Improving Lives, Improving Life.

The findings of a study on the key strategic issues facing the long term care for older people sector.

Conducted by

LAING & BUISSON

on behalf of

ECCA and

P&G Professional

2004

English
Community Care
Association

Foreword

by the authors, Sandra Lawes and Bhavna Jones

On behalf of the three organisations that commissioned this detailed study, we would like to welcome you to the report.

Specifying the research and analysing the data we collected has been highly stimulating and thought provoking. We hope you find it an informative tool.

The key findings and messages from the industry make very interesting reading and reflect the complex issues facing the long term care for older people sector at present.

Our grateful thanks go to all those who used their time and experience to help us to plan the research and contributed to the final result.

We sincerely hope that all of you will find our study of value in informing discussion and providing a platform for further dialogue.

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Executive Summary

Background

This major qualitative study, believed to be the first of its kind, was designed to probe the dynamics and trends behind the key strategic issues facing the long term care for older people sector in England.

Launched by English Community Care Association (ECCA), it was sponsored by P&G Professional, a company which has made a strong commitment to the independent care home sector. P&G Professional manufactures high quality laundry and cleaning solutions, which are specially designed to tackle the challenges that confront care home operators.

Laing & Buisson was commissioned to conduct the interviews, analyse the data and produce a full report of the study findings.

In-depth telephone interviews consisting of over ninety questions were carried out in Spring 2004. Those interviewed were senior executives from forty organisations concerned with long term care, selected to represent the sector (thirty major group operators and ten care associations).

Objectives

The objectives of the study were to:
- Provide information of value to the sector and those working with it
- Complement the quantitative information already available
- Probe the reactions of the sector to the many issues it faces
- Allow home operators to compare their own operations with the rest of the industry
- Give the sector a powerful voice to express its concerns to the government and other policy makers and potential partners.

The intention is to repeat the study periodically to track changes.

Findings
The future shape of the sector
- Operators are confident they are providing an important and necessary service
- They are aware of the imminent, significant increase in the population of older people, especially the over 85s
- Traditional care homes have a vital place in the spectrum of models of care, although some people who would previously have entered care homes for personal care will now receive care in alternative accommodation
- Currently 49% of older people receiving care live in traditional care homes. Over 60% of those interviewed believe that the percentage of people receiving care in traditional care homes will decrease. All respondents, however, think that the absolute number of older people receiving care will increase, due to the projected increase in the population of older people. Investment is needed in all types of long term care due to more complex, specialised care needs of individuals
- Operators are hampered in developing new models of care by problems with land availability and planning permission
- There is a belief that the true costs of alternative models of care are not known
- Operators question whether successive governments have taken full account of the demographics and the true cost of alternative care models
- The availability of state funding for long term care will be the most important factor in shaping the future of the care sector over the next five years, followed by changing customer expectations and property market values
- There is a shortage of people to deliver formal and informal care
- The success of government policies on NHS hospital waiting lists depends on the availability of appropriate accommodation for older people
- Operators would like to see the National Minimum Standards used to further improve quality, with a focus on the quality of life for older people.

Key influences on the strategic development of the sector
The key influences on the strategic development of the sector, in descending order of importance are:
- Fees for local authority funded residents
- Regulation
- The self-funding market
- Public and media perceptions of the industry
- Growth of public sector care home provision.

Other issues influencing the development of the sector include:
- Government policy on care provision
- The significant increase in the population of older people
- New ideas on funding including differential fees to reflect the quality of care
- The availability of staff
- Operators' ability to obtain planning permission for new build or extensions for traditional care homes and/or alternative models of care
- Assessment and commissioning practices.

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Plans for growth and development

- Group operators are bullish about new care home development in the sector in locations where fees are adequate, after a period of virtual stagnation
- Extensions and acquisitions are also on the agenda
- Local care association members are concentrating on extensions on existing sites
- The sector is open to innovation and new models. Many group operators are already providing such new models of accommodation with care
- The sector has a wide range of further diversification under consideration
- The study provided new information on outsourcing – 70% of major group operators outsource one or more services especially catering, housekeeping, gardening/landscaping and maintenance
- Only a few care association members are believed to outsource services, due to the smaller scale of their operations
- For information on new trends and developments in long term care, group operators use market reviews/published reports, conferences, trade press and their national professional associations. The care association members rely most heavily on the trade press and their national and local associations to keep them informed.
- Four out of five group operators regularly monitor developments in long term care overseas, as do a very limited number of smaller operators. A considerable body of knowledge and experience resides in the industry, that the government and other policy makers could tap into.

Regulation and partnership

- The care home regulations and the National Minimum Standards are perceived to have had a negative effect on operational efficiency, the recruitment of staff (mainly due to Criminal Records Bureau delays), administration workload and the perception of the sector. The impact on the quality of care and the development of new older people's services is neutral and the effect on staff training and development has been positive
- The verdict on the success of the National Care Standards Commission (NCSC) is that the standards were consistent but the implementation and inspections were not
- The sector has high hopes for the Commission for Social Care Inspection (CSCI) and recognises that the body has a difficult job to do. Operators want the CSCI to play a strategic role working in partnership with them. They want consistency, and a focus on outcomes and the issues that affect residents' quality of life. They want the CSCI to be involved in capacity planning, commissioning, staffing regulations and to recognise the link between fees and the resources available to make operational improvements
- The sector has a strong wish to work in partnership with the government, PCTs and social services but, with some local exceptions, this is not yet happening
- English Community Care Association (ECCA) is seen as the leading national professional association. Those interviewed recognise the specialist position of the Registered Nursing Home Association (RNHA). The National Care Forum (NCF), which represents not-for-profit providers, also emerges as significant in the sector.

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Staffing issues

- The study reveals a wide range of levels of achievement of NVQs for home managers (2% to 100%) and healthcare assistants (10% to 80%), with massive variations between homes even in the same group
- Operators have major concerns about meeting the training targets for healthcare assistants due to the loss of trained staff
- Training has been a major burden on the sector which is NOT reflected in fee levels
- Staff recruitment and retention is seen as a key issue. Trained staff are lost as they leave for better paid and less stressful jobs or are recruited into the NHS. Staff turnover is regarded as a significant issue by all respondents
- The sector has a range of creative and innovative ideas to address the problem of staff turnover
- The level of fees underlies all other issues, including resources for training
- Skill mix reviews, which could lead to some nurses being replaced by carers with higher NVQ qualifications, are a hot topic with 50% of the study sample thinking they are 'likely' or 'very likely'. Respondents are confident reviews will bring benefits to residents and staff
- Operators use a range of methods to measure their performance and ensure the standard of care delivery is consistent with their brand values.

And finally.....

- Operators and care associations have a deep commitment to the challenge of delivering quality care
- They stress the impact of the significant increase in the population of older people and express concern that successive governments do not appear to have taken this into full account
- There is a widespread awareness of the new models of care and a willingness to adopt them – some operators have already done so. However, there is a strong belief that there is still a place for the traditional care home in the spectrum of care provision, offering cost-effective care to a significant proportion of older people
- Many foresee the consolidation of the sector – similar to the UK supermarket scene
- The level of fees underlies all aspects of development of the sector, which is facing many challenges especially the recruitment and retention of staff
- Respondents want the regulations and inspections to focus on outcomes not inputs. They would like the standards to be aspirational targets rather than the lowest acceptable level
- There is concern that future inspections of care homes with nursing will be without the input of trained nurses
- There is a fervent desire for a real partnership with government to solve issues as associates and colleagues, not as adversaries
- There is a strong belief that many of those involved in policy making are not familiar with the true facts about life in a quality care home in the 21st century and with the relationship between bed-blocking in NHS acute hospitals and care home provision
- Operators would like clarity on whether the state intends to be a provider or a commissioner. They would also welcome better quality commissioning and support from the Department of Health (DH) in reducing delays in gaining planning permission for care provision
- Many respondents feel that the sector should engage with the government with one voice through one united professional association.

English **Community Care** Association

Background and Objectives

Co-operation between three companies ECCA, P&G Professional and Laing & Buisson

This major research study has been commissioned by **English Community Care Association (ECCA)** working closely with **P&G Professional** and **Laing & Buisson**.

Improving Lives, Improving Life

The qualitative study was designed **to probe the dynamics and trends behind the key strategic issues facing the long term care for older people sector**. Believed to be the first of its kind, the study will be repeated periodically.

The project was sponsored by P&G Professional, manufacturers of high quality laundry and cleaning solutions. P&G Professional has made a strong commitment to the independent care home sector, which is demonstrated in a number of ways including the provision of superior laundry and cleaning systems, investment in training for care home staff and technical support for laundry, catering and housekeeping.

In mid-2003, P&G Professional began discussions with the Independent Healthcare Association (later to become English Community Care Association – ECCA), to identify ways to add value to the industry. From these wide ranging discussions, the idea for this major study was born.

The objectives were to:
- Provide information of value to the sector and those working with it
- Complement the quantitative information already available
- Probe the reactions of the sector to the many issues it faces
- Allow home operators to compare their own operations with the rest of the industry
- Give the sector a powerful voice to express its concerns to the government and other policy makers and potential partners.

ECCA launched the study in March 2004, once the transformation from the Independent Healthcare Association to English Community Care Association had been completed.

Laing & Buisson was commissioned to undertake the interviews, analyse the data and produce a full report of the study findings.

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Methodology

The research universe was defined as independent care home operators in England.

The first stage of the process was a series of meetings and a workshop held in late 2003 to identify and prioritise the issues to be probed in the study.

Participants included:
- Senior executives of the Independent Healthcare Association, later to become English Community Care Association (ECCA)
- Representatives of the National Care Standards Commission (NCSC)
- Shadow representatives of the Commission for Social Care Inspection (CSCI)
- Senior executives of Laing & Buisson
- Senior executives of P&G Professional.

