**File name: P22 audio recording**

**Audio Length: 0:52:44**

**Date Transcribed: 2 February 2024**

**Date proofread: 7 February 2024**

Interviewer: And that’s absolutely fine, please feel free to do that. And so, really, what I’m trying to get to the bottom of is what you pay people, why you pay them that and then lots of the influences on that, what the implications around that are.

So, before I get going, though, would you like to tell me a bit about [care provider] so I’ve got a bit of background and context to situate your answers in?

Respondent 1: I’ll take this one? Okay, so, is [name] here? [name] are you still here somewhere? Oh, there you are, I see you at the top of mine. Okay. So, [care provider] is a family run organisation. It began life in 1986 with the purchase of one of our first care homes in [town]. It was started by my father and since then it has grown [readacted].

We now have a workforce or a team of just shy of x,000 individuals and our services range from domiciliary home care to live-in care, to supporting younger adults in supported living schemes and care and nursing homes with a couple of retirement villages. So, in total, we number about 80 to 90 locations, it’s roughly xx care homes or maybe more than xx, xx home care locations and then xx locations we deliver the care from. So yeah, it’s probably pushing more than xx now.

We’re based in [county], that’s where the family live, in [town] but we span the country sort of in the shape of England. The density is more towards the south and as you go up the triangle, so to speak, it becomes less populated. But we deliver services from [county] into [county] and we go as far as, recently, [town], which is an extra care scheme and locations pretty much throughout the [region].

Depending on where you go within the business, I would say on average 70% to 80% of what we do is local authority NHS public sector work. There is a higher delivery of that in particularly home care, where you’re probably looking at 80% to 85% of the business. But that varies amongst live-in and care homes quite considerably. It’s probably 60:70 and 30:40 live-in and then a growing increase in percentage in our care and nursing homes.

We have a couple of other very smaller arms of the business, which is training now, which is an organisation within the [care provider] family but is delivering training to us but also to other companies outside of [care provider], providing [redacted for anonymity]. And we also have, more recently, opened up and generated partnerships [countries] with [international arm of care provider], which is, in simple terms, partnering [organisations] over there and bringing over senior healthcare workers and registered nurses and that in itself is developing into another business stream for the company.

So, we’re an organisation of lots of diversification. The structure of the business has each of its own services in its own business with its own support team, registered managers, operations directors, managing directors and we have a central support function for all the commercial, financial bits and pieces.

And I’d say the last thing to add is that we are a self-financing organisation. By that I mean the family own everything that we buy. We do not have private equity backing, we do not generally buy things that we can’t afford. We’re turning over roughly £xx million but we only have a very small £xx million to £xx million borrowing on that. So, we are very, very secure, all of our growth is done, I would say, ethically and the purpose of that is to ensure that we have longevity and that we do not put our staff nor our client base at risk under the pressure of interest rates and paying back loans and all of that sort of stuff.

Interviewer: That’s really interesting. I was particularly interested in the fact that you offer so many different services. Most of the providers I’ve spoken to focus on home care, residential care, learning disabilities. And you span the whole range. So, what is the strategy behind that?

Respondent 1: The strategy behind that is, well, generally, growth is a strategy for us. If you’re not sort of growing and getting bigger, you’re possibly either stagnating or you’re dying in the business world. It’s all about risk management and risk prevention. If you take the Covid period of time or the Covid experience, the Covid circumstances, care homes in that instance for those two years were deemed a place that no one wanted to go, were dangerous and so on and so forth. Fine. However, home care and being at home was the safest place anyone could be.

So, from a commissioning perspective or from a commissioning sense, the pendulum often swings between residential and nursing homes and home care and whether that be because of pandemic or political drives, it’s often one way or the other. So, we have a business model that generally gives us our USPs, it’s very, very unique in the sense that we do everything. Depending on where you are in the country, you could stay with from home care right the way to, possibly, end of life care or nursing care, live-in or… but it gives us an extra string to our bow and sustainability and protection, if you like, from market forces that, sometimes, can be out of our control.

Interviewer: Yeah. That’s really interesting. So, coming back to pay, then, which is, obviously, the crux of, I’m thinking you’re going to have a lot of different pay rates across your different businesses but could you give me a sense of typically what they might be and then some of the major influences, how you come to decide on those pay rates?

