitor that.

That isn’t something I currently have to the level I need it to give you quite good stats on it, really, but it’s predominantly white. I would say white British ethnicity, because of the locations we are in [region] communities and that kind of thing, it’s just a reflection of the community itself, I think.

Interviewer: Yes, exactly. What about your age profile, just a general feel, is it older?

Respondent: Yes, I’d say a lot of middle females. Probably 40 to 50 bracket, maybe a little bit younger. Yes, probably 40 to 50 on average but we’re trying to change that. Again, we’re trying to attract men, we’re trying to attract young, new people into care through our advertising and that’s started to happen. But yes, mostly middle-aged females, I’d say.

Interviewer: It’s typical, I suppose, that’s the thing?

Respondent: Yes, it is typical.

Interviewer: Do your staff live locally, where they work?

Respondent: Yes. A lot of them don't drive necessarily. We’re just seen as a local employer by people. There’s Tesco’s, there’s the care home, one of the local shops. We’re just one of the local employers, often.

Interviewer: Have many of your staff got dependent children or caring responsibilities?

Respondent: Yes, and this is definitely. One of our main issues is around flexible working and how we support and offer that, and that’s why people leave, or may turn down a role. Again, you've got women in that age category where they’ve either got children themselves, grandchildren or elderly relatives. That’s what you get with women of that age, isn’t it, it’s quite common.

Interviewer: It’s a really interesting paradox, isn’t it, this idea that people think care work is flexible but actually the times you need it aren’t necessarily flexible for family life, are they?

Respondent: No, they're often 12 hour shifts which people do like because they blast it in three days, but very difficult.

Interviewer: Pay, I’ve got your pay here. Basically the question we have is, why do you pay the rates you do? I was really interested in what you said earlier, I know it wasn’t related to this question but you've started doing the analysis about what others are paying and things like that, in the labour market. Tell me what your rates do?

Respondent: It’s fundamentally we go off the minimum wage and then we top up from there. We’re trying to push our carers… we call them care practitioners because they are qualified roles and they need qualifications do the role. We’ve tried to inflate their pay and we push as far above from minimum wage as we can afford, because obviously we’re funded by the local authority.

That’s the basis for the rate of pay, I suppose, but then we also look at local employers. We look at local care homes that we compete with in the area, we look at Skills For Care data, which is due to come out at the end of October, which lets us know what other people are paying, and we take it from there.

But we also react, so if we’re trying to recruit, often into standalone roles this is, but if we’re trying to recruit in an area and we can’t, say to our lifestyle or activities role, we’ve just done it in [care home] in [town] can’t recruit, feedback is not enough pay, I recommend they pay more, then we increase the rate, so we’re responsive in that way.

Interviewer: Do you find it hard in terms of the senior care workers, just looking at, I noticed in your email as well, your definition of senior care workers, so one of the issues is a differential between care worker and senior care worker isn’t big enough, but actually yours is bigger?

Respondent: About £1, yes. We normally try to because it's quite a lot of responsibility, especially in non-nursing homes where you haven't got the nurses, you’re responsible for doing medication. Gone are the days where people had one or two medications, we now have very complex care needs, even in residential settings where their meds could be quite significant and more complex care needs.

Yes, we need to and it’s hard. People just think it’s not worth it unless they get quite a bit more money.

Interviewer: Your hourly pay rate you've got here, £10.44 to £11.70. When does it get up to £11.70, is that due to qualifications, length of service?

Respondent: That depends on location. There’s a rate for the job, it’s irrelevant what experience or qualification you've got. Those pay brackets, because we’ve got care homes down in [region] and then up in [region], so the rates are different. The £11.70 for a care worker would be our [region] rate which is basically London prices. Then £10.44 would be our [region] homes.

The differential is probably £1 - £1.50 between a carer and a senior carer.

Interviewer: In terms of cost of living as well, although that’s lower, I'm from [region] and but in terms of the cost of living, it is cheaper to live there. I can see why that’s got to be very sensitive to location, compared to [region].

Respondent: [Region] is basically London higher weighting that you’d get in London and the area it’s in, it’s a private nursing home and it’s extremely wealthy, it’s [town], it’s extremely difficult to recruit in that area which again is why we’ve pushed up.