A draft questionnaire was produced and reviewed by the executives of ECCA. (See Appendix 1 for details of the questionnaire).

A number of other people and organisations assisted with the planning and execution of the study and their contribution is acknowledged in Appendix 2.

Senior executives from forty key organisations were selected as contributors to represent the independent care home sector, with the sample designed to achieve as extensive a geographical coverage as possible. (See Appendix 3 for details of the organisations that participated in the research).

A joint invitation to participate in the study from ECCA and Laing & Buisson was sent to potential respondents in March 2004. Shortly afterwards, Laing & Buisson began contacting the respondents to schedule interviews.

All respondents were assured that strict confidentiality would be observed and that no part of any interview would be attributed to any individual or organisation.

To ensure consistency and accurate interpretation of the data collected, the in-depth semi-structured interviews were conducted on the telephone by two senior healthcare consultants with Laing & Buisson, Sandra Lawes and Bhavna Jones.

The average interview session lasted forty five minutes, and some lasted in excess of an hour. All interviews were completed by mid-May 2004.

In total, respondents representing some 157,000 beds for long term care of older people were interviewed (over 30% of the sector).

In addition to sponsoring the study, P&G Professional made a financial contribution to the charity The Relatives and Residents Association for every completed interview, as a gesture of goodwill.

Findings from
the Interviews

All opinions and comments are
those of the people interviewed

English
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Association

Growth and Development
THE FUTURE SHAPE OF THE SECTOR

"*In some areas there is a persistence to make home care work but it is countered by demographics.*"

"*In the medium to longer term there will be alternative models of housing. Within twenty years there will be a significant increase in alternative options and other choices.*"

"*Care needs to be specifically targeted to the type of resident. Extra care may sound appealing to older people but will it work e.g. for dementia?*"

"*I am cynical - the government will only fund extra care if it is cheaper. They are relying on less care given and increased family support. There will always be a need for traditional care homes due to pressure on the NHS to prevent bed-blocking by those with dementia.*"

"*Although there will be growth in alternative forms of provision and domiciliary care suitable for a proportion of older people, a significant proportion who need care, need it in a care home environment. The costs of providing care in alternative environments are prohibitive.*"

THE KEY MESSAGE from the operators of care homes in the independent sector is that they are confident that they are providing an important and necessary service, which is valued by individuals and their relatives and for which there will be a continuing demand in the future.

Respondents' answers to questions about the future shape of the industry are thoughtful and well-informed. They have a high level of awareness of new models of care and a strong will to adopt them where appropriate. They are confident that there will be a continuing demand for traditional care homes alongside other models of care.

They are resident focused and recognise the need to provide a spectrum of care models to meet the changing and complex needs of individuals. There is no suggestion that 'one size fits all'. Many operators have either already diversified into other models of care or are planning to do so in the near future. They do not see the different models of care provision as mutually exclusive – older people's needs are many and complex and local factors such as urban/rural locations, distances and the needs of different cultures and ethnic minorities must also be considered.

There are a number of inter-related factors which will affect the percentage of people needing care in a traditional care home. These include:

- Demographics and the increase in the population of older people
- The increase in dementia
- Government policy on the development of alternative models of care e.g. extra care
- The funding available
- The availability of land and planning permission for new developments.

KEY ISSUE!

Predicted change in the percentage of older people receiving care in care homes

According to industry statistics, 49% of the population of older people receiving some sort of long term care (personal or nursing) currently live in traditional care homes. A further 49% receive care at home and only 2% receive 'extra care'. Those interviewed were asked to give their views on how the percentage accounted for by traditional care homes will change over the next five years.

Twenty one of the forty respondents (53%) say that the PERCENTAGE will 'decrease a little' and a further four (10%) say it will 'decrease significantly'.

Seven believe it will stay the same at 49% of all older people receiving care. Only eight respondents (20% of those interviewed) think the percentage will increase.

Fig. 1

All those interviewed, however, feel strongly that the NUMBER of older people requiring care will increase. This is because of the significant rise in the population of older people which is projected over the next few years. The biggest increase will be among the frailer and more dependent over 85s.

English Community Care Association

Despite the present temporary dip in the numbers of older people (due to the effect of World War 1), most operators have seen an increase in occupancy over recent times, as capacity in the sector has been lost.

Respondents envisage that **there will be a greater requirement for investment in all types of long term care as a more diverse range of services is developed**. This will include intermediate care to prevent bed-blocking in NHS acute hospitals, care for chronically mentally ill people and for the increasing number of people suffering from dementia. Investment will also be needed to replace care homes that do not meet quality standards, resident expectations or the complex needs of high dependency residents.

Some predict that in the future, residents will enter care homes at a more advanced age, with a higher level of dependency, requiring more intensive care and nursing. They are likely to have a shorter length of stay in a care home.

Care homes providing nursing may also work in closer partnership with NHS hospitals.

There is a perception that successive governments have not taken sufficient account of these facts and have not factored them into the planning of older people's services and care.

Respondents fear that the government may be ill-advisedly relying on being able to deliver lower levels of care through the alternative models of care such as extra care and expecting higher levels of family support than are currently given.

The sector accepts that a spectrum of care choices is now needed and many have been planning this for some years, recognising that it is not only increasing physical and/or mental impairment that drives people to seek a place in a care home. Many older people benefit greatly from the improved nutrition, stimulation, security and companionship offered by good care homes.

MAJOR CONCERN!
Significant frustrations for operators in developing new models of care are:
- the availability of suitable land/sites for construction
- severe delays in gaining planning permission
- the state's refusal to accept the fact that the extra care model has not been sufficiently tested and may not be deliverable without increasing the need for funding.

Those interviewed expressed concern that the costs of the alternative delivery models may be prohibitive, if individuals' expectations of levels of care and support are to be met. Sheltered and extra care accommodation does not normally provide 24 hour on-site care.

The traditional care home is a cost-effective delivery model and will continue to be a suitable environment for a significant number of people.

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The cost and availability of appropriate staff may be a major constraint on the growth of extra care.

Respondents recognise that government policy is providing incentives for substitute forms of care, such as extra care and domiciliary care, and that these models of care will be appropriate for a proportion of older people. However, they do not believe this spells the end of the care home providing personal care.

Many expressed serious concern that the funds to be made available for alternative models of care are insufficient to make a real impact. Older people's expectations will be raised but unfulfilled, resulting in disappointment and frustration.

There is an understanding and acceptance of the fact that in future, many older people who would formerly have entered a care home for personal care will stay at home for a longer period, in line with government policy. However, respondents feel strongly that this change should be phased in, to ensure continuous availability of care and an appropriate quality of life for all older people, whatever their needs and level of dependency.

Growth and Development
INFLUENCES ON THE MODELS OF CARE DELIVERY

"There is already a far more demanding client group - demanding far more than the minimum standards and far more than the standards envisaged by the government."

"Advances in medicines and drugs let people live longer but also increase the need for care home places."

Respondents were asked about the importance of a number of factors in bringing about the change in the percentage of people receiving care in a care home setting over the next five years.
These factors were:
- Government agenda
- Availability of state funding for long term care
- Changing customer expectations
- Property market values
- Advances in medicines and drugs
- The role of Primary Care Trusts (PCTs) in providing funds
- Improved technological support in people's homes.
Respondents were also offered the opportunity to name other factors affecting this change in the shape of the sector.

They were asked to rate the factors on a scale of 1 to 5 where 1 was 'not at all important' and 5 was 'very important'.

THE NUMBER ONE FACTOR
The unanimous view is that 'availability of state funding for long term care' will be the most important factor. Thirty six of the forty respondents (90%) rated it as '4 or 5'.

Fig.2

The government agenda is also very important, particularly for the operators represented by the care associations, slightly less so for the corporate home operators.

Fig.3

However, the view is that the current government agenda forces the sector to be reactive to changes imposed on it rather than a pro-active partner, using its skills and experience to provide the best solutions to enhance life for older people.

Changing customer expectations is the next most important factor.

Fig.4

Many people are already demanding far more from the sector than the minimum standards and far more than the standards envisaged by the government.

The influence of older people's children, who are closely involved in the choice of a care home, is also important in this context, as they may be more aware of alternative models of care.

Their perceptions of the amount of personal space needed for quality of life are also different to the older generation.

Respondents believe that there is a lack of in-depth understanding in all areas about older people's real needs. Although some data exists on what older people want and what impacts their well-being, further in-depth research into this issue could influence the planning of long term care and benefit all involved in the sector.

The next factor in importance is property market values.

Fig.5

This factor has a major influence on individuals' ability to exercise choice in their care. It also impacts on a care home operator wishing to sell the home for alternative use and on the ability to buy land to build or extend accommodation for all types of care provision.