Respondent 1: So, I’ll leave [names] to get onto the detail of the individual rates because they’re dealing with that far more than I am. The difficulty is, you’re right, absolutely, is they all vary very much across the business depending on a lot of contributing factors. So, the makeup of the business, i.e. the revenue and the income stream, whether that be private, whether that be a local authority, multiple authorities throughout the country and depending on whether they’re part-funded by the local authority or whether they’re funded by CCG, NHS.

Those are often the forces that impact what we are able to pay. And, of course, what we are able to charge is often one of the most important factors. If you’ve got a business where you’re allowed to charge with a decent margin, then often you’re able to then reinvest some of that money into… well, for us, a considerable amount of that money into training, pay, reward and retention. So generally, you’re looking at 80% of what we charge goes back into… 85%, actually, goes back into pay, reward and training.

So, they are, I would say, some of the main contributing factors. In terms of the actual rates, [name], do you want to... [name]?

Respondent 2: So, the rates, they will vary, obviously with minimum wage as a minimum. If I look across the areas as [R1] alluded to there, there are certain geographical factors and margins that will play. So, if I look at [town1], for example, which is fairly close to [town2], because that’s the one I’m looking at, at the moment, for our enablement service, which is a fairly new service, we’re paying from £11.50 an hour. But our care homes, we’re more established in [town1], starting around the £11.00 an hour mark.

It will vary according to the competition as well as the market factors that [R1] alluded to in the commercial. So, we complete a quarterly pay analysis or a quarterly competitor analysis whereby we’ll look at what our other providers or what competitor providers are doing and we benchmark against that and present that to our managing directors for them to assess against the commercial profit and loss for each of those sites. Is there anything I’ve missed there? I think this would be a fair summary?

Respondent 3: But I think [R1] also said it depends also on whether it’s a mixture of private or socially funded places, as well, does make a difference when we’re looking at reviewing the rates. But we do also pay London living wage for the four [town] homes and that’s part of the Care Charter that we signed so we have to legally pay above or the minimum of that wage, as well.

Interviewer: So, is that the real living wage, the foundation wage? The London one, okay.

Talking about benchmarking against competitors, who do consider your competitors to be? I’m wondering if that’s in-care, outside of care and who that might be, if so?

Respondent 3: We tend to look internally at other care providers but also, we also find that supermarkets with a bit more retail and a lot of the locations we are quite seasonal, as well, so we do have some competition with local sectors like that but [R2]…

Respondent 4: We have local pay variations, don’t we, and local managers have the flexibility to be able to move pay, whether it’s seasonal or adjust for location. So, that’s agreed through chain of command that they have the flexibility to put that case up.

There’s one other factor that defines salary, as well. We have xx sponsored staff from overseas working in [care provider] so also, there are set parameters about what wages they need to be paid, as well. And that’s a small percentage of the staff that I haven’t mentioned, it’s about 10% but it’s another factor we have to take into account.

Interviewer: I was going to come on to international recruitment so, perhaps, I’ll just come back to that, [R4], if that’s okay? Go on, [R3].

Respondent 3: Just where we spoke about the competition, if we were to look at where we try to attract our talent, it’s almost like a triangulation approach. So, you’ve got retail at the top, hospitality and then sort of at the lower end, customer service there with care in the middle. So, what I’m saying is if you’ve got social care experience, they’ll always fit that sort of middle spot, talent. We’ll shop around then the triangulations in our approach through CV searching on Indeed, for example. We’ll write to candidates who might be looking for a change of career.

So, if you look at [town2], for example, we’ve just come to the end of the summer season now so we’re able to write out to a lot of those candidates. Something that we’ve done really recently is with the [retailer]’s announcements. Obviously, with [retailer]’s closing down their stores, we wrote to any candidate who had [retailer]’s as their most recent employer on their Indeed profile and we guaranteed interviews for those candidates, as well.

So, we’re sort of really open and when you look at that competition, the candidate market at the moment is so volatile because they can start a job tomorrow without a DBS. One of our challenges in the industry is, obviously, being regulated as we are, we need to make sure we’ve got CQC requirements satisfied. So, we may lose certain candidates who will go and work in Lidl for £5 less an hour but if they can start for two weeks before they can start with us, that’s a contributing factor.

And also, at the moment, I would say, sort of cost of living is, obviously, always up there but cost of mileage and cost of driving for people, it does affect us. In domiciliary, I think, we’re noticing that you might have drivers who actually haven’t got access to their own cars as much as they used to because for somebody earning sort of twice the minimum wage to operate and maintain a car is, obviously, a lot more expensive than it used to be.