The only other factor that we consider as well is that we do sponsor staff down in [region]. They have to be over a certain salary level to be able to sponsor them. The Home Office have said you can now sponsor care workers, they're on the shortage list which I think is going to be reviewed and they’ll be removed but they are on the shortage list at the moment. But unfortunately, unless you're in London or surrounding areas, the pay rate doesn’t meet the threshold to be sponsored. It’s £10.10 I think per hour.

In [region], we take that into consideration as well because we have to sponsor people to recruit. That’s the only other consideration we make in reviewing pay.

Interviewer: What about sleep-ins? Is there any extra?

Respondent: We don't have sleep-ins, all ours are waking shifts.

Interviewer: Any extra pay for weekends, bank holidays, that sort of thing or is it a flat rate?

Respondent: No, they get double time or time and a half. Some of them vary because we’re stupid but double time is normally more like Christmas Day, Boxing Day, New Year’s Day.

What’s the other one?

Interviewer: Weekends?

Respondent: The others are time and a half. Weekends no, we’re 24 hour so irrelevant of when you work day, nights or weekend, it’s the same pay rate. Then they get overtime. If I'm contracted to work a 42-hour contract, if I work any hours over that I get £2 extra per hour.

In [region], for carers, where we’ve struggled to recruit, we give them £4 extra an hour. If you’re a carer in [town] you’ve be on £14.78 an hour if you work extra hours, which is hell of a lot cheaper than agency.

Interviewer: That’s a good strategy.

Respondent: Yes, it does work. We don't have much agency in all of our good home, really.

Interviewer: I don't think you need to think about travel pay, do you, is it all homes, no dom care?

Respondent: No, it’s all homes, no dom care.

Interviewer: In terms of other ways you reward staff, here we’ve got holidays, do they get any extra holidays over time?

Respondent: They don’t, other than managers and admin, who get five days extra than the minimum. We only give minimum holidays and actually we find in a lot of cases that people don't actually use their holiday entitlement and we encourage, encourage, encourage because they must rest but a lot of people actually want the overtime, when you're on low income, basically.

That’s not a benefit we did but I did send you guys the survey we did a while ago where we changed our benefits and I think one of biggest things we’ve changed is to aid retention of good people as service recognition. When we’re in a recruitment crisis we were throwing money at new people and saying, “We’ll give you £1,000 golden hello if you join us and pass your probation”. In some areas we said £3,000 because we were so desperate for people after the pandemic.

A lot of our longstanding staff said, “That’s not fair because they're new and we’ve been here working through the pandemic hard, covering shortages”. We heard that and changed it. We did have a long service thing which you didn’t get anything until five years but most people churn through jobs within the first three years and that’s fine, you've done three years with us, fantastic.

So we changed our service recognition policy to just service recognition so that you get benefits earlier on, so you get it at six months, one year, two years, three years, four years, five years, six years. I think from five years it goes to 10, 15, 20 and at 20 you're getting £3,000 but it starts at £250 and then £500. So in year one you get £750 if you stay. That went down really well.

I think that has helped our retention although a few people are staying until one and then going, so I need to figure out what that means but if you've got people for a year, it’s not so bad.

Interviewer: Do they get a pension, what happens with pensions?

Respondent: They get all the basic, they get the normal pension that legally everybody has to have, so there’s no advanced pension and the same for holidays and sick pay is standard. What we try and do is just invest in other things like service recognition. We do a lot of things, recognition things or health and wellbeing initiative. Every month we try and do something about health that’s linked to health and wellbeing. A little competition between the homes or we do some flower growing thing that people like and we give prizes and things like that. That might be money in the payroll for that person if they want it, or we’ll buy them something that they actually want, like a spa day or something.

We do more recognition and we do quite a lot of that stuff which I think perhaps sometimes goes a bit further or is more visible.

Interviewer: We looked at what providers are experimenting with - gym membership, employer of the month. We’ve got scooter schemes – I don't know if they're relevant for you because you're not home care, but have you tried any of these and did they not work, did they work?