The role of the Primary Care Trusts (PCTs) in providing funds is next in importance in changing the shape of the sector.
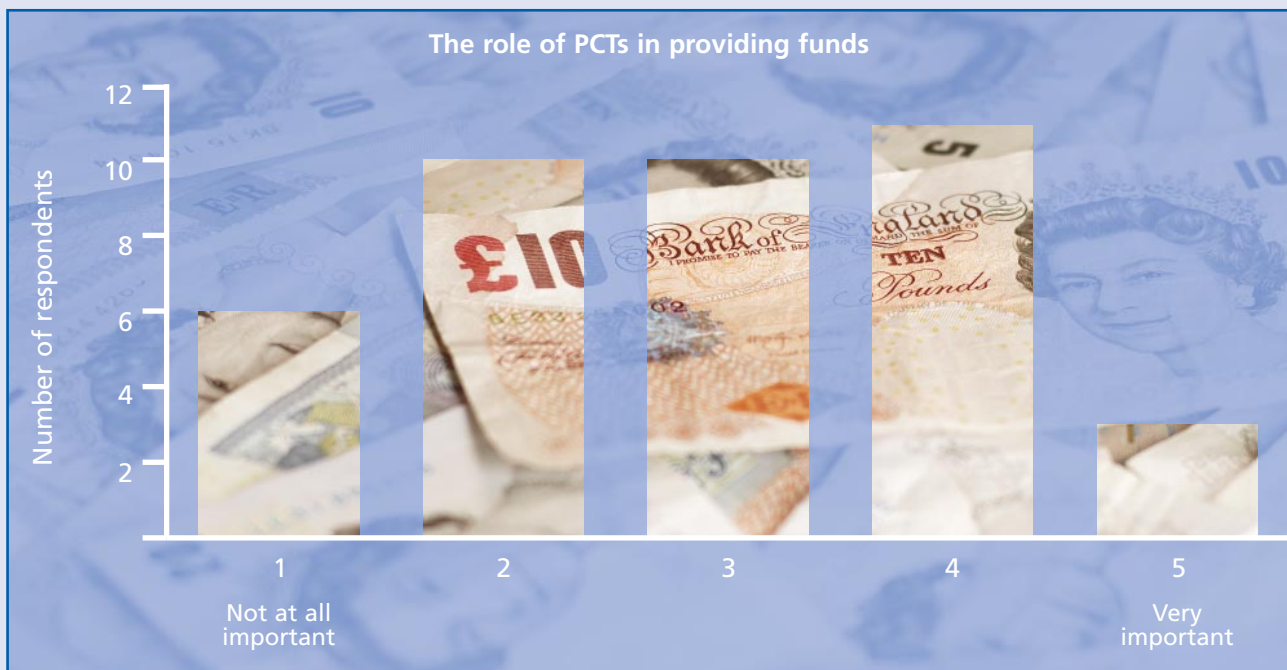

Fig. 6

Their role in funding continuing care is particularly important for care homes with nursing. The PCTs are experiencing a 'step-change' in their responsibilities and the true extent of their influence is not yet fully understood.

While there are significant local variations, respondents believe that PCTs are capable of acting as a pressure group on social services commissioners.

The next most important factor is improved technological support in people's homes (so-called 'smart homes' with technology to monitor and assist every day life).

This is thought to be considerably less important than the other factors already described.

Respondents are aware of areas where technology was having some impact on a small scale but believe that it is likely to be in the five to ten year time horizon that the real impact of technological advance is experienced.

Fig. 7

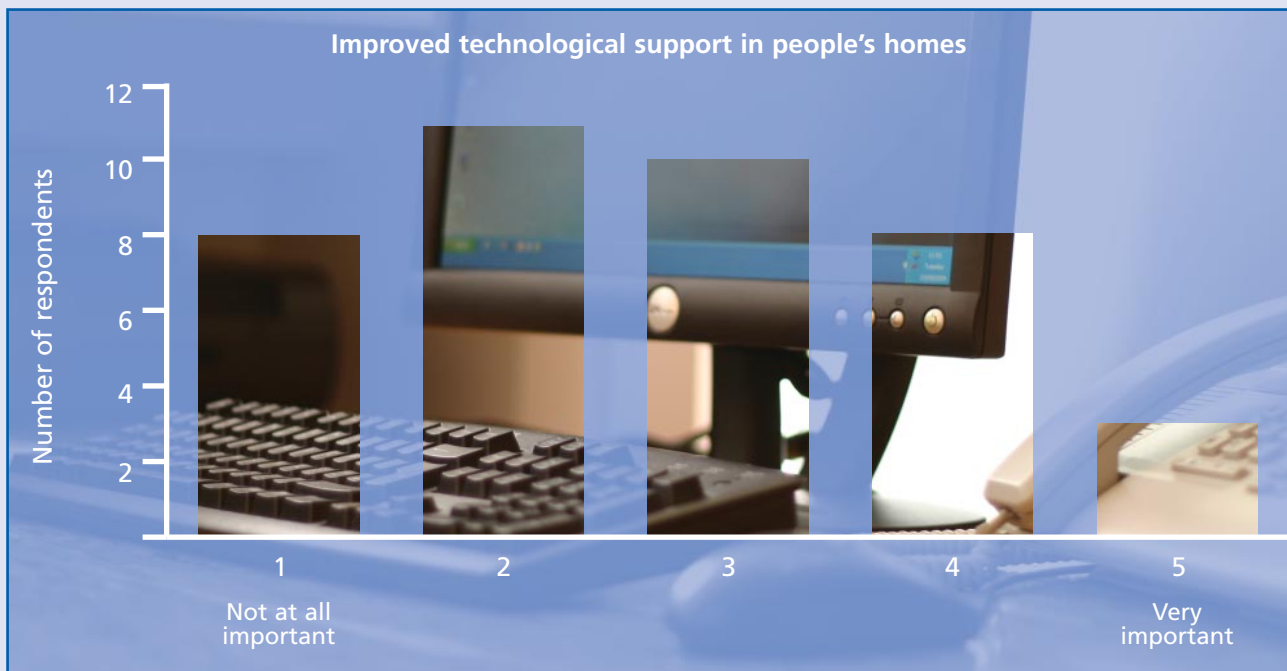**Advances in medicines or drugs** are not considered as important as the other factors in affecting the future shape of the sector **in the short term**.

A few of those involved in the specialised areas of spinal injuries and dementia expect medicines and drugs to have some effect within the five year time period.

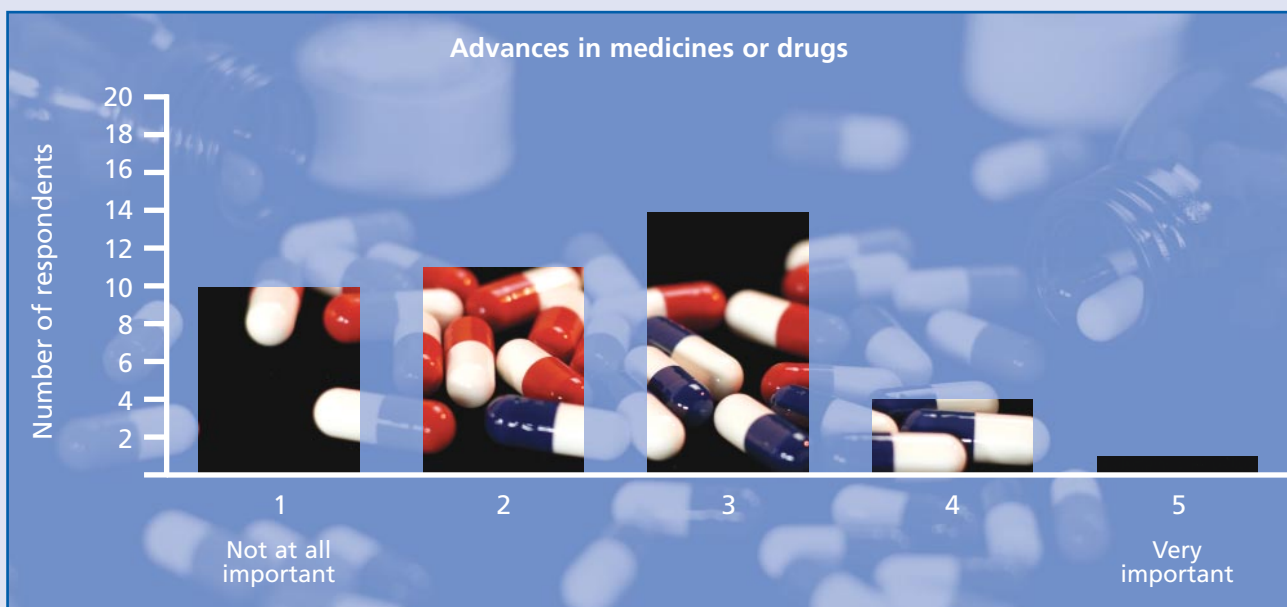Most respondents expect pharmaceutical advances to have a major impact in the long term.

Fig. 8

Additional factors mentioned by those interviewed as important in shaping the sector are:

- Demographics and the increase in the population of older people
- The shortage of people to deliver care – there will be fewer women in the appropriate age group and, as people live longer, carers themselves are ageing, often being in their 60s or 70s
- The success of alternative models of care
- The level of public awareness of the alternative models
- The impact of bed-blocking in acute NHS hospitals and the need to provide timely, appropriate accommodation for older people to enable the NHS to meet its targets

- The direction of the National Standards – currently they are MINIMUM standards. Instead of the lowest acceptable standards, many operators would like to see the standards used to further improve quality in the sector, with the key focus on outcomes and the well-being of older people.

Summary of this Section

- Operators are confident they are providing an important and necessary service

- They are aware of the imminent, significant increase in the population of older people, especially the over 85s

- Traditional care homes have a vital place in the spectrum of models of care, although some people who would have entered care homes for personal care will now receive care in alternative accommodation

- Currently 49% of older people receiving care live in traditional care homes. Over 60% of those interviewed believe that the percentage of people receiving care in traditional care homes will decrease. All respondents, however, think that the absolute number of older people receiving care will increase, due to the projected increase in the population of older people

- Investment is needed in all types of long term care due to more complex, specialised care needs of individuals

- Operators are hampered in developing new models of care by problems with land availability and planning permission

- There is a belief that the true costs of alternative models of care are not known

- Operators question whether successive governments have taken full account of the demographics and the true cost of alternative care models

- The availability of state funding for long term care will be the most important factor in shaping the future of the care sector over the next five years, followed by changing customer expectations and property market values

- There is a shortage of people to deliver formal and informal care

- The success of government policies on NHS hospital waiting lists depends on the availability of appropriate accommodation for older people

- Operators would like to see the National Minimum Standards used to further improve quality, with a focus on the quality of life for older people.