We have supported with offering pool cars to candidates in those circumstances and access to hire cars, as well. So, we’re always trying to be creative in that respect to try to appeal to the wider range of the market. And then, obviously, it goes without saying anyone that’s working in care already for a direct competitor, for those experiences and across to us as well.

Interviewer: That’s really interesting. I’m going to come onto the broader reward package. So, the pool car, what kind of uptake is there of that? Is that a popular?

Respondent 2: We do it in certain sites and it’s a hire car that we do. Sorry, pool car is probably the wrong term, apologies. It’s a hire care that we support the individuals with and we’ll pay the first three months’ rental to get them on the road and to get them started. And then they take over the lease from that. And it has, in the area that we’ve trialled it, it has worked well. [R1] looks as if he’s about to come in at the point so I’ll pause.

Respondent 1: It has worked well but it works well because we’ve applied an annualised salary to the care role. It’s how we’ve marketed the position. It’s like a salary, it’s like any one of us here coming to work and working a fixed number of hours over a day. So, there’s consistency in the number of hours, there’s a decent enough salary there, so, I don’t know 35K, something like that but you’ve got to work 40 hours a week. And you get a vehicle.

So, you have to pay enough. It’s funny, isn’t it? You have to pay enough and you have to offer decent hours and a vehicle. Funny, you offer three component parts, which most people want, and you get decent uptake. It really doesn’t seem to be that challenging but actually, it’s difficult to offer all of those terms and conditions in this sector in all areas because of the vast variation of what people or councils are prepared to pay you. So, where we can make that happen we do and like [R2] said, you know, we’re having people apply that could drive but didn’t have a vehicle.

Interviewer: The one thing that strikes me, then, that would be particularly valuable in home care, domiciliary care but that’s often why you’re on your zero hours contract without those guaranteed hours. So, how are you managing that?

Respondent 2: We’ve only got bank staff on zero hour contracts. And our domiciliary carers have still got an element of annualised hours. Obviously, dependent on the needs of the business those hours may vary but it’s only our bank staff that are on zero hour contracts so we’re able to do that. But where we offer incentives, it’s been people on a minimum of 40-hour contracts, as [R1] said, that are salaried…

Interviewer: So, your home care workers…

Respondent 1: And that comes down, then, to us… sorry.

Interviewer: No, go on.

Respondent 1: There’s a delay. There is a risk to that because we’re wrapped up in the working week, of course, that includes things like people getting from A to B, drive time is included in that and so on and so forth. So, it puts the pressure on the ops team in the organisation to make sure that they have enough work and enough straightforward runs that are… so, it’s not just about the care worker saying, “I’ve got the availability,” it’s how you use that availability. So, you have to make sure that the care coordinators in the location have got enough work coming in from, whether that be a private source or the local authority and that they’re building that into the runs. Because if you don’t, you have people sitting there on whatever, 35K or 32.5K a year, which in some places is good money for care work and they’re not being utilised.

So, it does put the pressure on us to make sure that the coordination is done properly.

Interviewer: So, your staff, your domiciliary care staff are on shifts rather than paid by client contact?

Respondent 3: Yes, some of them are, yes. They’re on a re-enablement contract and, for example, we have set availability where they are available between those times and we would ask them to go and do our re-enablement packages, which is where they go in and they help somebody to get better to be left at home on their own again when they’re discharged from hospital. So, they are on salary contracts.

We’ve also taken that one step further and when we’re in busy locations where we know we can ensure that they are rated for that whole time, we do have them on salaried contracts on shift patterns in normal domiciliary care.

Interviewer: Right. But some are still on less, are not on shift patterns, they’re paid for client contact?

Respondent 3: Yes. We have…

Respondent 1: Correct.

Respondent 3: We don’t use zero hour contracts unless it’s at the request of the individual so we use annualised contracted hours, as well. So, the minimum for that is 5 hours per week.

Respondent 1: Sorry, you broke up a bit then. The minimum is what per week?

Respondent 3: Five hours per week on an annualised contracted hours basis.

Interviewer: So, to go back to the rewards package a bit more generally, obviously, we’ve talked about the hire cars, which is really interesting. What other kind of reward do you offer? I’m thinking about sick pay, pensions, bonuses.

Respondent 3: Sick pay is statutory

Interviewer: Sick pay is statutory, did you say, sorry?