Respondent: We looked at a cycle to work scheme but again, with minimum wage people it’s a salary deduction, it can take you below the minimum wage. A lot of these schemes don't work but they're great if you’ve got a £30,000 a year salary but for a lot of people, government initiatives, they just haven't thought about actually the people that need it most are the lowest paid and it cuts them off because of these regulations.

We do employee of the month and obviously when someone’s service recognition comes around, we always get them flowers. We’ve got a presentation card, they get £50 to be spent on them, flowers or whatever. We do Easter eggs; we do Christmas extravaganza.

Interviewer: That feeling valued, we’re thinking about your reward, yeah. That’s really interesting that cycle to work, I know what you mean by that, how actually it doesn't...

Respondent: Your low-income earners, you can’t benefit from it basically.

Interviewer: The next one is on contracts which I’ve got here. I’ve got all your guaranteed… do they workers have a choice over their contracts and what are their preferences, do you get a sense of…?

Respondent: Guaranteed hours isn’t actually a HR guaranteed hours contract, it just means they have contracted hours every week, which some HR, you might call that a permanent contract but yes, it’s their choice depending on what we need. We always encourage bank contracts. Someone leaves and they want more flexibility or whatever, we really try and build up our bank contract which helps with holidays and sickness and cover. But the majority of people are employed on some basis, some contracted hours.

Interviewer: What about your zero hours, what’s their demographic and do they want zero hours? We hear lots of things around this, so many providers have said, “We’ve offered them more guaranteed hours in different ways but they don't want them”. Is that the case for you? Have they chosen those?

Respondent: It’s only a small number that probably have them and it’s always their choice if they want to go on a bank contract. We do advertise to build up the bank pool of staff. They are employees as well, they're not workers so they get all the same benefits I described, service recognition. They have the exact same policies and access to benefits. They're not treated as a worker or a contractor.

Interviewer: This is your zero hours ones?

Respondent: We call them bank but they're zero hours. It’s just basically we’ve got no commitment to give you hours and you've got no commitment to work but they're still employees.

Interviewer: How many hours do your care workers generally work, what are their shifts, how many hours a week, sort of thing?

Respondent: I’d say our most common shift is three and four. One week you do three 12-hour days and then the next you do four 12-hour days. That’s on a rolling basis.

Interviewer: Is it easy to match worker’s preferences, hours and preferences because we’re wondering… I suppose the rationale behind this question is, is it pay or is it getting working hours that fit in with their lives that are more important?

Respondent: I think working hours is the hardest. It’s not necessarily moving away from… it’s more the set days. People don't want to work weekends, for example, or they just want to work Monday, Wednesday, Friday and that’s our biggest challenge from a recruitment / retention point of view and rota management point of view. We’ve got seven days of the week and if you have someone rigid on days, someone else has to fit in around it and when you've got 60-70 staff it’s quite a challenge.

Interviewer: Do people leave because of hours?

Respondent: Yeah. The biggest reason for leaving is flexibility and generally, that’s for the reason I’ve just said, that they haven't got set days. We’re trying to do more. I’ve just been talking about it on a call earlier, I want our homes doing 12-week rota planning. A lot of the time it’s only six weeks and I think that doesn’t give people enough notice, especially with children and childcare, to plan. I think having 12 weeks in advance, knowing what you’re working, helps people fit in on specific days and you've got that plan ahead. [National Care Providing organisation], I’ve just seen an article about them trialling it and that working. The NHS do it.

Interviewer: They’d work the same three days and four days each week or does that vary?

Respondent: It varies. Some people might just do a 12-hour shift once a week. Our most common shifts are three and four. People can work whatever they like, in terms of the number of shifts but generally they're 12-hour shifts.

Interviewer: In terms of their income from week to week, does that vary? Again, it’s linking to pay, so how variable is their income, do they have to do shifts at short notice and things like that?

Respondent: I guess on a week-to-week basis it would change a little bit, given some people work three shifts and four shifts on alternate weeks. We pay on a four-weekly basis. Their pay would only change on a four weekly basis if they did overtime, so they’ve been paid enhanced that £2 an hour or £4 an hour enhanced and then obviously bank holidays and things like that.

It’s down to them how much it would fluctuate but generally they’re contracted hours, they’d have the same income every four weeks.

Interviewer: When they start, could somebody take a 12 contract a week, sort of thing?