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Growth and Development
KEY INFLUENCES ON THE STRATEGIC DEVELOPMENT OF THE SECTOR

"*"The issue of fees underlies everything."*

"Commissioning practices distort the market and provide perverse incentives to under-assess needs and result in inappropriate assessment and placement of clients." "

Respondents were asked about the importance of various factors in shaping strategic development within their own organisations (or those of their members in the case of associations). The factors were:
  • Fees for local authority funded residents
  • Regulation
  • Public and media perceptions of the industry
  • The self-funding market
  • Growth of public sector care home provision.

As in the previous section, they were asked to rate the factors on a scale of 1 to 5 where 1 was 'not at all important' and 5 was 'very important'.

They were also given the opportunity to mention any other issues which were affecting the strategic development of long term care in their businesses or those of their members.

> **KEY ISSUE!**
> **THE UNANIMOUS VIEW is that the 'fees for local authority funded residents' is the most important factor, as the level of fees underlies every other aspect of providing quality care.**
>
> **Thirty of the forty respondents rated it as 'very important'.**

Fees for local authority funded residents

Fig. 9

The next most important factor is 'regulation' and the direction/constraints imposed by statutory requirements.

Regulation

Fig. 10

Close behind regulation ranks 'the self-funding market'.

Fig.11

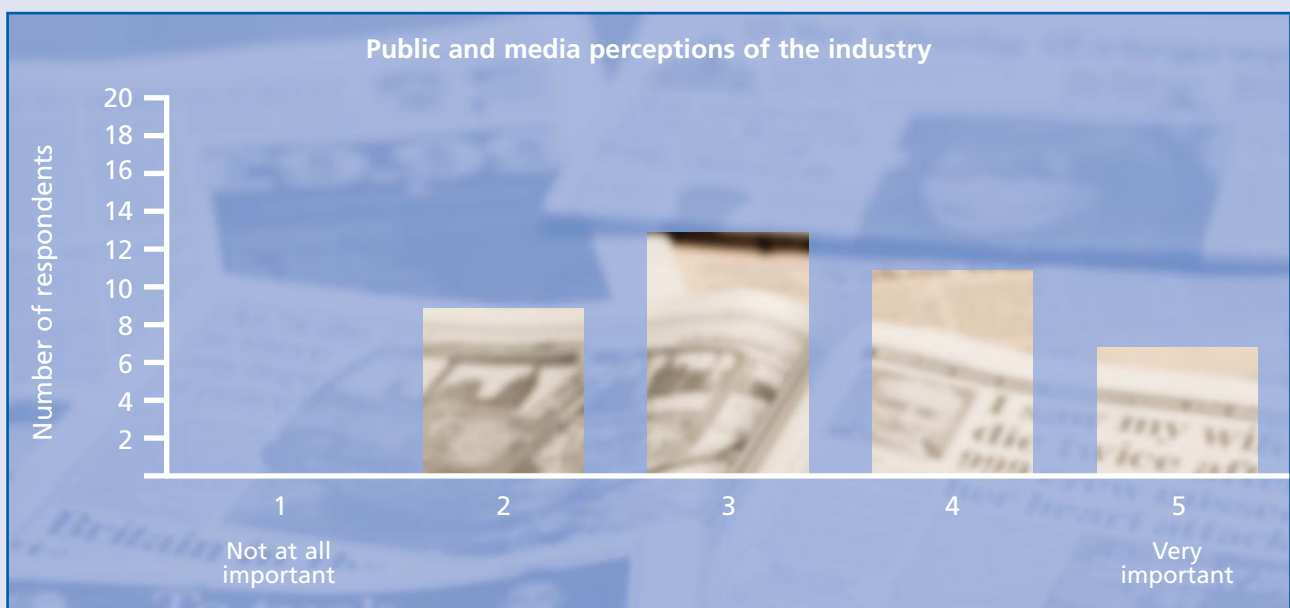**'Public and media perceptions' of the industry rank next in decreasing importance.**

Fig.12

'Growth of improved public sector care home provision' ranks a long way behind the other factors in importance. However, those operators whose homes are in the affected areas are deeply concerned about the principle involved and the effect on their businesses. Many respondents express strong feelings about this, talking of a possible return to the days *"when playing fields were not level." "Outrageous that the state should set up in unfair competition to the private sector."* They feel angry because they perceive the public sector costs to be higher than those of the independent sector and considerably higher than the state is prepared to pay to the independent sector for the same standard of care.

Fig.13

Other factors that are considered important in shaping the strategic development of organisations are:
- Government policy on care provision – models of care, commissioner or provider?
- Demographics and the increase in the population of older people
- The funding available for alternative models of care and their regulation
- The policy on fees for state funded residents – some operators are seeking differential fees to reflect the quality and type of care
- The ability to recruit and retain staff of the appropriate calibre
- Planning permission issues and the availability of land
- Commissioning practices – currently there are perverse incentives (well-intentioned regulations and processes that have unforeseen effects) that can lead to under-assessment of needs and the misplacement of residents in inappropriate care.

Summary of this Section

The key influences on the strategic development of the sector, in descending order of importance are:
- Fees for local authority funded residents
- Regulation
- The self-funding market
- Public and media perceptions of the industry
- Growth of public sector care home provision.

Other issues influencing the development of the sector include:
- Government policy on care provision
- The significant increase in the population of older people
- New ideas on funding including differential fees to reflect the quality of care
- The availability of staff
- Operators' ability to obtain planning permission for new build or extensions for traditional care homes and/or alternative models of care
- Assessment and commissioning practices.

Growth and Development
FUTURE PLANS

Aware that growth and development in the sector has been slow if not stagnant for some years, the survey asked a specific question about the growth elements in organisations' strategic plans.

Respondents were asked which of the following elements featured in their own plans or those of their members for the next five years:
- New build
- Extensions on existing sites
- Acquisitions
- Diversification into sheltered or supported housing
- Diversification into extra care or close care
- Diversification into domiciliary care
- Any other elements not already mentioned.

93% of group operators plan new build
The major group operators are confident in the service they provide and older people's continuing need for care provision. Fixing their sights on the strong self-funding market and in those areas where fees for state funded residents have been settled at adequate levels, twenty eight of the major group operators (93%) plan to start construction of new care homes within the next five years, after several years of little if any development activity.

Twenty six (87%) have plans for extensions on existing sites.

Acquisitions are also a major part of the strategic plans of twenty three (77%) of the major group contributors.

50% of care associations say 'no new build' for their members
The picture is different for the smaller operators, represented by their professional associations, where half of all respondents state that none of their members are considering any new build over the next five years.

The main focus of development among the members of care home associations is extensions on existing sites. One in ten respondents states that 'most' of their members are considering extensions on existing sites within the next five years. All other respondents state that 'some' or 'a few' of their members are doing so.

The sector is open to innovation and new ideas

On the question of diversification into different models of care for older people over the next five years, a very different picture appears to the one commonly painted by the media and government.

Far from being reactionary and wedded to a single model of care provision, nearly a quarter of major group operators are already providing sheltered accommodation and a further 40% of respondents say that their organisation is planning to do so.

13% already provide extra care and a massive 67% intend to do so. 13% of operators provide domiciliary care and a further third of all respondents include this in their strategic plans.

> **KEY CONCERN!**
> **Many complain that their plans are hampered by delays in gaining planning permission, which can take many months or even years.**
>
> **The situation for the members of local care home associations is different with over a third of respondents stating that 'none' of their members are considering diversification into sheltered housing, extra care or domiciliary care. 60% of these respondents say that 'some' or 'a few' of their members are considering these services but the mood is not as buoyant as among the major operators.**

A wide range of further diversification is also under consideration, principally by the major operators including:
- Intermediate and continuing care, working closely with the NHS and Social Services
- Dementia and EMI care
- Care for young physically disabled people (YPD)
- New models of domiciliary care to include rehabilitation for high dependency individuals
- Acute care (general surgery)
- Care of children
- Day services and day care
- Physical and neurological rehabilitation (longer term non-acute care).

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Growth and Development
OUTSOURCING

This is an aspect of care home management that the authors believe has not been previously investigated. The study probed the extent to which operators outsource services in their care homes. They were prompted with the following list:

- Catering
- Laundry
- Housekeeping
- Personal care (not use of bank or agency staff)
- Nursing care (not use of bank or agency staff)
- Maintenance
- Gardening/landscaping
- Security.

They were then given the opportunity to mention any other services which they outsource.

