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Interviewer: All right, lovely. As I say, thank you very much, and I am taking this as consent to participate. So, as I say, I know you’re really busy, so I really appreciate your time.

Respondent: No, no, no. You’re fine. It’s all good.

Interviewer: Good. So I think I’ve sent you some information about the project. We’re looking at pay and reward. We’re doing a whole range of things, but in this part of the project, we’re talking to providers and care workers themselves about their views on pay and reward, so absolute pay levels, why you pay that, what influences that, all those kinds of things. Just before we get into that, could you just tell me a little bit about your business, [Name]?

Respondent: Yeah, so we are a 100% employee-owned social enterprise, delivering home care and support for people with learning disabilities across the [region]. We deliver around 17,000 hours of care a week, and it’s probably around 17,000 visits a week as well to people in their own homes.

We’re in [towns. We’ve just won a contract to mobilise in [town] come [date], and we’re just negotiating to go into [town], or we might not be given… and the crux of whether can into [town] or not is whether we can… the principle is “Can we value the workforce with the contract that they’re giving us?” If we can, given we’re employee owned, we won’t go there.

So, yeah, five years ago, we were quite a broken organisation on many levels. So we’ve had to rebuild it. You know, fundamentally, we’ve had to get the culture right. We’ve had to get back to basics around treating the care workers right. So, yeah, I mean, five years ago, I think I had my head in my hands. Well, probably, three years ago, still, we couldn’t… it was impossible to be compliant with HMRC, deliver on the contract for the local authorities, the commissioners, etc., and CQC. You just couldn’t tick all the boxes and stay financially stable. So you almost had to choose.

And fast forward five years, now, I’m confident we’ve ticked all those boxes, and we’re financially stable as well. So it’s been a big, big turnaround.

Interviewer: And have you shifted to employee ownership? Is that what’s created that turnaround?

Respondent: No, we were always employee owned, but it was just badly managed and badly run. So what we have done is we’ve almost gone from service to service, analysed our contracts. We’ve designed a model which pays carers from the minute they start work to the minute they finish. So a lot of… well, most… I’d say 99.9% of them is this pay-per-call. I mean, you probably know this. And I just couldn’t comprehend it.

You know, when a client would go into hospital or they’d passed away, a carer’s pay would just massively reduce that week. And I’m thinking, “There’s no wonder there’s a high turnover because they’ve got no guaranteed income levels.”

Interviewer: Well, what we hear from providers is the way you’re commissioned, because you’re commissioned in that way means that you pass that on. So what have you done to enable you to do that? Because I’m thinking, then, you’ve got kind of permanent contracts; guaranteed hours contracts, not zero care, not zero hours.

Respondent: We manage it within an inch of its life. That’s what we do. So we’ve got spreadsheets and all sorts coming out of our ears. So I started off… everybody commissions in a different way. So they pay different income, hourly rates.

Everybody commissions, maybe, a slightly different average length of call, and that makes a difference because it’s far more cost-effective to do, say, one-hour calls than it is a 20-minute call. Do you know what I mean? Your costs are still the same to travel, etc., but they don’t take that into consideration. Different commissioners… some paid for when clients went into hospital for, say, a period of two weeks. Others, their money just stopped. So you had all these different availabilities, really.

So, in [town], we had the highest hourly rate, and we had two weeks’ worth of hospital money. And I just had this theory that, with the resources available, we could pay for carers for the full time they’re out at work. And that was from the minute they logged in to their first call to the minute they logged out of their last call. And it started off gradually, and we did lose money to start with. But we got it working, and there’s reconciliations coming out of our ears. So, yeah. And it just transformed it. You know, people stayed with us.

And in essence, what we do is, if they’ve got a cancelled call or somebody’s in hospital and it’s within their shift, we ask them to utilise their time to make a difference. So they’ll get on the phone. They might somebody’s a bit under the weather that morning. Can they go back, spend a bit of time? We call it “going above and beyond”. So it’s not just what’s in the care plan. It’s actually being responsive to people’s needs. The biggest… I feel like I’m getting on my hobby horse now.

Interviewer: No, it’s fascinating.

Respondent: But when I first started, I can always remember this story a carer told me. So she’d get the bus, and she’d go and do her teas. And then she’d sit on a park bench for two hours, and then go and do her beds. And you’re like, “This is crazy.” We’ve got a highly-skilled individual here. We’ve got people out in the community that need support. It’s a cost… it's a cheap labour workforce, isn’t it? Why are we not valuing them or utilising them and almost unleashing them to make a difference?

So we started this piece of work a few years ago in [town], and it’s working like a dream. So much so, [town], they’ve come to us and said, “You’re the number one provider out of over 100 in [town] for keeping people out of hospital.” We keep people the longest. When they come to us, they stay with us on average the longest time out of anybody, any other provider, and we don’t escalate packages. So we’re not increasing costs either. So we’re keeping them out of hospital. We’re keeping them at home. And it was really brilliant to hear.

So what I’ve then done is, all that learning from [town], I’ve gone to other commissioners and said, “Right. Same pot of money.” And I’ve presented all the data, and I’ve demonstrated to them how we can move to that model within the current… I did get a bit of extra investment from [local authority] because they didn’t pay any hospital money at all.

You might have a client who is 40… probably more. You’ll have some clients who have a lot of hours of care a week, and suddenly, they’d go into hospital. That big chunk of money stops. A provider cannot commit to paying carers. It’s just impossible. So, for me, that was a real crux of it, but then allowing us to be a bit flexible. So, you know, this rigidness around 30 minutes, 45 minutes, 60 minutes – some people are happy with a 20-minute call. And it’s almost they tie you up in knots.

So I’m not actually that busy, because I’ve got it in such a place where it’s quite under control. Even mobilising [town] is a dream. Yeah, it’s like I’m…

Interviewer: Was it [town] you said you might go into or you might not? So can you say a little bit about… I got the impression from you that was to do with how they would commission you. So can you say a bit about that?

Respondent: Yeah. So they put it out to… we submitted a tender 13 months ago. And we’ve moved on a lot in 13 months. So they announced the… it’s taken them 13 months to review it all. They haven’t even spoken to us. They’ve not spoken to any provider. They’re issuing a 10-year contract. And to be honest, I’ve asked for a… we’re a bit disappointed with the area that we’d won.