Respondent: Yes, we have some nurses that do that.

Interviewer: In terms of income, one of the questions we’ve been asked to ask is, do your staff claim in-work benefits, like universal credit, is this something that…?

Respondent: A lot of them are on benefits and yes, they try understandably to work around that so it doesn't affect their benefit.

Interviewer: You can’t earn too much; you can’t work too many hours.

Respondent: Yes, exactly.

Interviewer: Do they ever refuse overtime because of that?

Respondent: Yes, you get regular people that work overtime and then you get others that can’t or won’t. A lot of times it comes to benefits, I think, as well. It definitely does when they're off obviously on sickness as well.

Interviewer: It was really interesting what you said in your email actually, the next question is about recruitment and retention, and your local labour market. What’s the competition like for care workers and how do you compete?

Respondent: It’s very competitive, I would say, but I don't think we just compete with the care homes, it’s other employers as well. Aldi, they pay quite well. It’s not just at the care homes. I think after the pandemic we saw a lot of people leave, so the positive press turned into negative press again, sadly.

I think people are fed up of it and tired that were longstanding people, so it’s been a real uphill battle. I think the way we compete, we push on pay rate as high as we can so that we’re as good if not better and we’re certainly better on all our staff… I think care workers we’ve got a bit of work to do, which I flagged yesterday for the budget but nurses and things, we pay very, very well and managers and deputies, but carers, it’s fiercely competitive and we’re getting a little behind unless we push again.

Pay is the biggest differentiator but then we try to recruit in a different way. We do a lot of Google Ad campaigns, social media. We invest quite a lot and all these nice things we do, like Pride Day celebrations with staff and residents, it’s all on social media which is nice but it’s also to show the kind of employer that we are.

So recruiting in a different way has helped us. The traditional ad on Indeed is pretty useless these days. Just being open to who we recruit. New to carers, we have to accept that and we have to support people to be successful, which is part of what we’ve been working on in the last year as well, and giving them more trials and support and extra supernumerary training time.

All these things come with cost and then you've got your funding from the local authorities, the increase hasn’t in any way matched the cost we’ve faced with staffing levels, pay as well as energy and all the other costs we’ve had. It’s difficult. The funding is just not there from the government to support us to do these things well.

Interviewer: In terms of the LAs – I'm probably jumping ahead there. Are some LAs more generous than others?

Respondent: Some of them are always renownedly more challenging and then some we have very good relationships with and they're realistic. [LA] are fantastic but often [LA] and [LA], you just don't see the rises there that in any way make the business continue to be viable if they don't catch up with themselves.

And often extremely late, there’s no what those rises will be. So yes, it’s difficult but we’re used to it, you just have to guess as best you can.

Interviewer: Do you pay for things like we’ve got this recruitment, DBS checks, induction?

Respondent: Yes.

Interviewer: You pay for all of that?

Respondent: Yes.

Interviewer: Uniform?

Respondent: Yes, they get two uniforms. We just consulted with staff on a new uniform and changed to scrubs, so they're all delighted. We’ve got this really comfy, light, unisex as well because a lot of it was quite feminine. We’ve got lovely new uniforms, but yes, they get all of that. We don’t want any blockers.

Interviewer: Is the payment of visas important?

Respondent: The sponsorship, yes. We sponsor people but they’re already here and working in the UK. We’ve never recruited from overseas and brought them in. That costs on average about £8-9,000 per person you recruit, for all their fees, legal advice and all of that. Then we often pay for accommodation as well.

Interviewer: Do you pay that?

Respondent: Yes. I lot of providers do but it’s actually not legal to put that cost on the candidate. It’s very expensive.

Interviewer: I noticed about your turnover, you said actually it’s looking a bit better in the email, I was just catching up. What’s happened, what’s gone on there?

Respondent: I don't know. I’ve got a big project called [Name]. I don't thoroughly… it’s part of it to analyse our leaver data and why we’ve seen that reduction but I'm hoping it’s because we had a few homes with management change and we’ve now got the right people managing and you see turnover just go right back down. It’s one of the first signs that there’s an issue, you just see that turnover go up.