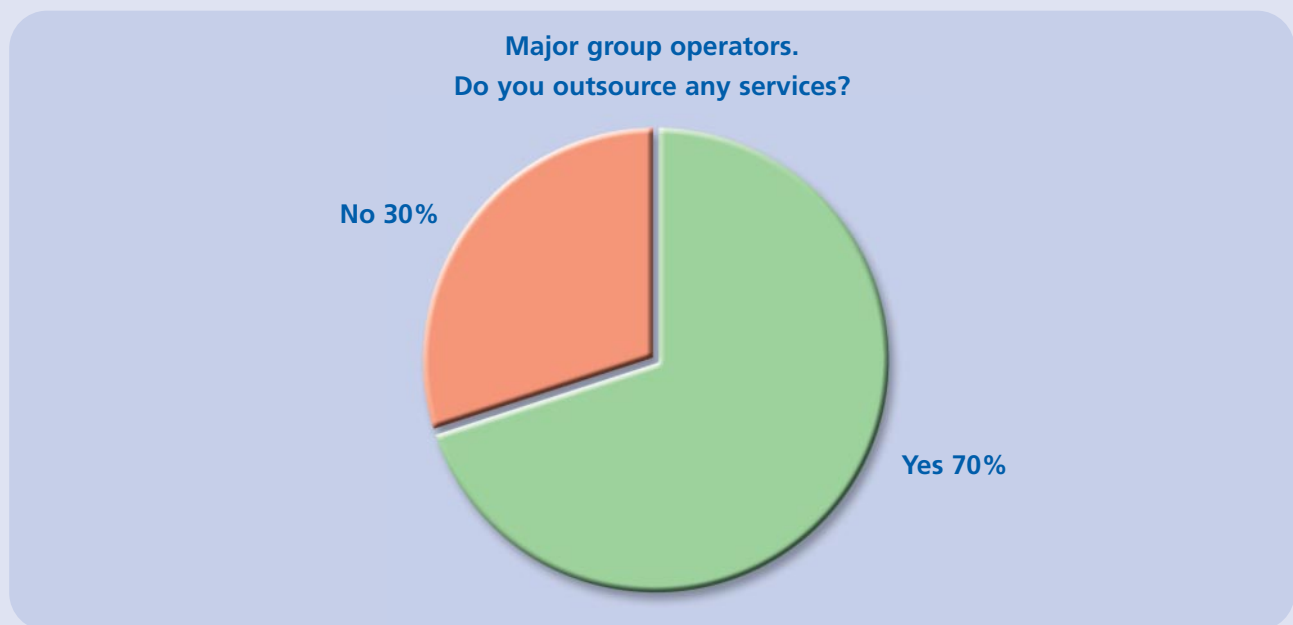**70% of the corporate care home operators outsource one or more service.**

Fig. 14

Catering (27%), maintenance (30%), gardening/landscaping (47%) and housekeeping (30%) are the most likely to be outsourced.

10% outsource security and 3% outsource personal care.

Only 7% outsource laundry, with the majority preferring in-house operations to leverage their economies of scale and keep control over operations.

A small minority of group operator respondents state that they have made a deliberate policy decision to keep all services in house.

Outsourcing is considered as something which depends on economies of scale and **60% of the chairs of the care associations estimate that only 'a few' of their members outsource any services**, as many of their members are hands-on owner/managers of single homes or a small number of homes.

Chairs of care associations.
What proportions of your members outsource any services?

None 20%   Some 20%
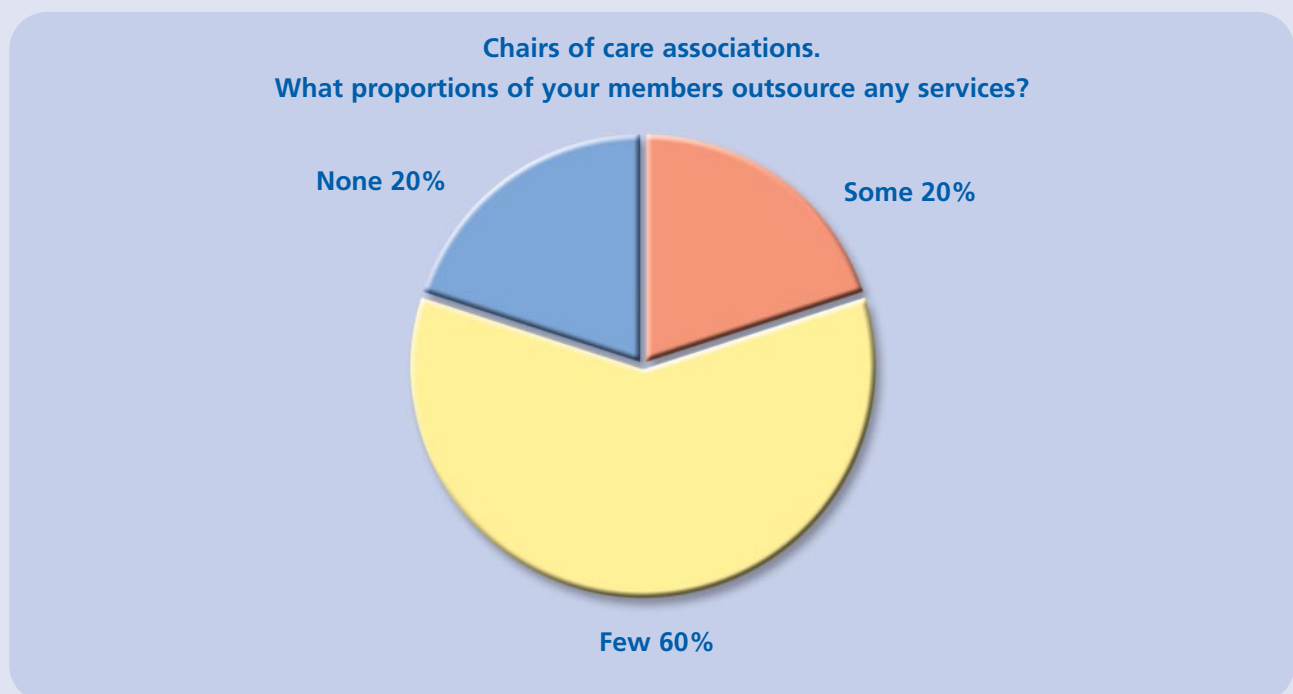
Few 60%

Fig. 15

The most likely services to be outsourced by care association members are **catering, laundry and gardening/landscaping.**

Other services that are outsourced to a more limited extent are:
- Financial accounting
- Payroll
- Training
- Facilities management
- Physiotherapy
- Marketing and PR
- Employment related legal services.

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Growth and Development
IDENTIFYING TRENDS AND NEW DEVELOPMENTS IN LONG TERM CARE

"Conferences are like the proverbial parson's egg - some over-hyped and under-professional. You can't tell until you get there."

"National professional associations can be biased as sources of information."

This section of the study probed the methods operators use to identify trends and new developments in long term care. As in the previous section, because of the difference in the scale of their operations, there is a distinction between the major group operators and the associations' members.

The key sources of information for the group operators were:
  • **Market reviews and published reports – used by 93% of respondents**
  • **Attending conferences – 83%**
  • **Trade press coverage – 83% (considered to follow the trends not to predict them)**
  • **National professional association – 73%**

In the minds of the group operators, local professional associations are mainly associated with fee negotiations.

The local association members have more limited budgets and other resources. Although a few of the members attend conferences, they rely heavily on published information, the trade press and on national and local professional associations for information on trends and developments in the sector.

The graph below summarises how the care association chairs answered the questions about the sources used by their members for information on trends and new developments in long term care:

Sources of information used by care association members

Legend:
- Most of their members
- Some of their members
- A few of their members
- None of their members

Fig.16

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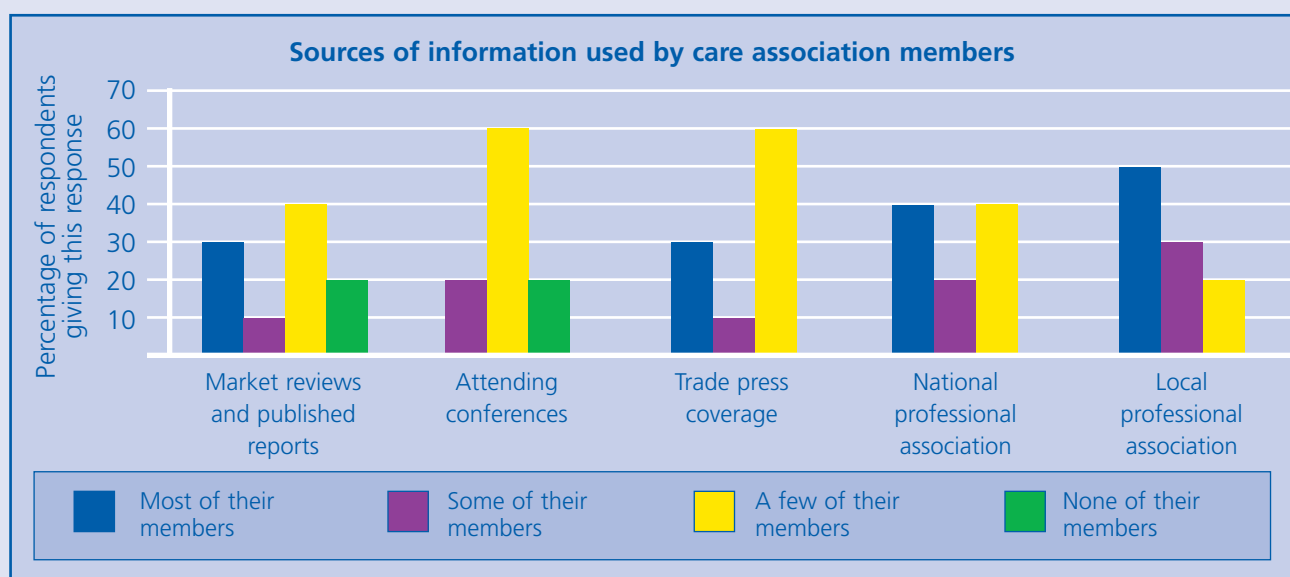
Other sources of information used by care home operators to identify trends and new developments in long term care include:
- The Internet
- Census data
- Commissioned market research studies (five group operators only)
- Discussions with social services, PCTs and individuals
- Informal meetings with banks, valuation consultants, care sector agents and other industry specialists including Laing & Buisson.

English Community Care Association

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English
Community Care
Association

Growth and Development
LEARNING LESSONS FROM OVERSEAS

"New ideas from overseas are thwarted by a 'not invented here' attitude in statutory authorities."

"[Our research] has confirmed the need to develop extra care and similar models, rather than replicating the traditional care home. It's important to allow people to live independently with 24 hour support."