And so, in a nutshell, [town] pay… the crux, for me, is having a decent hourly rate. I’m not saying it’s got to be what the Homecare Association, you know… you’ve got to have that commitment for when clients go into hospital for two weeks. You’ve got to have a minimum volume of hours in a certain density to get your runs arranged. And there’s a fourth one. Is there a fourth one or is that it?

You’ve got to have your volume. You’ve got to have your geography. You’ve got to have your commitment for your hospitals, and you’ve got to have a minimum hourly rate.

So, if you compare [town] to [town], we’re looking at £22.37 for [town] versus £21 for [town]. So we’ve already got quite a big disparity. [town] will only fund one week in hospital, where [town] are funding two. And I’m not convinced the hours are there in [town] to… sorry if I’m waffling.

Interviewer: No, it’s fascinating. Please do.

Respondent: My biggest bug bear when I… well, there’s been lots of them, but one of them was you expect people in home care to be jack of all trades, master of none. So you’ll have these services where they run on such a shoestring. You’ve got a really small back-office function, but they’re expected to do everything. And for me, well, it just doesn’t work.

But our strategy is you need to have a certain size to be able to invest in a back-office infrastructure, so you have skilled coordinators, people who can really do good quality care plans and risk assessments. People are out there in the community, supporting the carers, a good manager, a good sort of trainer, somebody who can recruit and support carers as well. And I don’t want people working seven days a week, so that is a red line for me. You know, we’re not doing it.

So, if we can’t invest in that back-office infrastructure, to have that robust cover seven days a week so everybody gets a break, we can have the different skill sets and the different areas, then we won’t do it either. So all I want to do is sit down with [town] commissioners and say, “Right. Can we work together? Can we…?”

So, if you read their tender, it’s all about… it’s a 10-year contract to move to a shift-based workforce. It’s about collaboration. It’s about partnership. But then, how they’re acting now goes against everything they’ve put in that tender. They just won’t even sit down and speak to us.

Interviewer: Shift-based: sorry, what does that mean, the shift-based workforce? What you’re doing now, not the zero hours?

Respondent: Yeah. Yeah, because what you’ll have is they’ll pay per call, and your travel time can vary, but they should pay for all the travel time regardless of how… sorry, but it’s absolutely crazy, isn’t it?

Interviewer: So [town] are saying that’s what they want to do, but they’re not commissioning you in a way that supports that?

Respondent: They’re not, but I do think there’s a solution. But I think what the frustrating thing is, for 13 months, they still can’t sit down with us and have a discussion. Do you know what I mean? So, even though they’ve had the director in [town] telling them what we’re doing, it’s like procurement rule the roost. They’re so frightened to get it wrong.

So we’ll see what happens with [town]. You know, I would love to go and… because their ambition is right. I just don’t know whether they’ve the wherewithal to make it happen.

Interviewer: To deliver that, yeah. That’s absolutely fascinating. Can I just take you back to a few basics? Sorry. So how many people you employ…? You talked about the areas, but how many people do you…? Well, you don’t employ them. You’re employee owned, and I’d like to come back to that as well, how that works.

Respondent: About 700.

Interviewer: Okay, across your different… and what pay rates…? What pay rates do you have? Care worker, senior care worker?

Respondent: It slightly varies. So I think where we’re at now is we have a rate for drivers and a rate for walkers. So a lot of care companies just employ drivers. So our drivers, we pay £11.50, our walkers, probably trying to pay £10.75/£11. In [city], it’s £10.50. I’m trying to get that up a bit. So we’re trying to get it above the national living wage.

Interviewer: Why does that vary? Because your driver rate includes travel costs?

Respondent: No, all their rate includes travel. So, when they are out, they are paid for the full time they’re out at work. But a driver has a different skill set, which means they can get from A to B quicker and can be more responsive, do you know what I mean? When we need them to be. So they all get paid for their travel time. If they are out working for six hours, they get paid six hours at their hourly rate.

Interviewer: All right.

Respondent: Does that make sense?

Interviewer: It does. And do you have a senior rate?

Respondent: So it doesn’t matter…

Interviewer: Do you have a senior care worker rate or just a care worker rate?

Respondent: Yeah. Then we have the back-office function. So we have what we call “coaches”. So they are out in the community, supporting carers. See, this is where, I think, the structure of home care doesn’t make any sense. So you might want to class them as senior care workers. They are being responsive, and they’re supporting care workers on the ground. They’re doing good practice visits.

We don’t call them “supervisions”. We call them “[Name]”. So we have our values, which is like, “Be involved. Be happy. Be proud. Be safe.” So we try and incorporate that into what we do. We’ve got assessors. So, again, they are paid a slightly higher rate as well, than the coaches. We’ve got coordinators. We’ve got recruiters, trainers, managers, quality lead. So we’ve got almost a career pathway as well.

The one thing that we definitely learnt is we are far better growing our own talent and promoting from within because we have people with the right values. They understand how we work. If we recruit from within the sector, it’s proven really difficult because there’s a lot of bad habits come across. And I don’t think the culture’s right in other organisations, and how we speak to care workers and how we value them.

Interviewer: So can you say…?

Respondent: It’s a tough job, isn’t it?

Interviewer: Yeah, it really is; absolutely is. Can you say a bit about the employee ownership, how that works, what difference you think that might make?

Respondent: So I am equal compared to any other of my colleagues. So the care worker out on the streets of [town], in [town], we have an equal stake in the organisation. So I’m just employed to do the best I can for the people we employee and the people we support.

We don’t have any investors or… so five years ago, we owed a lot of money to the bank. We owed a lot of money to investors. Five years on, we don’t owe anybody anything. We’ve got £2 million in the bank, and we’re earning interest. And with that, we give an annual bonus to our care workers, which is tax-free. So it’s like, you get the John Lewis model, although John Lewis are not giving out bonuses at the minute, are they?

Interviewer: No.

Respondent: So we’ve just… for the past few years, it’s been £250. This year, it’s going to be £300.

Interviewer: And everyone gets the same?

Respondent: Everybody gets the same, but if you work three days a week, you’d get the pro rata. So full time gets £300. It’s almost £60 for every day that you work on average. Yeah. We give out £25 on a gift card on their birthdays. What else do we do?

So we have a lot of… we do have something called “[Name]”, which is a group of colleague representatives. They have a chair. The chair comes to the official board meeting. So I’m an open book. I don’t really keep… as you can probably tell because I’m probably telling you everything. So there’s a lot of… we do share everything performance, because it’s theirs, isn’t it?