Respondent 3: All of our government benefits say sick pay, maternity, paternity, anything like that is all statutory. Again, we have the exception in [town3] or any of our previous TUPEd businesses where we will have to honour their contractual sick pay. And in [town3], as part of the Care Charter, we are paying two weeks full and two weeks half pay. Statutory pension contributions.

Interviewer: The Care Charter, is that [town]’s own? It’s not the Unison one? But that’s the only provider you work with who is signed up to that, then?

Respondent 3: Yes. So, part…

Interviewer: Yeah.

Respondent 3: …contractual. We’ve recently taken over [town], four care homes in [town] and part of the contractual obligation for that transfer was that we have to sign the Care Charter. It’s…

Interviewer: Okay.

Respondent 3: …as to how much sick leave they want paid and things like that. So, we’ve got it in the agreement and everyone’s signed off on that. So yeah, it’s quite individual.

Interviewer: Okay.

Respondent 3: But yeah, we have that and we do use that as part of our marketing, as well.

Interviewer: How important do you think that is?

Respondent 3: I think it helps. I definitely think it does help, all of it helps, anything that is above the basic helps retain our staff, I feel. I think be honest with you, that the staff team that we’ve taken over [in town] is very settled, they’ve been there a long time. And I think we’ve found the staff that are coming are made to feel very welcome. That’s our four care homes in that area. So, there’s not really an issue there.

But in other areas, for example, we’ve got somewhere in [seaside town] and we can be fully staffed in winter and in the summer, they can go and work in a holiday park for better hours and more money. So, it’s quite difficult in that area.

Interviewer: So, you’ve had a lot of churn depending on the local competition?

Respondent 3: There’s no one size fits all in all the businesses. So, in the UK, it’s domiciliary care only, the management having the right to be able to increase a salary. That’s not in the care homes, their salaries are set annually and pay rates are set annually. If there is a good business case, we will review it but, obviously, everything is set. So, our charge rates actually are set on what we’re paying our salary and things like that so it is quite specific per business.

Respondent 1: Actually, [R3], you’ve articulated it far better than I have.

Respondent 3: That’s why I’m the Head of HR.

Interviewer: So, thinking then about your pay and rewards package, which bits of it do you think are really influential in recruitment and retention and that might be different for recruitment and retention?

Respondent 2: The first bit to talk about in recruitment is that we do pay a £500 welcome bonus. So, the £500 welcome bonus is when an individual completes their first two weeks of availability. So once they’ve told us what their two weeks availability looks like and they complete that, they get that £500.

About 18 months ago, we introduced something called the candidate journey, that looked at things like candidate touch points so paying for DBSs for the candidates, for example, whereas they used to pay for their own, the welcome bonus. And then around that some softer training and development pieces designed to put an arm around people.

Some data that we pulled last month showed that of our new starts, we’re now retaining close to 90% of those new starts in their first six months of employment with us. So, that’s made a really big difference to that recruitment and initial retention piece.

I think the next phase of that journey now is where we are going to go with what we’re calling the employee journey, where we’re going to be looking at the six months to the 12 months, the 12 months to the 18 months and the 18 to the 24 months to sort of look at what we can do. Interestingly, I think initial feedback from colleagues is that it’s not necessarily the financial thing around having another bonus, it’s more about the development and progression and where they can go from that point once they hit that six months. But the welcome bonus has absolutely made a huge difference for us.

Interviewer: In terms of attraction. So, could you say a bit more, then, about that employee journey? So, what levels do you have? How do they get from one to the next level? What difference does that make to pay?

Respondent 2: Typically, the pay rate that you bring somebody in at yesterday typically won’t change over the first 12 months, unless something comes in, for example, a minimum wage increase and you need to move above or in line, for example. It’s very rare that that will happen. We’re starting to do this but I think one thing we need to get better at it is probably our internal succession planning, so looking at our people who have come in at the entry level roles and progressing those into those more senior roles. And in turn, then, the pay will come with that. But I think that’s probably a work in progress. But it’s very rare that we will do some mid-year increase just ad hoc. There will be a reason behind it.

Interviewer: But do you have care worker, senior care worker, team leader, whatever terms you use? And if you do, is that qualification based, experience based?

Respondent 3: Experience mainly.

Interviewer: And why would it not be qualification?