"There are different funding models and different drivers for funding. Need does NOT equal provision, need PLUS finance equals provision. Different models evolve."

"The Danish & Australian models are not as good as our government thinks. A Danish government official says they are considering reversing their policy. Australia is reviving the residential sector it decimated some years ago in favour of home care."

Monitoring development overseas
Underlining the sector's willingness to move forward and adopt new ideas, **some 4 out of 5 (83%) of all the major group operators interviewed believe that UK care home operators have something to learn from overseas.**

All of these major group operators are taking active steps to monitor trends and developments in long term care overseas through desk research.

They also undertake personal study trips to various parts of the world:
- 43% undertake study trips to the USA
- 37% go to Europe
- 20% visit other parts of the world, including Australia, New Zealand, Germany, Japan, Canada and Scandinavia.

60% of the chairs of care associations feel that none of their members would agree that UK care home operators have something to learn from overseas. Many did not have detailed information on this but over half believe that none of their members would undertake monitoring and study trips. This is due to the many pressures on their time and the difficulty of justifying the cost of such a trip for a small business.

A small number of association members are known to have visited USA, Spain and France (in part due to the growing ex-patriate community), Scandinavia and Japan.

Lessons learned

Those participants who are willing to share what they had learned from monitoring care provision in other countries make the following observations:

- Some countries that eliminated or reduced their residential care sector in favour of home care in the past, such as Denmark and Australia, are now actively considering reversing the policy
- Overseas experience confirms the need to develop extra care and similar alternative models of care delivery alongside traditional care homes
- Lessons can be learned about different styles of accommodation from studying developments overseas. However, although alternative care models may appear attractive, costs can be prohibitive
- There is merit in 'ageing in place' in integrated retirement communities. These establishments have a care centre or care home with nursing at the centre and different types of housing for people with a range of requirements from the very independent/active to the highly dependent, including those suffering from confusion and dementia.

Summary of this Section

- Group operators are bullish about development in the sector, in locations where fees are adequate, after a period of virtual stagnation

- Extensions and acquisitions are also on the agenda

- Local care association members are concentrating on extensions on existing sites

- The sector is open to innovation and new models of care. Many group operators are already providing such accommodation with care

- The sector has a wide range of further diversification under consideration

- The study provided new information on outsourcing – 70% of major group operators outsource one or more services especially catering, housekeeping, gardening/landscaping and maintenance

- Only a few care association members are believed to outsource services, due to the smaller scale of their operations

- For information on new trends and developments in long term care, group operators use market reviews/published reports, conferences, trade press and their national professional associations. The care association members rely most heavily on the trade press and their national and local associations to keep them informed

- Four out of five group operators regularly monitor developments in long term care overseas, as do a very limited number of smaller operators. A considerable body of knowledge and experience resides in the industry, that the government and other policy makers could tap into.

Regulation and Partnership
THE EFFECT OF REGULATIONS AND THE NATIONAL MINIMUM STANDARDS

"Admin workload - bureaucracy gone barmy!"

"No real correlation between the amount of paper and the quality of care."

"Recruitment is hampered by Criminal Records Bureau delays."

"The plethora of regulations on recruitment are a barrier to quick, easy recruitment."

"The development of new services is hampered by having to wait for inspections."

"The messages put out by the NCSC had a negative impact on the perception of the sector. They failed in a core aspect - they claimed they would seek out and celebrate good practice but have done the opposite."

"The inspection process is tick box dictated and biased to the negative, not the positive."

"Morale of key staff, e.g. matrons and managers, has been affected. Long established job holders are upset by having to take NVQs to prove their ability to do the job and 'apply for their own jobs'."

Respondents were asked to evaluate the impact of the care home regulations and the National Minimum Standards on various aspects of their businesses or those of their members. These aspects were:
- Operational efficiency
- Quality of care
- Recruitment of staff
- Administration work load
- Staff training and development
- The development of older people's services
- The perception of the sector (by the public, media etc).

They were also given the opportunity to identify any other effects of the regulations on their businesses.

A Likert scale of 1 to 5 was used, where 1 was a 'very negative impact' and 5 was a 'very positive impact'. A score of 3 indicated a neutral effect, neither negative nor positive. This was also the score given by respondents if the activity was already being undertaken by the organisation and the effect could not be attributed to the regulations or the standards.

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Operational efficiency

Effect of regulations on operational efficiency

Legend:
- 1 Very Negative
- 2
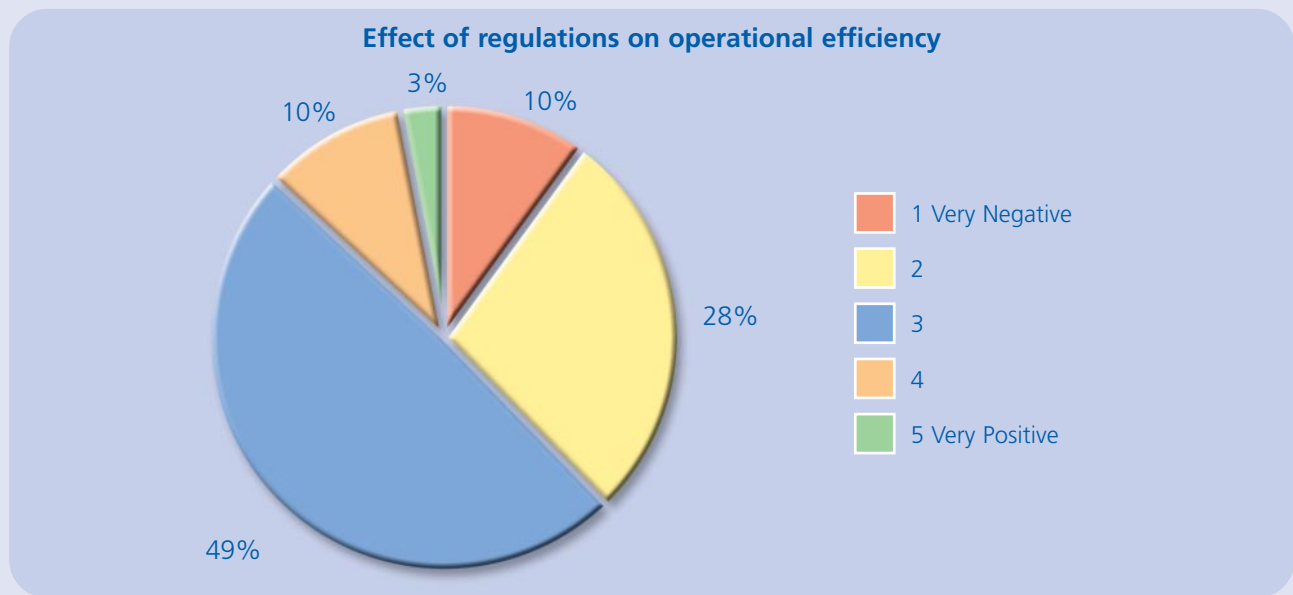- 3
- 4
- 5 Very Positive

Fig. 17

Respondents' views on the effect of the regulations on their operational efficiency was very mixed.

Over a third of all respondents gave a score of 1 or 2 to this aspect, indicating a negative or very negative impact. This is chiefly because of the extra bureaucracy and paperwork involved in complying with the regulations, which they feel have detracted from the real job of delivering care.

However, 57% of group operators and 30% of the care association chairs (49% of all respondents) gave a neutral score of 3 to this aspect, indicating that the regulations have not impacted on their operational efficiency.

Quality of care

Effect of regulations on quality of care

Legend:
- 1 Very Negative
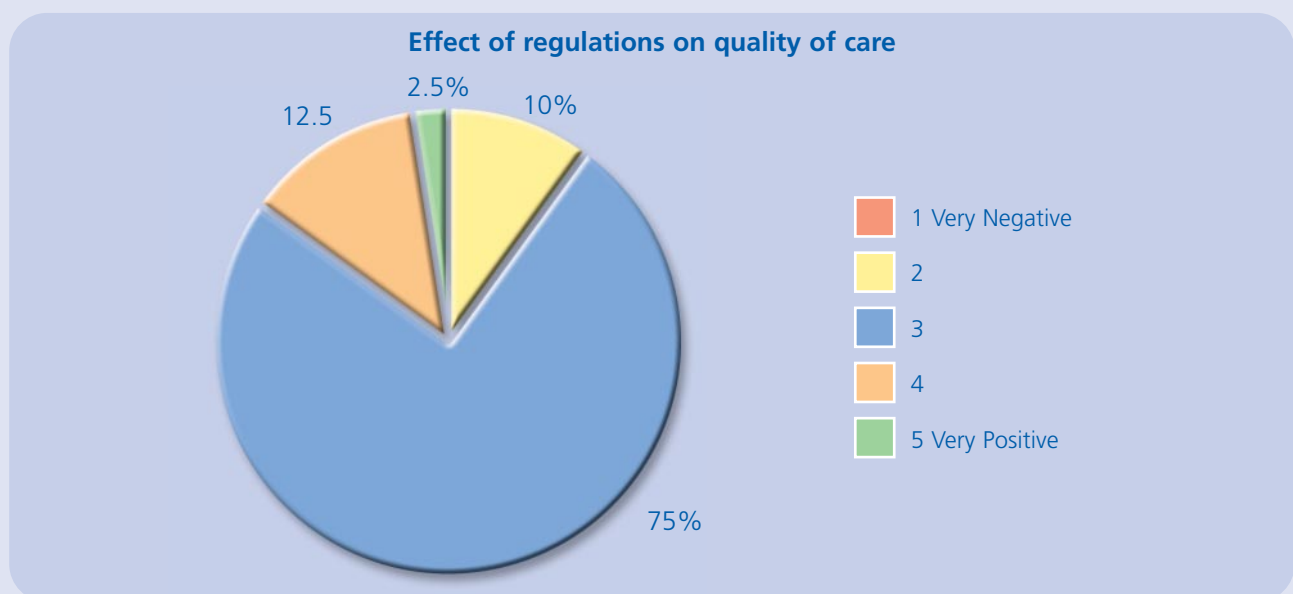- 2
- 3
- 4
- 5 Very Positive

Fig.18

Thirty respondents (75%) gave this aspect a neutral score of 3, stating that they do not feel there had been any effect on the quality of care delivered because of the regulations.