I mean, I’m frightened by… when I look at [name]’s accounts, and I think every hour of care they deliver, a pound was going to finance their debt. I think that might have doubled now because of interest rates going up. So they’ve got all that money coming out just to finance their debt, whereas we don’t have any of that. Do you see what I mean?

And because it’s employee owned, the principles of we’re not taking on contracts if we can’t value the care, the workers. It’s quite an easy one for me to stand up and shout about. Why, as an employee-owned organisation, would we take on a contract where we can’t treat and value the care workers, right? We just wouldn’t do it, would we? They did. They did. So, five years ago, they absolutely did. They were in that place. So it’s been a lot of hard work to turn it around.

Interviewer: And you have taken over and overseen that transition. So it’s not changing employee ownership. It’s your leadership of that that has made the difference, with other people, I know you’re going to tell me. But, you know…

Respondent: With other people, yeah. Yeah, oh absolutely. You can have any structure you like, but if you don’t have the right leadership driving it forward, it doesn’t mean anything, does it?

Interviewer: No, that’s really interesting. I think we’ve covered a lot of ground, but I’m going to run through my questions just to make sure… so just give me a moment while I run through. Oh, so I was going to ask you about the make up of your workforce, and by that I’m thinking about gender, nationality, ethnicity, age, those kinds of things. What does your workforce look like?

Respondent: Oh, do you know, I couldn’t tell you off the top of my head. But I can get all the data and send it across to you.

Interviewer: That’d be really helpful.

Respondent: But from the top of my head, it’s predominantly female. But we do have quite a strong male workforce as well. I think you talk about people… in terms of age, I think we cover it all. So I’m not worried it.

Interviewer: Okay, because quite a lot of people have got aging workforces, you don’t feel that you have? No.

Respondent: No. I don’t feel we have, but I might be proven wrong when we look at it. (Laughter). Probably, don’t quote me on that until we’ve looked at the data. I think ethnicity, again, it’s varied, and it’s varied within the office teams as well. So, yeah, I think we’ve got a… we haven’t pushed overseas recruitment.

Interviewer: I was going to ask you about that.

Respondent: So we’ve got a handful of sponsorship licences, but that’s because they’ve been with us for, say, six months to a year. They’re good at what they do, and then we’ve sponsored them to stay with us.

Interviewer: And why have you not pushed international recruitment, any particular reason?

Respondent: Because, I think, we feel as if what we offer… our recruitment’s strong within the UK. We don’t need to.

Interviewer: So tell me a bit about your recruitment, then, because I think a lot of providers would not say their recruitment was strong. So how are finding recruiting?

Respondent: So we’re advertising this block pay. So what that does, it changes the conversation that the office team can have with the carers, and it changes the mindset of the carers. So, when I came in, the mindset, “Oh, put as many calls on my rota as you possibly can, and I’ll be in and out. And I’ll earn 60 hours’ pay, but I’ll only be out working for 30 hours because I’m in and out.” And it just didn’t drive any sort of quality.

Now, we try and pay them a good hourly rate for the full time they’re out at work, and they’re driving the quality. So they want to spend time with their clients. So recruiting people in that way to say, “Actually, don’t worry about the number of calls on your rota. You’re out working. If you’ve got a gap…” so that model… people are not leaving. So it’s not a recruitment challenge.

You know, when people say recruitment, it’s not that. They need to keep hold of the people they have been recruiting.

Interviewer: So you’ve got different locations with different payrates, and you find across those locations and payrates… you’re finding the same thing. So, [town], you talked about being a lower pay rate. Is retention more of a challenge there?

Respondent: No.

Interviewer: No? So it’s about how you treat people once you’ve got them in?

Respondent: I think, in comparison to the market in [town] … funnily enough, because I had this conversation with a manager last week, because I’d noticed that we were paying walkers £10.50 rather than the £10.75 we might be paying. Is it £10.90? I think it’s £10.90 in [town] because it’s the [town] living wage. So I just said, “Is that an issue?” But it’s absolutely not, no. You always say people don’t leave because of pay. They leave because of the culture, the management, the support they get. They want to feel part of something.

The other thing that we do at least twice a year, if not more, we have what they call “coffee-and-cake sessions”. So we put on a bit of a spread, and we’ll do it… we’re planning them now for the end of November. We invite carers in. It’s an opportunity to say thank you, get their feedback. You know, I’ll be there. My fellow directors will be there. The local teams.

So, at Christmas, we’ll give out a £50 gift card because it means they don’t have to pay National Insurance on that, and we don’t have to pay it as well. And we’ll pay the £250 tax-free into their wage slip. So they’ll come in and collect that. We did long service awards. So they were this year. We had people 15 years.

So the crux is keeping hold of people. We’re all obsessed about recruitment, and it’s wrong. We need to focus on keeping people and valuing them.

Interviewer: No, I absolutely agree. I’m just going to go back to some of my questions. You’ve talked about keeping your people and valuing people. Can you talk to me a little bit about your training? You talked a little bit about your career structure because you’re a large firm. What about training and qualifications and whether they’re linked to pay or not? What kind of qualifications do your staff have, and does that lead to pay increases when they get them?

Respondent: It doesn’t lead to pay increases. It’s only a change in role that would lead to a pay increase because, simply, we just couldn’t. If every care worker got a certain qualification that meant they got an extra pound an hour more, we just couldn’t afford it because it is all linked back to the income that you’re given by the commissioner. So we do five days in the classroom. We do three days shadowing. This is when they first start with us.

Interviewer: When they join?

Respondent: Yeah. Yeah. Which I think is considerably higher than a lot of organisations. So it’s quite scary, really, some of the stories that you hear. There’s then a suite of e-learning modules. So they’ve got to do all of that, have the reference. You know, their client file’s got to be sound before they can start work with us, on their own or as part of double-ups. Then, there’s a range of Level 2, Level 3 qualifications. We’ve got a range of Level 5 and 6 qualifications for more senior people wanting… and it comes back to growing your own.

So we’re in [town]. We’ve just got a new contract in [town]. People are stepping up and stepping into roles, and spotting and seeing opportunities. What we have done, as well, is we’ve built… funnily enough, I was talking about this with the board this week. Coming into home care fresh, you can just look at it… you don’t come with any ideas of how it should be done.

Interviewer: So is that what you did, then?