Respondent 3: Sorry, sorry, it is qualification, so you can’t became a senior care worker unless you’re signed up for Level 3 or have a Level 3. So, care worker, higher care worker… care worker is normally no qualifications, higher care worker would go Level 2, senior would become a Level 3. What we have found in the past is that there are a lot of managers who would use the ability to move people up the internal grades so if they’ve completed their Level 2, so they go to higher, then completed the Level 3, they go to a senior. And obviously, where we’ve been in locations where it’s been longstanding, you have a heavy proportion of senior care workers. Now, they may only be paid 10p or 15p an hour more but that has affected the wage bill of the business.

So, what’s happening now is that we do have to make sure that there is a need to have a senior in that part of the business. So, in care homes, for example, we only have so many seniors along with a care team leader and we try to make sure there is a complete structure within the home. So, it is qualification based.

Interviewer: Qualification based.

Respondent 3: As well as experience based, yes.

Respondent 4: One thing worth mentioning, is that we’ve invested a lot in, as [R1] mentioned, [in training] so we support up to 300 apprentices a year, up to sort of Level 3. And we also are supporting people getting their qualifications beyond that, as well.

Interviewer: So, how are the apprenticeships working for you? I hear mixed views within care about the effectiveness of apprenticeships in terms of releasing and backfill and those kinds of issues.

Respondent 4: It is hard but because we [do lots of training, we are better at it than those who are not, we’re a bit more flexible about how we do it. And our success rate is getting better by the year. [Redacted], we’ve got a new team in there now and it’s made it much more focused on getting people’s learning very tangible and for the individuals to feel supported through the process.

And we also have access to other funding, which means we can get people through some more senior level training, as well, which should be useful. Because part of our story of [care provider] is that it is a meritocracy so you should see people around you, whatever department you're in, who have grown with the company, who may have started as a care worker and they’ve worked their way up and now they may be an area manager or managing director. And there are stories around [care provider] of people who have had that journey.

But we try to make that a bit more structured. We’ve given people access and ability to take on further learning for themselves as part of their own progression.

Interviewer: Okay. So, you talked about the length of service there and I know [R2] talked earlier about your early candidate journeys and the success around that. But what would your retention rate across the business look like?

Respondent 3: Very varied, dependent. There’ll be a report on the month lead business by business so we can provide you with those separately…

Interviewer: That would be helpful.

Respondent 3: [R2]’s probably got them at the touch of a button]. We also do, just echoing what [R4] said, you know, we do find that domiciliary care is particularly hard with the qualification, the apprenticeship framework. It’s really hard to provide them with the 20% off the job training because, obviously, we try to embed that into everything we do, which, like [R2] said, we have our own internal practices, and things like that.

So, I think, those elements are fine. But there is still a high drop out rate, higher than what anyone would like to see, to be honest with you.

Respondent 4: And also, I think it’s worth pointing out that the availability for people to access apprenticeships seems to be getting harder and harder because a number of training providers are pulling out of providing it because if you want to be a hairdresser and get an apprenticeship as a hairdresser, you’ll get a grant of about £12,500. If you want to be a care worker, your grant’s £3,000. So, it’s the same length of time, it’s at the same level of training, it is not particularly a viable business model for a trainer, currently.

Interviewer: And do you know why there’s that difference?

Respondent 4: The value that society places on care workers, sadly.

Interviewer: Right, so it comes down to that.

Respondent 4: And how loud the industry shouts for the need for their staff to be trained.

Respondent 3: And the fact that we’re always fighting against the NHS.

Interviewer: Did you want to say a bit about that? Do you lose people to the NHS?

Respondent 3: Yes, daily, weekly, hourly, yes.

Interviewer: Why is that? I probably know but why is that?

Respondent 3: We can’t compete with them, we can’t compete with the local authority, we can’t compete with the NHS and…

Interviewer: Terms and conditions.

Respondent 3: Terms and conditions, yes. We ran a pilot within [county] of where we have taken some scholars from [county]. So, [local NHS] Trust, I need to make sure it’s the right one, [local NHS] Trust actually did an event working with social care employers to provide us with scholars for 18 months but they were being paid as an NHS worker. So, if they work before 8:00 in the morning, if they work after 6:00 at night, if they work weekends, if they work overnight, then their hourly rate increases to something that we can’t even match. They get full pay sick pay, they have… and we can’t match that, no matter what we do, we can’t make sure people get paid enough to provide that level, you know.

So, I’ve been in health and social care 25 years, I’ve been with [care provider] 19 years and we routinely take over local authority care homes because they’re running at a loss because the local authority can’t afford to run them at the pay rates that they’re tied into because they’re local authority backed.

Respondent 4: Local authorities tend to pay themselves more than they would pay a private provider.