I think we pay well; we reward well. Staff tell us that they understand why there’s limitations on pay and that they're happy. Our surveys are generally 80% of people are happy working with us. That might not sound brilliant but in the NHS it’s 20%.

Interviewer: It’s better than universities as well.

Respondent: Yes, probably. We’re trying to improve how people are treated when they start and just give them more opportunity to learn and get used to it.

Interviewer: People do leave at the beginning?

Respondent: All our leavers are in the first 12 months, pretty much. That’s where we’re struggling.

Interviewer: You've got some long-term people, haven't you?

Respondent: We’ve got lots and lots of very long-term people, which is lovely. There’s a lot of succession planning. Our chief operating officer was a home manager, then a regional manager, now a chief operating officer. Our deputies have become managers, our managers have become regionals. We retain, we’ve had people work for us for a long, long time, they’re very capable.

Interviewer: There’s a pipeline there?

Respondent: Yes.

Interviewer: How do you find it competing with the NHS for staff?

Respondent: Where we definitely can’t afford to compete is the benefits around sick pay, mat pay. I think where we do compete is that we’re a safe place to work, we’re well resourced, they can leave a shift safely. There’s never any of those issues that a lot of people face in the NHS.

I think one of the big things that we did a bit of a media thing on was about if you're a nurse in the NHS, you see people for 24 hours and then they're moved on but, in the home, you could be caring for someone for five years and you build such a lovely relationship with them. I think people like that.

We do all right; I think everyone is leaving the NHS so we’ve done well on recruitment of nurses as a result of that.

Interviewer: Do you have any golden hellos, recommend a friend, is that a way you can get people in?

Respondent: We have golden hellos which were £1,000 and up to £3,000 down in [town] but before we changed that, used that money to recognise service earlier on. We have refer a friend, which is £1,000. If you refer them and they're successful, you get £1,000. That happens.

Interviewer: Do they have to stay a certain amount of time?

Respondent: Six months’ probation so if they pass that, they get it paid. If we’re keeping them past six months, hopefully they’re a competent member of the team. That works in the sense that those hires are successful.

The guy who set up the Care Friends app, they’ve done quite a bit of research into it, where your best hires are actually referrals because you interview one person, someone who already does the job thinks they’re going to be good at the job and validates them. Those people are your best hires but there’s only so many people that people know, I suppose, that they want to work with as well, that aren’t family.

Interviewer: Some of my best friends, I don't know if I’d be good working with them.

Respondent: Exactly, a bit of a weird mix, isn’t it.

Interviewer: That’s that side of my life.

Respondent: Exactly yes, your different modes.

Interviewer: In terms of what employment practices best attract and retain skill, in terms of pay, hours, flexible working, training, job security, overall what do you think makes the difference, which do they prioritise?

Respondent: I definitely think pay is the top one. Then I think it’s, is it a nice place to work and is it a safe place to work, especially for nurses with PIN numbers. They want to feel like they're in a safe place where their PIN is protected.

Interviewer: You say pay but do people leave because of pay and pay related issues?

Respondent: People leave because of flexibility. I don't think many people leave because of pay, from the data we’ve been looking at. I think it’s the first thing if you're looking at an advert, you want to know what the pay is, don't you.

Interviewer: Do you think the distinction is the pay for the recruitment and flexibility for the turnover, maybe?

Respondent: Yes, definitely. Flexibility is why people leave but I think people stay because it’s a nice place to be and work. A lot of them have quite difficult situations or family, not everybody obviously but there’s a lot of people from difficult backgrounds and a lot of people say when we get quotes or feedback and we ask for reviews and things, is that it’s like a family and having that security or a manager that really cares about them and looks out for them, quite a nice feeling that people get in our home which is good.

Interviewer: You probably don't get home care actually, I'm just thinking because we also interview… yes, that’s a really good point.

Respondent: You're not in there, people checking on you and looking after you. We’ve had people who haven't been able to put the heating on, we’ve just given them the money. It’s that sense of a little family looking out for each other.

Interviewer: Government, you said the national minimum wage, you’ve always got to look out on that. Have you heard of the real living wage and is that a possibility and to locally support that?

Respondent: Definitely heard of it, we do look at it but if you plug that number, what it often is, if we had the increase from where are now to real living wage, it wouldn't be a business. There’s just not the funding from the local authorities to make it happen.