Respondent: Well, I think we’re still doing it. So we’ve got the operational hub. Around them, we’ve got the core functions of, you know, finance, recruitment, HR, continuous improvement, which is supporting them with their care planning, risk assessments, medication management, safeguardings, complaints, customer engagement, feedback. So there’s almost a central function that supports them.

And my principle is you have got hundreds of clients, probably a hundred carers, thousands of visits every week; we need to make your life as easy as possible. You know what I mean? We need to support you. We need to be taking some of the tricky stuff away, some of the things that take quite of time because they’ve got to be responsive on a day-to-day basis.

But I think now, what we’re adding on is an extra layer. So we’ve got a clinical director who’s a nurse by background. So we’re really starting to focus in on some of the highest-risk clients and doing a bit of an MDT meeting around them, because they just don’t have time. When you’ve got all those people, clients, carers, all those interactions, you do not have the headspace to be doing some of this extra stuff. We’ve a trusted-assessor approach. So it’s all starting to build quite nicely, I think.

My next plan is I want to put that in a visual. And then, rather than wait until the tender comes out, I want to be going to commissioners and going, “Do you know what? We’ve got no debt. It’s 6.5% overhead, but this is what it gets you to support this vibrant, thriving, operational team that are going to support the carers.” So that’s the thinking. I’m just waffling.

Interviewer: No, you’re not. It’s fascinating. The 6.5% overhead, I’m really interested because I think your shift stuff is fantastic. I mean, that’s one of the biggest things you hear, isn’t it, about dom care workers? It’s appalling. So I’m trying to get my head around the commissioning that underlies that. So you talked about hourly rates from various local authorities. Does that cover 6.5% or does that come additional to that? Do they they give you that 6.5% as an over…

Respondent: No, no. We take 6.5% of the income to fund essential functions, and that’s our decision. You know, that’s not some… yeah.

Interviewer: And then you talked about the two/three weeks of hospital payment. Other than that, do you get any kind of block commissioning or is it all spot?

Respondent: No. The only city that we’ve got a block contract is [town]. So they have been really brave. They’ve almost ripped up how to… you know, the old-style commissioning. And they went out, and they split the city into four, and they gave three providers per area. And it’s a block of money, call it £1.2 million a year, to support a number of clients. So you could employ teams. You can be flexible. And it’s still early days.

We had a crazy situation where we’ve got this team of people. We’re supporting them to go above and beyond and really… yes, we’ve all got our basic needs. But what’s going to make a difference to somebody’s life?

And this lady said she’d like her hair washing. I mean, it was something as basic as that. And the social worker said, “No, no; that’s not in your care plan. And, if you want that in, we’re going to have to start charging you.” “You’re giving us the money. We’ve got the time. You’re absolutely commissioning outcomes…” It’s an outcomes-based contract. And then, there’s all this nonsense happening over here.

So it’s still early days. But [LA] have totally been transformational about how they do it. You might argue they’ve been a little bit too bold because I think… I don’t know whether they’ve got all their ducks in a row, and I don’t know if providers were ready for it. It’s a gift to us because we’ve already got the model.

Interviewer: So there’s only four dom care providers in [town] now?

Respondent: No, there’s 12. So there’s four areas.

Interviewer: And then, three in each.

Respondent: Three providers per area, and the expectation is those three work together. So I think we work in partnership really well with one of them. The other one hasn’t quite got going, so it might end up our block becomes bigger because of that, I think.

Interviewer: But all 12, then, are block commissioned? There’s no spot commissioning?

Respondent: I couldn’t answer that. I think there might be a little bit.

Interviewer: A big chunk of it is block commissioned.

Respondent: Yeah.

Interviewer: That’s fascinating. And do you see that making a difference? So you’ve got, obviously, [town], [town], [town] commissioning in different ways. Has that made a difference to you?

Respondent: Massively. [LA] is… yeah, totally. It’s allowing us to implement the model we’ve done in [town] and elsewhere without the reconciliation, without the spreadsheets and without worrying about that as much. You know, we can be proactive with planning additional hours on rotas because we know we’ve got that income coming in. Whereas on the other side, yeah… we’re doing it, but it’s not easy.

So the only downside is that… so I had this consult at [name], they’re called. So they help in [town]. [LA] want to commission what we’re delivering, but they don’t know how to do it. So they’re putting a pilot out to tender within a matter of weeks, I think.

Fingers crossed, we get it because I think we can then start to work together to say, “Right. How do you actually commission what we’re doing?” Because these consultants are saying, “Well, other providers can’t say, ‘It’s not the market conditions,’ because you’re doing it. So why is everybody else not doing it?” I said, “But it comes back to, they’re really small. They’re firefighting.”

You know, I’ve got my direct report performance from the NHS who’s data savvy. We work the data. We know exactly what carers are doing, what impact… it works because it’s slick. It’s efficient. And it is about logistics and managing data and making it as efficient as possible. To ask a little independent provider to do what we’re doing, they don’t stand a chance.

Interviewer: But could they if they were commissioned differently, or do you think you always need the scale to achieve what you’re achieving?

Respondent: They definitely could if they were commissioned different. My view… so my background, I was a finance director in the NHS. I think we waste… all we’ve done is take existing resources and make it more efficient, right? So if you’ve got more resources and you commission it differently, everybody could do it. So it depends what the challenge is.

So the other thing that we’re doing is we’re building a digital platform to deliver our model. So what you find is that the software to deliver care is rubbish. It really does not help providers to spot where they should be focusing their attention, spot the opportunities, maximise contact time, minimise travel time. It does none of that. So there’s a big gap in the market

Interviewer: Where does that come from, [Name]? That software that doesn’t work very well, where does that come from?

Respondent: There’s many providers out there. So, when… they’re all independent.

Interviewer: So you’ve not got a joined-up system. It’s commercial companies selling their software?

Respondent: Yes, sorry.

Interviewer: Yeah, and it’s not very efficient.

Respondent: It’s terrible. Terrible. So what we’re doing is, because we’re extracting data. We’ve got a pivot table. You know what I mean? It’s really difficult. No, not “difficult” is the word, it’s just really time consuming. Another provider, they just wouldn’t have the time or the wherewithal, probably, to get that data off and do… I mean, I couldn’t do it without them.

Interviewer: And that’s helping you put your rotas together in a really efficient way?

Respondent: Yeah, but we know we could be even more efficient if we had a better care platform software to do that. So that’s the plan.

Interviewer: And that’s really interesting because you’ve talked…

Respondent: Go on, sorry.