Interviewer: Yeah, absolutely, yeah, absolutely.

Respondent 4: And yet they go bust. That tells you about what the price rate ought to be for provision of care in this country.

Interviewer: So, can we come onto that then? Because I think one of the particularly interesting things about [care provider], then, is that you deal with so many different local authorities. So, how much do they vary in terms of practice and rates and what kind of impact does that have?

Respondent 3: I would need to check on the rate variance for you but I know in [county], for example, we’re getting paid £635 for a bed per week in a care home. You can’t even staff it for that amount of money, you can’t…

Interviewer: Mm.

Respondent 3: …for that amount of staff for one resident on that amount of money. And then different areas you get different prices. You’ll get local authorities that understand complex care better. When you’re looking at a residential bed compared to a supported living bed, I mean, we’re probably getting three times the amount of money for a supported living bed than we would do for a residential bed.

And supported living, we could have 2:1, which would require two staff members to one client and we don’t get paid for that. So, it really does vary massively.

Interviewer: And how do you manage that, then, within your pay rates?

Respondent 3: We have separate pay rates per location.

Interviewer: And they vary significantly?

Respondent 3: I mean, all of our pay rates are over national minimum wage, just to be honest with you. So, for example, in [service name], the pay rate will be slightly higher because of the work that they are… so, [service name] is our supported service so supported living service. So, they will get paid slightly more. If you’re in a nursing home as a nurse, you know, the rates we pay are over NHS rates but we don’t have the additional pension or anything like that to make us competitive but we are paying more per hour than the NHS do.

Interviewer: All right, okay.

Respondent 4: There are some exceptions, I mean, for example, we have a dozen hospital discharge projects and we have to put in a price for them and they all tend to be tendered. However, we do try, the notion is that the local authority or more often than not the NHS want us to be a project, a group of people that are not taken from the local community. They want us to be an additional resource because they understand how stretched the local environment is in the sector.

And the irony is, then, they’re prepared to pay more for those people to be available 24/7. So, they get paid whether they’re needing them or not. We provide them accommodation, which the commissioner pays for and we provide them a vehicle each, which the commissioner pays for. So, the member of staff there is normally on slightly more money than the other people locally. They get given a car and accommodation.

Now, in those circumstances, people are prepared to find the money to get people out of hospital, that’s the pressing objective. So, they’re prepared to pay for a model that makes that work. But then that butts against the local economy, that butts against the local care provision because then you get people stuck within the project because you can’t get them into local care provision. But that doesn’t matter because actually, they’re at home and we’re paying for that but at least they’re not blocking a bed.

So, it’s masked, the problem is masked and they can flex when they need it to but it doesn’t ever reach high up on the political… because it isn’t visible, it’s an invisible flex that people are not wanting it to be known too well because it then affects the politics around other local pay.

Interviewer: So, if I understand this properly, is that the difference, so it’s the NHS commissioning for discharge as opposed to local authority commissioning for ongoing care?

Respondent 4: Well, it can be a bit of both because sometimes it might be continuing health care where they can’t find another provider in an area and that’s what’s blocking them. Sometimes, that might be a local authority funding that and sometimes it might be end of life, which might be funded by the NHS. But they show the ability to flex. It’s not just the salary they enforce because there are other benefits in kind being provided such as accommodation and a vehicle.

So, if you add all that together, that adds quite a large chunk to the hourly rates. But it’s generally provided and we’re very good at doing it. We’ve won awards and so on and the staff enjoy the flexibility of it. But it’s generally provided because the local market cannot attract the people to do the work that’s needed at a point when the NHS say, “We need it.” So, it’s available at a point when the NHS say, “We need it.”

Interviewer: Okay, that’s interesting. We talked earlier about international recruitment, can we come back to that? Can I ask you about your experience of that?

Respondent 4: Yeah, we’ve been doing that for two years now. We set up a specialist team to do it, we have recruited xx staff and sponsored xx staff. Predominantly, they are in our care home arrangement but they’re also in those projects that I’ve mentioned to you about NHS discharge and we’re now starting to supply into supported living and domiciliary care, as well.

We’ve tended to focus around [country] and we’ve tended to focus around senior healthcare assistant grades, meaning that the majority of the people we’ve recruited are nurses in their country of origin.

Interviewer: But are working here as care workers?

Respondent 4: Working here as care workers. That’s the majority, we also have some who are on a pre-registered nurse pathway or have become pre-registered whilst they’ve been with us. And we have a programme of supporting them through their training so they can become pre-registered. So, we have a training programme.