Interviewer: Any local authorities that fund that, that raise their fees a bit to support you paying that?

Respondent: The only place where we push it so high is [town] because it’s private fee payers, we’re not local authority funded which is why our pay rates are so high up there. It’s just out of reach, totally, from an affordability point of view.

Interviewer: What are your relationships like with local authority commissioning teams?

Respondent: Very important that we have that relationship and I think largely, they're positive relationships. I think they're in a difficult place and they’re always undergoing so much change. These integrated care boards and things. Sometimes you just don't know who is the right person. The only issue we have is just getting answers, just so late in the day. Any funding help we had through the pandemic or about local authority pay increase, or when we’ve done needs assessments, that they actually need nursing care now, getting those things back, I don't think they understand that we are a business and we’ve got people to pay. It’s difficult.

Interviewer: I think that is a general theme.

Respondent: You can’t always just keep going, like the NHS is totally underfunded and they’ve got not money but it still happens, but when you’re a business it’s very different. My previous roles, I was in the NHS.

Interviewer: Hmm

Respondent: Seen the other side. I love the NHS, but yes.

Interviewer: Yes, very different.

Respondent: It’s a bit of a mess, isn’t it?

Interviewer: Yes. The last few questions are related to job quality. University of Kent are trying to develop this toolkit for quality of work/life for care workers. They’ve got some statements, they’ve done some research, things you’ve already slightly mentioned actually about safety and relationships and stuff like that, but if I just through them and you just say which ones are appropriate. I'm desperate to keep to time.

Respondent: Don’t worry, I’ve rabbited on a bit.

Interviewer: No, I'm terrible, I know I'm bad. The first one is, thinking about your staff and the difference they're able to make to people’s lives, which of the following statements best describes how you think they feel: They are able to make as much of a difference as they are / They are able to make some difference / They are able to make some difference but not enough / They're not able to make a difference.

Respondent: I think a lot of our staff think they can make a difference and our last survey was about that. We had lots of quotes, “How do you think you've made a difference?” Sometimes they're so simple and it’s just lovely, I might send it to you. We ask that because it’s always like they're boring survey, sometimes, so we thought we’d ask that.

I don't care if everyone thinks they make a huge difference every single day, so I’d probably say the second option, to be realistic. I think we’re quite up there.

Interviewer: Why do you think that’s the case?

Respondent: Time. I think now we’ve fixed the recruitment issue, they’ve got time to be with people. A lot of their time is things like getting people ready in the morning but during the day in the quiet times, often if you go in, they're playing dominoes, they're doing nice things with them and they build a relationship because they're in the home ordinarily for some time. It’s nice that they can.

Interviewer: I think I know the answer to the next one. Thinking about your worker’s relationships with people, who they join on their care and support, are they as good as they want them to be / good enough / not as good as they would like / not at all good?

Respondent: Their relationships with each other, I think it varies with homes but a lot of our homes it’s excellent and then some homes, it’s probably the step below.

Interviewer: The next one is about autonomy. What best describes how much autonomy have within their role, and this is the degree of freedom and independence they have to make decisions and determine the tasks they do as part of their day to day. Do they have as much autonomy as they want / adequate autonomy / they have some autonomy but not enough / they have no autonomy?

Respondent: I’ve never head if as an issue so I’d say it’s adequate but they're not obviously free to do what they want, there’s a lot of rules and processes.

Interviewer: This next one is about tasks they're required to do within their role and if they have the ability to do them well within their paid hours. This might include their care, the paperwork, supervision. Do you think they have the time they need / adequate time / not enough time / they do not have time to do their job well and it’s having a negative effect on them?

Respondent: I would say everyone would say that they have the time to do their job well. I think managers probably would argue that they find it hard, it’s a busy job as a manager but I think for the care team.

Interviewer: They have the time?

Respondent: Yes, now we’re fully staffed.

Interviewer: The next one is about worrying about people they care for or support, and have to do outside of working hours. This about your wellbeing. Outside of working hours do your staff hardly ever worry about work / occasionally worry about work / often worry about work / constantly worry about work?