Interviewer: No, I was going to say you talked about working in partnership with other providers in [town], for example. So this is probably a utopia, but some kind of sector-wide system where you could all work together might help those smaller providers work with, perhaps, bigger providers and get those benefits. Yeah.

Respondent: Yeah. So the master plan… and the director at [LA] knows this. She’s absolutely fascinated by this system because it could unlock so much because we’re building it based on a successful model.

Interviewer: So you’re building your own system at the moment?

Respondent: Yeah, but with a view to other providers using it to help them do what we’re doing. It might be pie in the sky.

Interviewer: No, it sounds absolutely fascinating. Well, your ideas have worked well so far, haven’t they? You’ve got to back yourself.

Respondent: I know. Got to keep going.

Interviewer: Yeah, absolutely. No, it sounds fascinating. Sorry, I’m just going down the list again. I think we’ve covered a fair bit of that. You’ve covered quite a lot on reward, but I’m wondering about things like sick pay, holidays, pensions. What kind of provision is there?

Respondent: Holiday pay is statutory to start with, and then it increases for length of service. It might only be one day every two… I think it increases by one day every two years. So, if you’re here with us for 10 years, you get an extra five days holiday.

Sick pay is statutory. It’s discretionary, though. So we couldn’t say to every care worker, “You get two weeks full pay.” We just couldn’t afford it. But I think we do use discretion where… because, you know, when you’ve got such a big workforce, unfortunately, they do go off sick.

Interviewer: Well, yeah, it’s a tough job, isn’t it?

Respondent: Yeah, it is. I do wish… I think that’s something I’d really… if we did win this pilot, I’d love to say, “Right. This is what we’re doing with the existing resources. What would it cost now if we were to introduce sick pay?”

If you look at NHS in comparable terms and conditions, the pension, it would be amazing, wouldn’t it, if we could…? I’m not saying do the NHS pension, but actually, instead of your 3%, could that be 6%, 9%? You know what I mean? And you can start to build on it.

So I would like to see, rather than just throwing more money at it to make it a bit better, I’d rather we used existing resources, but additional money goes to enhancing it in terms of sick pay and pension. That would be amazing.

Interviewer: Yeah. No, absolutely; they’re so important, aren’t they, those things? So important. And like you say, the disparity between health care and social care in those…

Respondent: Oh, it’s just… yeah. No, it’s not right at all.

Interviewer: No.

Respondent: And yeah, coming from the NHS, there’s too many egos. You know, they have meetings for meetings’ sake. Everybody’s got to be involved, and no decisions ever get made. And you just don’t have that opportunity, so you’ve got to be responsive, haven’t you? And you’ve got to do the very best with what you’ve got.

Interviewer: Absolutely.

Respondent: I feel like I’m on a rant. Sorry. (Laughs).

Interviewer: No, it’s absolutely fascinating. The other thing – and again, we’ve touched on quite a lot, but there’s some details around it – so I understand the shift element, which is fantastic. It’s really great to hear.

Respondent: Just so you… we haven’t reached the utopia of saying, “You start at 7:00. You finish at 2:00.” It very much is, “You might start at 8:00, and finish at 1:30.” It very much depends on what work we’ve got within that run. Do you see what I mean?

Interviewer: Yeah. So that’s what I was going to come on to about, sort of, how much input care workers get into what their working patterns look like, what flexibility they might have, how you can meet your need and their need, what kind of things that you do around that.

Respondent: So we set out our stall from day one saying, “Look, we’ve got a week-one, week-two shift pattern. We want to settle you with regular work. So the one week, you might work…” but the only thing we do is say, “Look, it’s a seven-day operation. Everybody would love to have every weekend off. It doesn’t work. So you’ve either got to work a fixed weekend or every other weekend, full weekend.”

So a lot of carers in [town] would, say, do Monday, Tuesday, Saturday, Sunday on the first week. And the following week, they’d do Wednesday, Thursday, Friday. But they’d have the same clients, the same days for that week one, week two. Obviously, they get their holiday. They build up their holiday.

So, in theory, it’s like… one week, they might get 40 hours. The next week, they might get 39. The following week, it might be 42. Do you know what I mean? It might slightly fluctuate, but it’s only sort of an hour here and there. They book annual leave, like in any other business.

Interviewer: But are they guaranteed a certain number of hours?

Respondent: Yeah. We’ve got contracts. So we probably wouldn’t… we might guarantee them 35, but more than likely, they’ll be working 40 plus to give us that bit of wriggle room.

Interviewer: But they’re not on zero hours. They’re on…

Respondent: No. No, so we don’t give everybody a contract from day one, because quite frankly, the sector’s just not ready for it. So they might join us on… only if… we do for certain people. But a lot of people new to care, we almost need them to settle down. So once they’re confident they can commit to a regular shift pattern, we give them a contract. And we’ve got to review it at their probationary period. So yeah, they’ve got guaranteed hours.

Interviewer: And, before that, they’d be on zero hours, would they, initially?

Respondent: Yeah.

Interviewer: And that would be three months or…?

Respondent: Three to six months.

Interviewer: Three to six months.

Respondent: And I think it depends on… what you don’t want to do is be giving… because, unfortunately, coming back to retention, once we can get them past that three-to-six-month period, they stay with us. Sometimes, care’s just not for them. And sometimes, they think they can do these long days when, actually, it is a lot. I mean, I couldn’t do it.

Interviewer: So are they full time but doing it over… because when you talked about their shift patterns, it was kind of four one week and three the next, but that’s almost full time because they’re long days. Is that…?

Respondent: That is full time, yeah. Yeah, that’s definitely full time. So you probably work, I don’t know, say, 7:30 to 1:30. And then, you might work, say, 4:00 until 9:00, 9:30 in the evening, and it could go until 10:00. So, yeah, and that’s how you match it with the work that’s coming in. So we’re giving them regular runs. The bit of flexibility we’ve got, those runs, sometimes, they might be five hours. Sometimes, they might be seven. But every day, they’re pretty consistent.

And if people feel they’re not getting enough work, there’s that open-door policy to… “Actually, my run’s a bit depleted because somebody’s passed away.” But what I don’t want to do is pay people for not working, and that’s what you’d find. So when [LA] were paying this two weeks’ hospital money, we paid the carers on this pay-per-call basis, but they wouldn’t actually be doing anything. You’re almost paying them just a retainer. I said, “This is crazy. We’re paying carers. Actually, why don’t we… if we’re paying them, let’s get them adding value.”