Six of the group operators feel that there has been a positive impact on the quality of care delivered but this view is not shared by any care association.

Recruitment of staff

Effect of regulations on the recruitment of staff

Legend:
- 1 Very Negative
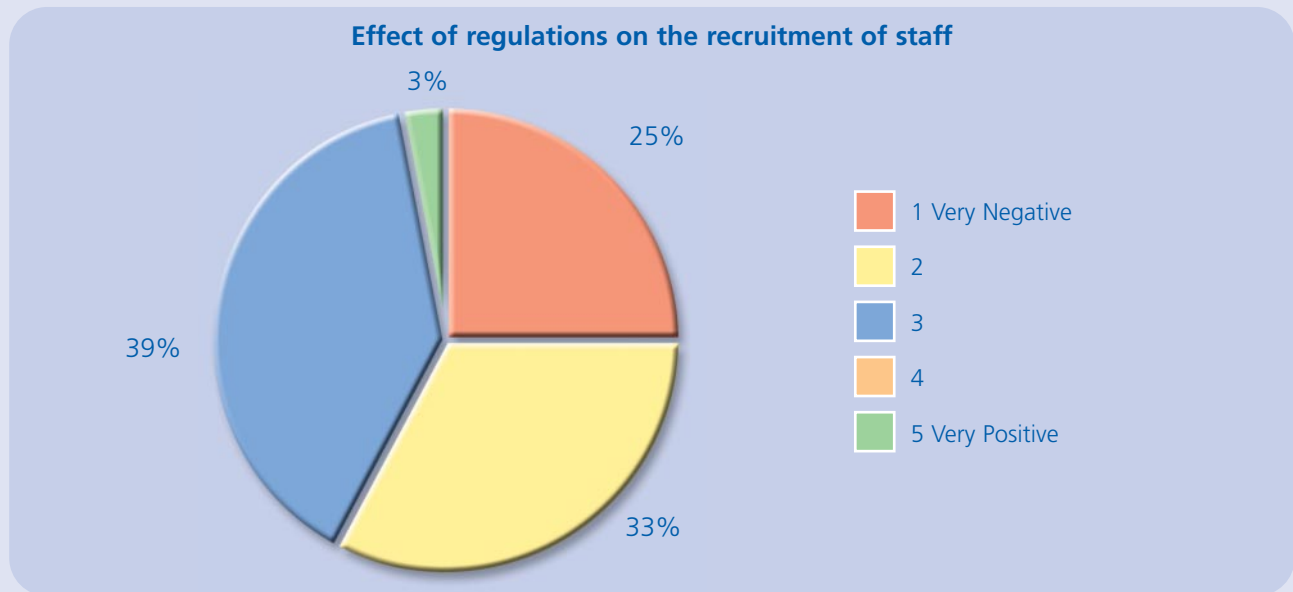- 2
- 3
- 4
- 5 Very Positive

Fig.19
39% of respondents rate this aspect as a neutral 3 but over half the sample (58%) say the effect has been negative.

The main reason they cite is the delays at the Criminal Records Bureau (CRB), which has given them major problems.

Administration workload

A sole respondent felt that the regulations had had a positive impact on administration workload.

Every other interviewee felt that at best the impact is neutral and at worst, (the opinion of almost three quarters of the respondents) negative or very negative.

The impact of regulation on administration workload

3%

25%

54%

18%

- 1 Very Negative
- 2
- 3
- 4
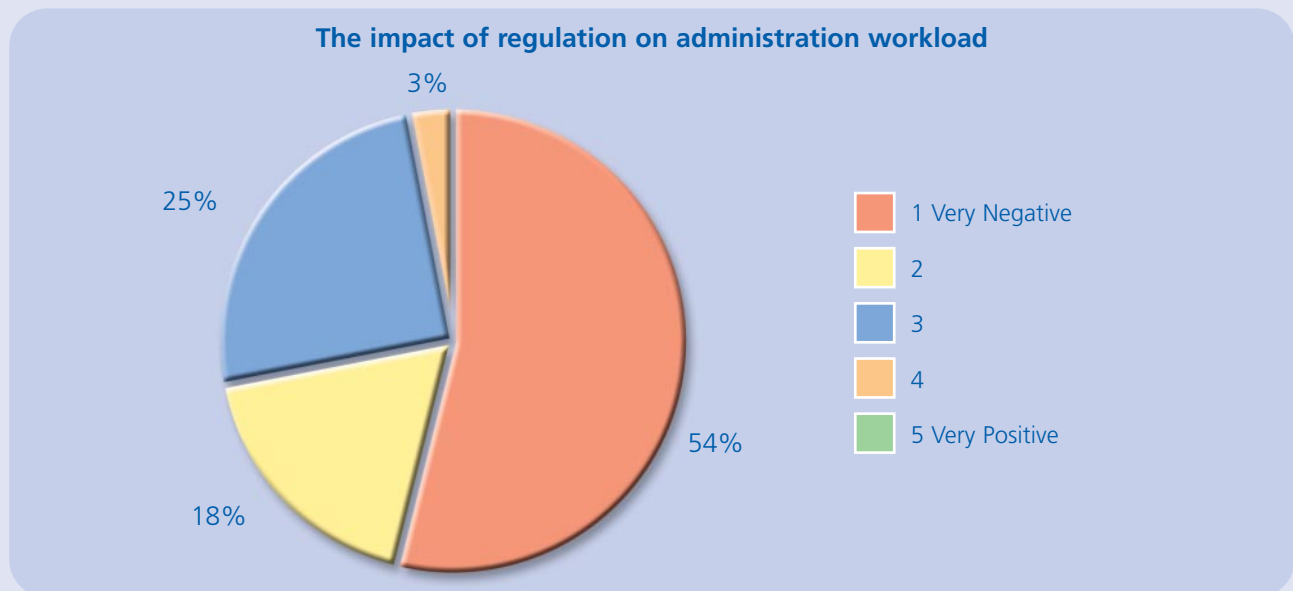- 5 Very Positive

Fig.20

Respondents consider that they were already doing much, if not all of what is required by the regulations. However, they now have to spend considerable time and effort to prove it without tangible benefit to the residents. They draw particular attention to the way the matron's job has changed and give instances of experienced managers taking early retirement as a result.

Staff training and development

This aspect appears to be a success story for the regulatory framework.

Effect of regulations on staff training and development

Legend:
- 1 Very Negative
- 2
- 3
- 4
- 5 Very Positive
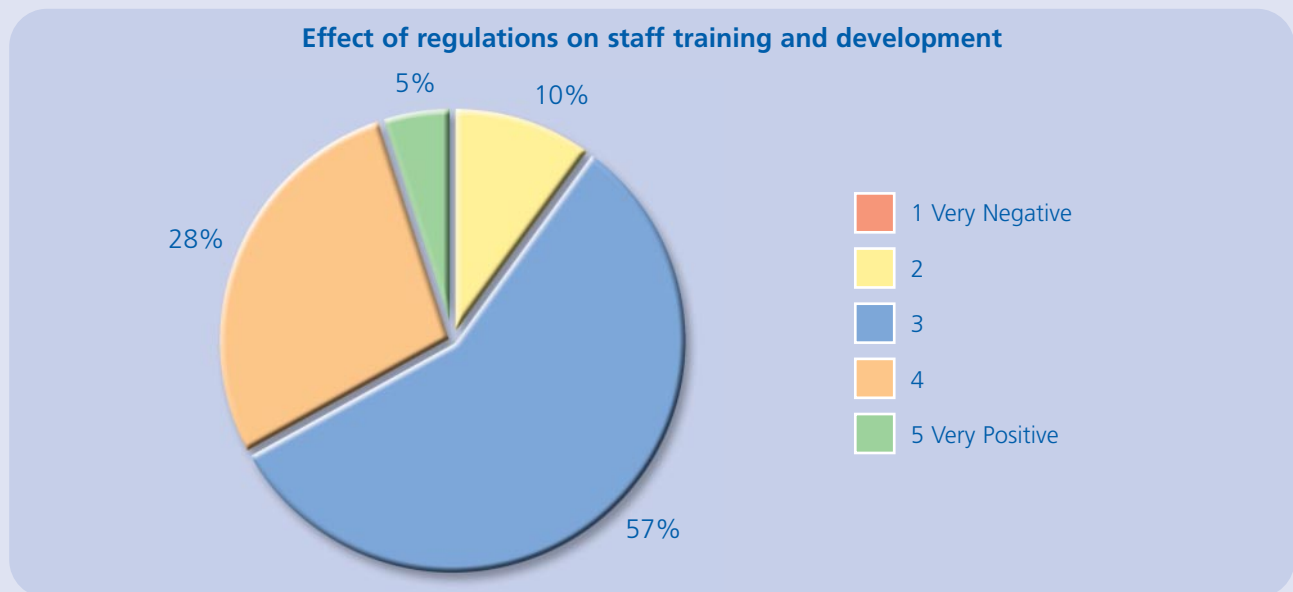
Fig. 21

Only four of the thirty major group operators and none of the care associations feel that the regulations have had any sort of a negative effect on training.