Respondent: I would say probably often. I think they would think about it because they’re often kind people that have got relationships with the residents. If a resident dies, often if staff want to go to the funeral, then we have to manage that, or we have to put support in if they’ve lost a longstanding… they’re devastated when a longstanding resident might pass away.

You get the emails from the family, one of the staff, “She’s just amazing and please make sure she’s okay, I know she’s a bit upset”. I think there’s quite a lot of thought. Some people take their kids in or sometimes we have dogs, their pets will come in there because all the residents love dogs and cats, and we have a cat.

I would say our lovely staff are very engrained in it and I think that’s why it’s a hard job as well, isn’t it, there’s a lot of bad stuff happens sometimes.

Interviewer: It’s probably they often worry?

Respondent: Yes, I think often.

Interviewer: Are they able to look after themselves in terms of taking comfort breaks, time to eat, drink and rest? Are they able to look after themselves as well as they want / they're able to look after themselves well enough / sometimes they're not able to look after themselves / they're rarely able to look after themselves?

Respondent: I would say sometimes. They all have breaks and we manage their breaks. I don't think they look after themselves very well which is why I do a lot of health and wellbeing fun initiatives. That self-care thing is often lacking in an environment where you're the carer. You don't actually care for yourself very well.

I don't know if that’s because we don't give them the time or the opportunity, I just think it’s a bit of a nature thing. I’d say sometimes or adequate. I think an HR person, I’d say adequate.

Interviewer: This is about safety, how safe they feel at work, whether physically in terms of lifting, handling, risk of infection, physical abuse or psychological harm, verbal, emotional?

Respondent: They feel very safe, it’s something we’ve asked throughout all our little surveys, including in the pandemic. There were never concerns of safety, which is good.

Interviewer: Why do you think that it is?

Respondent: We invest a lot in training and making sure people are competent. We’re never short of anything they need in terms of PPE or equipment. We constantly invest in our homes, a lot of providers don't and they’ll have an old chair. If they homes say to us, “We absolutely need this,” we buy it, there’s no questions asked if it’s a question of safety, if it wasn’t planned spend.

I think that's why, it’s always modern and up to date. If they need something, they get it.

Interviewer: That health and wellbeing agenda is obviously on your radar?

Respondent: Yes, mental health especially. A lot of our sickness is mental health now, which is bad.

Interviewer: You’re giving all the time, aren’t you, as a carer?

Respondent: Yes, it just seems to. I think people are more open about it as well.

Interviewer: Professional relationships with the people they work with, that could be their family, carers, or the health and social care professionals, are they as good as they want them to be / good enough / not as good as they would like / not good at all?

Respondent: It varies again but I think we have good relationships with our district nurses and GPs. If we don’t, we can move. Or a pharmacy for example, we’ve changed provider so yes, I think we’ve got good relationships, it’s really important.

Interviewer: Do you think they feel supported in their role by their managers? By supported I mean the extent to which they feel respected and encourages by their managers? I know this can vary from home to home.

Respondent: I think now that’s in a really good position. I think we had an issue with a manager and we resolved it, and they move on. I think we’ve got really good, supportive managers.

Interviewer: They feel highly supported, I could tick that?

Respondent: I think so, yes. That’s what our surveys say.

Interviewer: The next one is skills and knowledge staff need to do their job well. Which of the following statements bests describes it? Do they have the skills and knowledge they need / adequate skills and knowledge / they have some skills and knowledge but not enough / do not have skills and knowledge?

Respondent: They definitely have what they need. We spend a lot on training and face to face training.

Interviewer: The next one is a bit linked in terms of career. Do they have the opportunities to advance their career as they would like?

Respondent: Definitely, that’s one of our strengths I think, that we promote and promote and promote and we’re happy to pay for their training to get them to the next level.

Interviewer: Can care workers go… but it’s relative. The whole industry is quite flat in terms of career structure. You've got care worker, senior care worker. What’s beyond that or is it just more training?

Respondent: There’s care worker, there’s senior care worker. They could do clinical care practitioner which is supporting nurses, which is a little bit more… that offers you a lot of extra training and then the higher pay grade. They have to move home for that but we’ve seen that, people do that in our [town] homes that are nearby.