Interviewer: But they might do a split shift then, from what you’ve said. They might do early until…

Respondent: Yeah.

Interviewer: … yeah. So they might do a split shift.

Respondent: Or some people might just do the late shift. Some people might just do mornings.

Interviewer: So people work part time as well, if they choose to.

Respondent: Yeah. So part time, full time or it could be a mix. You might have somebody who works six nights, which is just for teas and beds. So it might be a five-hour shift, six days a week, and that’s 30 hours, isn’t it?

Interviewer: Yeah. And that would be…

Respondent: So it really is flexible to their needs, as well.

Interviewer: As well as what you need, that is about their needs. So you’re trying to meet their needs as well as your own.

Respondent: It’s a big jigsaw. It’s a big puzzle, yeah.

Interviewer: And that’s why you need good software, isn’t it, to support you with that?

Respondent: So, ultimately, the care packages come in. We place them on to a run in the right order so it all works logistically. We then take the carers and we… “Right, what do you want to work?” We get their availability on a week-one, week-two basis. And then, we match it up.

So what we call that is “permanent allocation of work”. So we track that as a metric. So, I mean, I expect all services to be 90%/95% permanent allocation, so you’re then only having to find cover or recruit to that small percentage of runs that don’t have a permanent home, and then managing sickness and annual leave.

Interviewer: Oh, that’s really interesting. We’ve talked a little bit about recruitment and retention, and I absolutely take your point. It’s about doing the right thing with the people that you’ve got. But do you find yourself in competition with other sectors, hospitality, retail? Is it difficult?

Respondent: It used to be. I think, because we’ve changed the terms and conditions of how we’re recruiting, it feels easier. I can remember a few years ago, you know, if you had an Amazon warehouse open up down the road, you’re almost competing with them. But I don’t feel we’re in that place at the minute. And we never lose carers to another homecare agency. We might lose them to an extra care scheme or a residential home. But more often than not, they come back.

Interviewer: Right, because they haven’t liked where they’ve gone?

Respondent: Yeah, but I don’t even think… so it’s only this year we’ve moved every service… so I’ll be honest with you. I said to [LA], “We’re pulling out.” I said, “I just can’t do it any more. We can’t treat the workforce right. We can’t deliver the quality.” I said, “We have delivered different models which value the workforce. Do you want me to submit a proposal?” They said, “Yes.”

So what I said to them was, “Right, I’d like a pot of money to draw down the two weeks’ worth of hospital and I’d like you to give me a bit of flexibility. Not everybody needs 30 minutes. If I know somebody’s happy with 20 minutes, can we put their call on the rota at 25 minutes? Then, we’ve got five minutes’ travel time. Then, we can schedule the next one in.” And I said, “I’ll pay the workforce in shift.” And it’s transformed the service overnight. Yeah, I feel a little bit redundant, if I’m honest.

Interviewer: (Laughs) And that’s because they’ve given you that flexibility to manage things more outcomes-based, more holistically?

Respondent: Yeah. Well, let’s not kid ourselves that £20.14 or £10.07 buys you 30 minutes of care plus travel time plus management, coordination, training, annual leave, pension, National Insurance. It just doesn’t, so we’ve got to stop pretending the funding is adequate for what they think they’re buying. Do you see what I mean?

Interviewer: But your counterargument then is you’re delivering shorter periods of care?

Respondent: No, because we were delivering shorter periods of care anyway because we’re doing it on a pay-per-call basis, and the carers almost had the power. You needed them. So they might be in and out quite quickly. You still had to pay them for 30 minutes even though they might have been in there for 20, because the funding wasn’t adequate to pay them 30 minutes contact time and travel.

So [LA], the £20.14 did not fund any travel time. I would argue it didn’t pay for the full amount of contact time. But the principle of “Let’s take the money that we’ve got. Let’s match that to a workforce that’s paid properly, but let’s utilise their time to make the biggest impact possible.” Do you see what I mean? Let’s get a bit more realistic about what have we got? What can we achieve?

And what’s happened, even though we might have slightly reduced the rota time, the actual time we spend with clients has gone up by 10%.

Interviewer: Right. So tell me why? Sorry, I don’t quite follow that.

Respondent: Because, before, carers… because it was this pay-per-call model…

Interviewer: Right. So it was wasted time in that.

Respondent: … they weren’t out working doing a shift. They were out doing a call at a time. So they were always looking for where they could get a gap or “Can I go and feed my dog; go home and walk the dog?” or “Can I nip to the shops?” Whereas, now, “I’m out working. What difference can I make”?”

So we’ve got… well, let’s have a… I mean, I could show you this. Let me just show you this. Oh, sorry.

Interviewer: No, it’s fine.

Respondent: So this, actually, is [town]. Can I just show you this?

Interviewer: Yes, of course, do.

Respondent: So these are the types of things that carers are now doing because they’re out and they’re working. They’re not… where are we now? So, I mean, the second one there. “[Name] had his dental appointment and needed support to attend. So [Name] supported him to this appointment, stayed with him.” So he wasn’t worried about the number of planned calls on his rota. He’s like, “I’m out working. I’m going to…” do you know what I mean? So this was a total of three hours of additional time that [Name] used to support [Name]. You know, it’s being responsive, going to the pharmacy.

“[Name] called to inform the office that she would like to do a clean up at [Name]’s before her tea call.” So what they’re doing is they’re phoning the office saying, “I’m out. I’ve got a cancelled call. I’d like…” you know what I mean? And they’re just making a difference.

Interviewer: And doing extra things, yeah. That’s fantastic. And that, then, makes them feel valued and supports your retention.

Respondent: Absolutely.

Interviewer: Yeah. No, that’s absolutely amazing.

Respondent: And so we’re spending more time with people.

Interviewer: Because you’ve not got your bits and pieces that don’t get used. That’s really, really interesting.

We talked about pay quite a lot. What about the cost of living? What kind of impact have you seen that have, and have you been able to help mitigate that at all?

Respondent: I think… like I said, a few years ago, we certainly weren’t compliant with HMRC. I am certain we weren’t, or the only reason we were compliant is because we were short calling, and that’s every company. I guarantee that.

Interviewer: When you say, “compliant with HMRC”, do you mean minimum wage or travel costs?

Respondent: Yes.

Interviewer: Minimum wage, yeah.