Our retention rate has been excellent compared to the NHS and many others. Our retention rate over two years is 94.5% of those staff who have stayed. And out of those, a handful, less than 20 who have left, the majority of them have been for personal reasons, whether it’s pregnancy or getting married or something like that. And normally, it’s been returning to country of origin rather than going to another competitor. So, for us, it’s been a big success.

Interviewer: So, that is really interesting. I think the figures show that in the last couple of years it’s been a huge source of influx to the sector. But going forward, how sustainable is that for you? Is that a model that you’ll continue to rely on so heavily?

Respondent 4: We’ve got a very clear couple of phases that we’ve gone through in our journey for international recruitment. The first phase, frankly, was called stability because like a lot of the sector, we were undergoing unprecedented flux in our workforce at the time, coming out of Covid. And really, it was about sustaining the business. There are many businesses out there that have gone to the wall as a result of not having enough staff to be able to deliver what they should be delivering.

So, it was to stabilise the business and that’s been very successful and we’ve now moved out of that phase. The second phase was we would recruit all staff according to growth opportunity. And part of the opportunity for us to be able to say yes to growth or yes to opportunities to take on new care homes or new locations that are, perhaps, unmanned at the moment, no staff in there, no clients in there, is our ability to say, “Well, that’s fine, we can bring 30 new staff in, in two months’ time.”

So, the second phase we’re now well and truly in is our growth phase and as an organisation we have relationships with nursing schools, training schools overseas where we can say, “Oh, can we have 30 next month, please?” And so, our team does all of that liaison and matches demand in our business with the flow from overseas.

So, it’s quite a sophisticated process now. And then the final phase we’ve actually now entered, is we’re also supplying this expertise into [other] companies in the sector.

Interviewer: So, helping them to recruit?

Respondent 4: Helping them to recruit [redacted for anonymity].

Interviewer: Right. And the pastoral elements, housing, accommodation, etc., how has that worked for you?

Respondent 4: We provide and subsidise accommodation for the first six months and on average, people stay within that subsidised accommodation for about 16 weeks. So, not many stay into the full six months. Some do, however, and there’s an unsubsidised rate that we will charge them for that accommodation beyond the six month point. And we’ve probably got about six people in that situation.

So, we have purchased houses in different locations for our staff. If we think there’s a long-term demand for it. Most of the time, we’ve let them use the empty houses in locations and staff have been put up for, as I say, up to six months. But with the churn that there is, people are moving out after, normally, 16 weeks. That has enabled us to keep a flow in certain locations.

Interviewer: And have you found that harder in certain locations than others?

Respondent 4: Inevitably, yes. That’s been difficult in places. We’ve had to be slightly innovative with how we do it, so minibuses being used or some other arrangements made locally. But yeah, we’ve had to flex.

One of the benefits we have compared to a public sector model is we can make a decision as a company, as directors, and then the next day we’ve got a property. So, we could be offered something at 9:00 in the morning and by 2:00 in the afternoon, monies have been exchanged and keys are ready the following Monday. Where working with the NHS, for example, that is a very difficult decision-making process.

Interviewer: Yes, much slower. Yeah, you do have that real benefit. Just having a quick look through my questions. I think I’ve covered a fair number of them.

I suppose, really, just the more sort of general observations about what brings people into care in terms of your experiences, what keeps them with you, you know, thinking generally about that kind of recruitment and retention piece, what are the really important influences?

Respondent 4: Well, we have a people programme view, as well, where we focus around attraction, recruitment, retention, learning. But our other focus, as well, is around celebrating our people. So, we try to tap into what is it that brings people into care? And what is the value you add as an individual in the course of your work? And [R3], you alluded to, or [R2] alluded to it earlier around actually, what made people stay isn’t the promise of extra money down the line, it’s actually feeling that they’re valued, feeling that what they do is worthwhile and more worthwhile than going and working live-in is one example I was given earlier.

And so, we’re trying to get better and better and certainly more conscious about how we highlight excellence in the workforce and the impact people make but also to tell that story through the eyes of our care worker colleagues. So, our marketing department is much more attuned to celebrating those success stories and pulling out how that individual’s made a difference to someone’s life. So, that’s something we’re getting far more conscious about doing. We’ve always done it but we’re now doing it in a far more considered and structured way so it becomes consistent and fair but also a motivator for people and something that [R2] can use and is an attraction. So, how can we bring you in to come and do a job that’s worthwhile and to make it feel really human?