All our deputy managers have stepped up from senior or care practitioner roles, pretty much. Our most successful ones have stepped out. So yes, I think there are opportunities but not everyone wants that, do they. Some people just want stability and a nice place to work.

Interviewer: Financial security, in terms of whether their income meets their own and their dependents’ needs. This is just a theme that keeps coming up. Think about pay and their other benefits and how reliable their income is, do you think they have as much financial security as they want / they have enough / they do not have enough financial security / they do not have any?

Respondent: I would say don't have enough. Obviously, I'm talking about the care staff but they're on that breadline and our domestics, they're on minimum wage and it’s not that much money at all. I do worry, especially last year, we put in quite a lot of information about feedback and things but we said if anyone is struggling, let us know and we’ll help. We don’t want anyone to go hungry. Actually a lot of people were struggling with that or they couldn’t put money in their meter.

It’s not because we’re being… it’s quite a low pay rate for what costs they were facing last year.

Interviewer: This is another theme, the use of food banks, do you find that some of your staff use those?

Respondent: Yes. It’s not a very proud moment that they feel when they’re having to say that, but yes, I would think so. I know some of them have.

Interviewer: Finally, this is the final question on whether care work is valued and is being paid as it should be. Thinking about whether the social care role is valued by other people, here you mean the public, the views expressed in the media, do you think their staff feel their role is highly valued by others / adequately valued / not as valued as they would like / not at all valued?

Respondent: I think they feel valued at work, as in by us and by families. You always get difficult, rude, obnoxious families. I think they feel valued in that sense but I don’t think the pay rate in any way represents the qualified work that they do.

The media is all clap for carers but it’s been turned to hate, negative press, negative press. I just hate it, I don't even watch it anymore, half the time, but it’s always care home of doom, it’s never like this wonderful team doing this amazing thing for these people. You hear the bad, I think they're totally underappreciated in that regard.

Interviewer: Not as valued as they would like?

Respondent: No, from an external point of view.

Interviewer: Does that shape the attraction and retention of care staff, that view?

Respondent: You probably have friends maybe that did it but clap for carers, please volunteer, there was that whole period in the pandemic. I had friends that I would never think would be a carer saying, “I'm going to volunteer”. It was quite attractive; it was a great thing to be doing.

Then that died a death, that was the end of that and then it’s back to being a low paid, hard job. It is a low paid job and it is hard but it’s really rewarding. What you read and hear in the media affects people, doesn’t it, and that affects how we can recruit.

Interviewer: What should be our main takeaway from you about pay in social care and if you could lead to better care?

Respondent: I think it’s just any pressure back to government on local authority funding to enable us to have better fees to be able to reward and pay staff better wages, would help significantly with attracting, retaining care standards.

Interviewer: In a way, should we be focusing on pay or is it more focusing on… obviously I think [PI] will send the report around but should we be focusing on pay or is it focusing on the fees from the local authorities?

Respondent: The pay is the end result but the starting point is, we need more funding to warrant increased pay rates for staff that are paid quite low, I think, for the job they do.

Also the skill mix. In all of our homes, we’ve had to… we need a better skill mix. In homes before where we’ve not had clinical care practitioners, we’ve had to put them in, so that’s the higher paid job, more training costs because the demands of the residents are so much higher, their needs are so much more complicated.

People are in residential homes that wouldn't have even been put in a nursing home and would’ve stayed in hospital back in the day. We’re expected to care for people with very complex, serious health needs that may have several years ago stayed in a hospital but we’ve not had any extra help or funding to get the right skill mix in to care for them properly. It’s a funding issue.

Interviewer: We’re hearing this loud and clear. Anything else I should’ve asked?

Respondent: No, that’s perfect, hopefully I’ve been of some help and you've managed it perfectly.

Interviewer: I love this balance between pay and feeling valued and recognition. The reward, it is pay but there’s also rewards that make…

Respondent: …people feel valued.

Interviewer: I find what you said, which hasn’t come up before but I think this is the case, people who have very difficult family backgrounds sometimes are attracted to care work and they get a lot from care work and being part of a family that they maybe didn’t have.

Respondent: Yes, definitely. Good luck with your research and thank you for speaking to me.

Interviewer: Thank you for speaking to us.

END OF AUDIO