Respondent: Minimum wage. So contact time, travel time, because you just simply couldn’t fund it all. So we were paying the lowest hourly rates, but we were only paying for the contact time rather than the travel time. So I think the fact that we’ve moved to it being what I would class as any another sector. You know, let’s treat people right. I think that’s had a big impact.

We do have… our carers need looking after as much as our clients. Certainly, the likes… we work in [town area] in [town], and there’s domestic violence going on, so we do a lot of… we are responsive to giving people… I’m trying to think… they did set up a bit of a food bank. And I don’t think it’s actually getting used that much. But we pay 40 pence a mile. We pay 15 pence for cyclists. So we’ve tried to sort of increase payments where we possibly can.

Last year, we gave out a cost-of-living payment to our office teams. So with carers, what you’d find is, because they can work more hours, they’d be building up their… where office teams, genuinely, it might even be working over… potentially, not claiming it as overtime. You know, last year was quite tough for the entire sector. But we gave them all a £750 extra payment, cost-of-living payment, last year.

So the way their holiday pot works, for every hour they work, an amount of money goes into that holiday pot, as well. And yeah, if they’re doing 40, 50 hours a week, it can build up. So we allow them to be a bit flexible with it, as well.

Interviewer: So, if they’re not on zero-hours contracts, why are you paying them for holiday separately? Sorry.

Respondent: Because they’re out… so it works for them, and it works for us. So every hour they work, they accrue annual leave. So they don’t just accrue annual leave for what their contracted hours are, which is how…

Interviewer: Oh, I see. It’s not money it’s… yeah, okay. So they get more annual leave if they work more.

Respondent: Yeah. And then, because sometimes, it can be difficult, we allow them to… they’ll get to be like, “Oh, can I have seven hours out of my holiday pot?” And, as long as we can allocate time on their rota to say, “Right, that’s annual leave,” we allow them to be a bit flexible with that as well. And the money’s put aside for them every month. They know exactly how much they’ve got in that pot.

We’ve just introduced – in fact, we’re doing it this last couple of weeks – something called [system name]. So they’ll have an app on their phone, and at the end of every week that they’ve worked, they’ll see how many hours they’ve worked, and they can draw down money before payday. And I think it’s something like… I don’t know how much… it might cost them, like, a pound or something. But it’s much cheaper than going to these payday…

Interviewer: So, if they can’t make it to the end of the month, they can get payment in advance, essentially.

Respondent: Yeah.

Interviewer: And so, you use a firm?

Respondent: Yeah, it’s called [system name]. So I think…

Interviewer: And does that cost you?

Respondent: It does, yeah. So I want to say it’s £250 a month. I’m making things up here. I know it’s not extortionate. Do you know what I mean?

Interviewer: So you do that, and then they… sorry, I’m just trying to get my head round this. [System name] advances them the money, and at the end, instead of paying the care worker the entire amount, they get a certain amount and the rest of it goes to {System name]?

Respondent: Yeah. Yeah.

Interviewer: Interesting, yeah. And have you had a big uptake in that?

Respondent: Funnily enough, we’ve only been doing it for one week. And my head of finance said we had 20… and we’re only testing it in [town]. So 20 people…

Interviewer: Out of how many would you have…?

Respondent: The carers in [town], I think… I’ll tell you how many we’ve got. [town], active carers, 88. So it’s…

Interviewer: Quite a chunk.

Respondent: For one week, yeah, it quite a… you know, it’ll be interesting to see how that pans out.

Interviewer: Yeah. It’s a sad reflection, isn’t it, I think, on…?

Respondent: It is. And I think Christmas is always a difficult time, isn’t it? And just giving them that £300 tax-free… so they do pay National Insurance on it. But they get a £50 gift card and then £250. But if they can buy presents for their kids or… do you know what I mean? It just… so I think that makes a big difference.

Interviewer: Yeah, absolutely.

Respondent: We’d love to do so much more. We really would.

Interviewer: Yeah, I’m sure you would, but you are also doing a lot.

Respondent: Well, it’s funny. Last year, I think we made £?000 profit out of £?? million turnover. (Laughs). But that means every penny went to carers and staff.

Interviewer: Because you don’t have a profit motive, do you? So the £?,000 profit, presumably, you will have reinvested because there’s no…

Respondent: You do need a… so if we’re going to grow as a business, we need a certain level of reserves to… so I would love to make a 3% profit. I’d like to give a chunk of it back to carers as a bit of a bonus. I’d like a chunk of it to give as the cash flow to grow our business. I don’t want to have to borrow money at extortionate interest rates because what’s the point?

And then, a chunk of it, I’d like… because, when we go to [town], we will be losing money for probably six months, a year, you know, until it all gets going and we get the hours and the volume. So there is probably an element that offsets some of that. So that’s the plan in a nutshell. It’s not a very complex one.

Interviewer: No. Well, you’re making it work in a way that lots of providers are not. It’s fascinating.

Respondent: I’m just bossy. (Laughter).

Interviewer: Well, I think it seems to be…

Respondent: No, I’m not.

Interviewer: It seems to be working for everybody. So, based on what you’ve said, I presume you’re not a real-living-wage employer?

Respondent: No. We just can’t be.

Interviewer: Can’t be.

Respondent: We’d like to be. And do you what? I don’t think we’re a million miles away. I think it’s the walkers in [town]. I think, if I can get them to £10.90, or it’s the walkers everywhere. If I can get the walkers to £10.90 an hour…

Interviewer: Are they a big proportion of your workforce, the walkers, roughly?

Respondent: Yeah, I’d probably say at least half.

Interviewer: Right. And because you’re in quite urban areas, the walking patches work, just because, in rural areas, we hear that they don’t. But you’re in fairly urban areas where you can organise walking patches.

Respondent: We’ve got a mixture. So yeah, we have got quite a bit of urban. We’ve got some rural, where it’s mainly… yeah, well, it is all drivers. Yeah.

Interviewer: Yeah. So you’ve got quite a big chunk of walkers, then. That’s interesting.

Respondent: Over half. Definitely, over half.

Interviewer: Yeah.

Respondent: I bet you feel like you know this business inside out. (Laughs).

Interviewer: It’s absolutely fascinating. Absolutely fascinating. This will be my last set of questions, and again, I think you’ve really touched on this, but just in case there’s things you want to add, all around the value, valuing care work. So we’re talking a lot about pay and reward, and that tends to be financial. There are other forms of reward, yeah, but they tend to be financial.