Interviewer: And so, you talked about newsletters but do you have employee of the month or annual award schemes?

Respondent 3: Occasionally, they do their own employee of the month award. So, each location will have an employee of the month. And we have an annual awards ceremony, which have the care worker of the year. And that’s always done with full board attendance…

Respondent 4: [Scheme name] we call that.

Interviewer: Okay, that’s nice.

Respondent 3: And then, obviously, we do our length of service awards, as well. So, we look at one, five, 10, 15, 20, 25. I’ve just been given the go ahead to cost up one, two, three, four and five and just doing the paperwork on amending those changes. So yes, I’m just working with that with [R1] who is the director, or head of business services.

Interviewer: That’s all really helpful and really interesting. Are there things that I’ve not asked you about that you think in terms of your people, their pay, their reward, their retention, are really important things I should know?

Respondent 4: Well, other than I don’t think we’ve got it perfectly right but I don’t think we probably ever will either. So, I think if we have a culture and I think we’re getting to it now, we’re not there yet, of feeling like we have to continuously review and continuously assess and mark ourselves and how are our people feeling about us.

So, that’s the other thing we do, as well, fairly regularly, we do survey our staff and the various elements of our staff, as well. We’re at the moment doing a survey of all people we sponsor from overseas to see what their experience was like and, “What do you expect and what do you think of [care provider] and would you recommend us?” And we do that same practice, as well, for people soon after they’ve been recruited, so how was their experience? “How were you treated? What was your first impression? Were you supported by your line manager?”

So, we gain a lot of information through that, which can help us shape things. And I think we’re far better at seeking the truth now, which enables us to evolve. And I think we’ve been around 35 years, we’re a mature company but as we got bigger and bigger, I think we’ve now got better at trying to understand what we’re doing and how it impacts people.

I think the danger is, as we grow, is that we could become more corporate. And I think one of the good things about [care provider]’s variation [in services] that you talked about earlier, is that each of those companies in their own right have their own culture. But they’re part of a bigger [care provider] family and culture. But they have their own idiosyncrasies, their own ways of working in there and that’s allowed, to a point, they’ve got stay within policy. But we do foster some variation.

And also, the other factor is, as well, is that people are able to move across [care provider]. So, that’s the other benefit of working here. And I don’t think we’ve always been very good at explaining that opportunity to people but I think we’re now far better at that.

Interviewer: So, you may not lose people if they want a change of service or they’re moving home to follow their partner somewhere, you can accommodate them often elsewhere geographically?

Respondent 4: Indeed, yes. We’ve got examples of that around the company.

Interviewer: That’s really helpful. I don’t know if [R2] and [R3] want to add anything to that in terms of things I’ve not asked that you think are important?

Respondent 2: Nothing from me.

Respondent 3: I think being a family business is quite a unique selling point for us, as well. You know, we’ve echoed on that from the head office service position, you know, we’re quite reactive, we’re quite supportive, you know, we use technology in different ways than other providers. So, we’ve got apps, we use electronic planned care records and things like that. So, we are moving on with the times, to be honest with you. So, I think that’s really good.

We do tend to TUPE a lot of our business, so care homes we tend to TUPE. And then again, that gives us new current services in a new site that we can build our other services around. So, I think, yeah, I think there’s a different ethos for us than a private provider or non-profit.

Respondent 4: And also, just to build on that, [R1] made reference to it earlier in his introduction, is the fact that we’re a very financially secure company. And that’s something we’ve been majoring on more and more recently…

Interviewer: With employees?

Respondent 4: Yeah, because in the sector, there are a lot of companies that are going under or being bought out by private equity companies and then the culture changes and it becomes more about profit and numbers and volume. Where we’re a company that’s grown pretty organically for those xx years and it’s done so with a really sound financial footing. And, I think, now more than ever, that’s something that’s valued.

Interviewer: Yeah, yeah, that stability and security. Yeah, that’s really, really interesting. Well, I really appreciate your time. I know you did say you’d pop me a couple of bits over, [R3], and that’d be really helpful, if you wouldn’t mind.

Respondent 3: Turnover stats and retention.

Interviewer: Yeah, that’d be really, really helpful. But yeah, really appreciate your time. I recognise how busy you are and that’s been really helpful, some really, really interesting stuff in there so thank you very much. Okay, good to speak.

Respondent 2: Bye.

Interviewer: Bye.

END OF AUDIO