But in terms of what draws people in and what keeps people, you know, do people feel valued? Do people feel their job is valued by wider society as well as being valued by the organisation they work for?

Respondent: So I think some of things that we’ve… so I applied to become a board member of the [organisation], and I was elected on to the board. So I see my job as having the voice for the carers, to try and advocate better commissioning. So I work quite closely with [name]… yeah. Oh, I think she put us in touch.

Interviewer: Well, [name] put us in touch.

Respondent: Yeah. She did, didn’t she? And through that, we got two tickets to [event], and I don’t know whether… so what we did was we asked all the services to nominate a carer, give a bit of a script around why they deserve to go. And then, it was the colleague employee representatives who chose the winner. So they, then, went to Buckingham Palace with their partner or relative.

So we try and celebrate all these amazing things they do. We went to [event] a few weeks ago. I was on holiday. I seem to miss out on all these things. So we try and really promote we’re doing the very best for them. You know what I mean? That’s what we’re… again, the coffee-and-cake sessions, it’s a celebration.

Oh, on Friday, we had an afternoon tea, where we brought all the… about six clients in. I mean, I don’t how we managed this, but one of them’s… I don’t know if she’s been with us that long, but she’s not been out the house for 15 years. And they had an amazing time. They can’t wait to do it again. But again, because the carers are paid differently, they’re out working. They went and collected them, brought the individuals in. So you’ve got the carers, the clients, myself.

It was [event]. They had this arts week, so we were playing… I don’t know whether they had the ballet on in the background. It turns out they weren’t really interested in that. They just wanted to talk because they just… and yeah, there were just lots of people there. So it was just amazing, really.

So what I feel, and I might be wrong, but when I came, I just feel we’ve totally disempowered this workforce. We give them a care plan. We give them a rota, and we almost go, “You do what we say when say it. No more, no less.” And it’s totally… you know, how do you feel valued when you’re…? Because I just think they’ve got so much to give, so much to offer, and we’ve got to trust them. And we’ve got to put the right risk systems and processes in place.

But this workforce have got so much potential to make a difference, and we’re missing a trick. We really are. That’s why we’re the number one provider in [town].

Interviewer: Yeah. Well, I don’t think you’re missing a trick. You’ve really made it work for you, haven’t you? Is there anything I’ve not asked that you think is important that I know, that you’d like me to take away or just you think I’ve overlooked?

Respondent: No, I think my conundrum at the minute is how do we influence commissioners to commission in a way that allows us to deliver this model? So no word of a lie, three years ago… well, was it three? It might even have been less than that. I had my head in my hands at the board meeting going, “None of our contracts are viable in terms of being able to value the workforce, deliver the quality, comply with HMRC.”

But what we’ve done is we’ve managed to build the partnerships with commissioners, demonstrate through data, through the good news stories. I mean, that was only an extract from [document], our system. [name] will jazz it up; we’ll have photographs. So we’ve pieced it all together to build that trust to allow them, us, to do it differently. But it’s hard to go and sell that to a new commissioner who doesn’t know you.

So what do we do? Do we take a gamble and take on these rubbish contracts knowing we can influence it? But I don’t want to do that. I don’t think I can take on a contract and know that won’t work.

Interviewer: Do you know what made [LA block commission]…? Did you influence [LA], or was there something else behind [LA]’s change?

Respondent: That’s a really good question. And I do want to… it wasn’t… we definitely talked to them a lot about valuing care workers. But interestingly, they missed a trick, because although they gave a block of money, they didn’t actually say, “Right, we want you to recruit a team, and we want you to pay them properly.” So, I mean, I said that to them, and they totally agreed. So I don’t think we did influence [LA]. They’re quite daring and quite bold, really.

Interviewer: Yeah. No, that’s brilliant. It’s really good to hear.

Respondent: It’ll be interesting to see how that transpires. I think we’ve got quite a bit of influencing to do there for the next 12 months, I think, to make sure… because I don’t think it’s a very long contract. So we want to be…

Interviewer: And how far into it are you?

Respondent: We’re a year into it, and I think it’s three years, but it might be three plus one. So years go by like that, unfortunately. (Laughs)

Interviewer: So fast. Yes, I know.

Respondent: So I think that’s the challenge. That’s where I’m at. We’ve got a really stable business now. You know, [LA] are going out to tender imminently. I’d be absolutely devastated if they don’t apply some of the principles that we’ve worked on this year. Yeah, that probably doesn’t add anything to you, but that just sort of…

Interviewer: No, it absolutely does. And you’re going to retender for [LA], presumably?

Respondent: It depends what they…

Interviewer: On what comes out. Yeah.

Respondent: Yeah, this is my… you’ve got finance teams. You’ve got procurement teams. You’ve got the commissioners who want to drive the quality and do the right thing. And getting all that to stack up within a local authority is quite a challenge. But fingers crossed, I’m hoping it pays off.

Interviewer: Fingers crossed. Yeah. That is just phenomenal. I’m blown away. It’s really, really good to speak to you, and thank you again for your time. If you could send that document back, it’d be brill. But if not, I can probably pick through our interview and pick out most of it. And then again, if there’s anything else you think, “Oh, I wish I’d said that,” if it pops into your head, just…

Respondent: I’ve got a tendency to ramble on, so it may not make much sense.

Interviewer: No, you absolutely have. No, you absolutely have.

Respondent: If there’s anything, just come back to me.

Interviewer: I will.

Respondent: As I say, I’m generally free for a Teams meeting most days, apart from tomorrow. I’m going to the [organisation] board meeting.

Interviewer: Oh, right. Yeah. Well, that’s good. It’s good to be involved and influence. I mean, people doing things like you’re doing; you know, you need to make your voice heard, don’t you? Because I do a lot of work in this sector, and I recognise the real challenges in the sector, but you hear more about the problems than the solutions. So the work that you’re doing absolutely needs a voice.

Respondent: Well, it’s super exciting, really, isn’t it?

Interviewer: It is really good.

Respondent: Yeah, I think we’ve got a plan.

Interviewer: Brill.

Respondent: We’ll see.

Interviewer: Well, good luck with it. I hope it goes well. And again, thanks again for your time.

Respondent: Thanks. Take care.

Interviewer: And you.

Respondent: Hopefully, see you soon.

Interviewer: Thanks. Bye.

Respondent: Bye-bye.

END OF AUDIO