Twenty-three respondents give a score of 3 (neutral), explaining that they had already made a major commitment to training and development before the introduction of the regulations.

The remaining thirteen respondents (split equally between the major group operators and the care associations) give positive and, in two instances, very positive ratings.

The development of new services for older people

Effect of regulations on the development of new services for older people

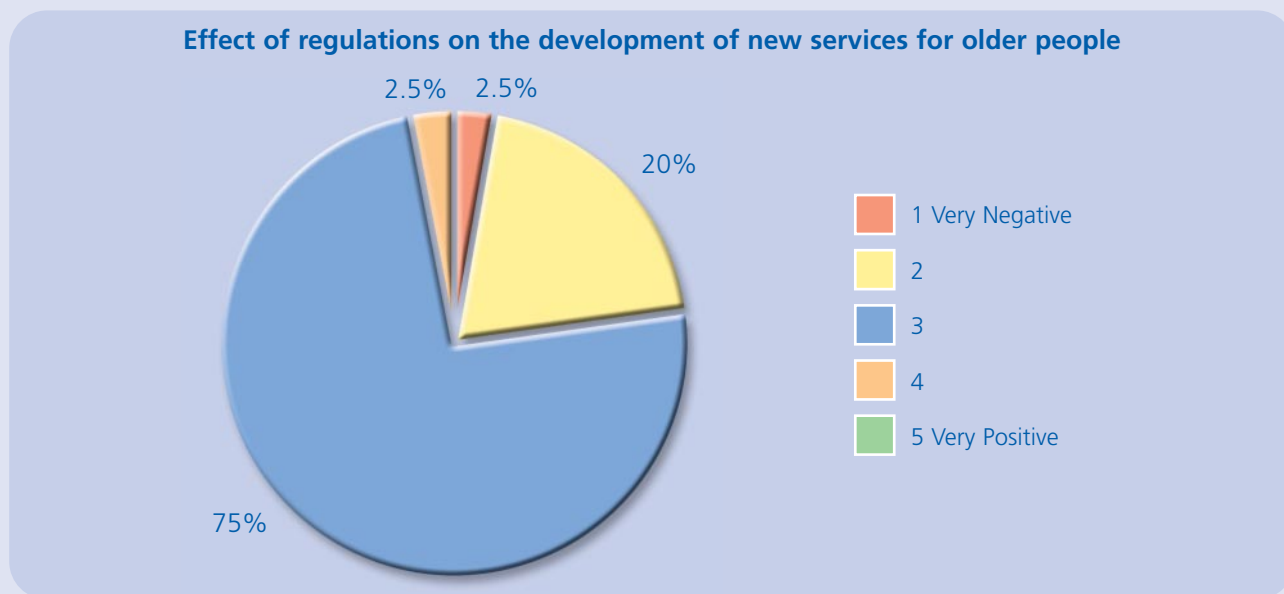|	
🟧	1 Very Negative
🟨	2
🟦	3
🟧	4
🟩	5 Very Positive

2.5%   2.5%

20%

75%

Fig.22

The next question probed the effect of regulations on the development of new services for older people, such as retirement villages and other alternative models of care.

Those interviewed take a very broad view of 'regulation' in this context and include the work of the Criminal Records Bureau (CRB) and their dealings with planning departments in their thinking.

No respondents feel that the regulations have had a very positive effect on this aspect of their business. Only one respondent feels they have had a positive effect.

The majority of those interviewed (75%) rate this aspect as '3 – neutral'.

However, 50% of the care associations interviewed state that the effect has been negative or very negative, due to delays and constraints on new ideas.

English Community Care Association

The perception of the sector

Another bad news story. Only seven of the forty respondents feel that the regulations and the minimum standards have had any sort of positive effect on the outside world's perception of the sector.

Effect of regulations on the perception of the sector

Legend:
- 1 Very Negative
- 2
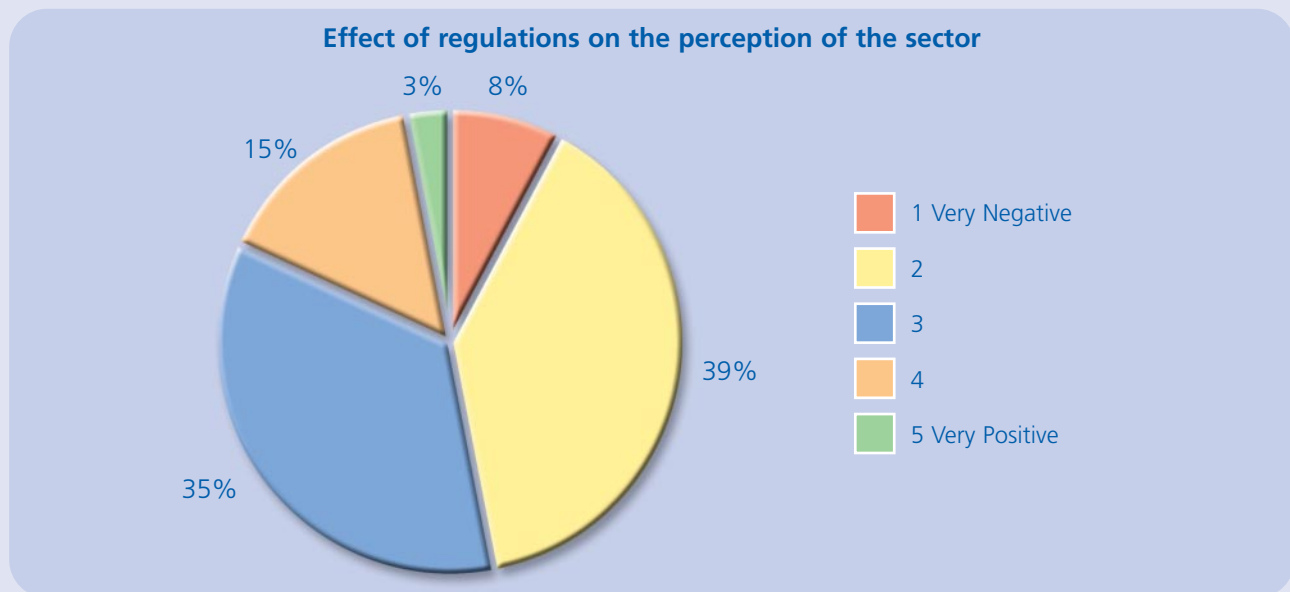- 3
- 4
- 5 Very Positive

Fig.23

Almost half the respondents feel there has been a negative or very negative effect on the perception of the sector. Soon after its establishment, statements were issued by the NCSC about a desire to stress positive aspects and achievements in publicity. This has not been followed through. The widespread tendency to focus on the negative and on what is wrong has been picked up by the media, creating a false impression of the care and quality of life provided in the sector.

Other effects of the regulations

Respondents highlighted a number of other effects of the regulations including:
- A positive reaction to the regulations and the inspection profile in principle
- Heavy criticism of the inconsistencies and local variations in the implementation and inspection process
- Low morale among managers and staff in care homes due to inconsistent inspection, irrational reporting and the need for long established job holders having to prove their ability to do their job by taking NVQ qualifications
- A worsening of the relationship between care homes and inspectors
- Disappointment that additional costs had been imposed on the sector that were not recognised or supported by statutory funding.

The Track Record of the National Care Standards Commission (NCSC)
Respondents were asked to judge from their experience how successful the NCSC had been in introducing consistent minimum standards across the country.

No-one interviewed feels that the NCSC was completely successful in introducing consistent minimum standards across the country. However, there was a general welcome for regulation in principle, to continue to drive up quality standards in the industry.

Five of the group operators feel that the NCSC had been 'mostly successful' in introducing consistent minimum standards. Most of these were organisations that operated in a restricted geographical area, rather than nationwide. However, their opinion was not shared by any care association.

Half the respondents state that the NCSC had achieved 'a little success' but over a third of all respondents (37.5%) state that it was 'not at all' successful in achieving this key objective. They believe that the standards themselves are consistent, but the way they have been applied was not.

Fig. 24

"*Different inspectors interpret the regulations differently, even in the same area.*"

"*The standards are consistent but the implementation is not.*"

The sector's hopes for the Commission for Social Care Inspection (CSCI)

Respondents recognise the huge task facing the new organisation, and some wryly comment that they hope it will have a longer life span than its predecessor!

"Move from process/input-driven to output/performance-driven."

"Measure what is important to the service user in terms of quality of life."

"Celebrate good practice and value to the sector."

"Inspectors need to have the skills to use the regulations as guidance solely for the benefit of service users. Rules and regulations are for the guidance of wise people and the adherence of fools."

"The major weakness is poor contracting and commissioning. CSCI has an overview and can test the processes from both ends."

"The regulatory approach is binary - black or white, pass or fail. A more understanding and graded approach would be helpful to the homes and those reading the reports."

Interviewees were asked to name the one thing that the CSCI could do to have a major positive effect on the sector.

Respondents want the CSCI to play a strategic role, principally by:
- Working in partnership with care providers, listening to and acknowledging feedback
- Establishing consistency of implementation across the country, removing local autonomy and subjectivity
- Focusing regulation and inspection on outcomes in terms of residents' quality of life not on a 'tick box approach to inputs', measuring what is really important not what is simple to measure
- Adopting a lighter touch with good quality providers, as care home operators perceive is the case in the NHS, with fewer inspections and a more co-operative approach
- Taking a key role in capacity planning - looking years ahead to needs, numbers and funding
- Developing a collaborative relationship with ECCA
- Reviewing staffing regulations and adopting a more flexible approach to numbers and qualifications, so that the skill mix can be matched to residents' needs
- Exerting pressure to improve commissioning – ending spot contracts and ensuring that quality measures are an integral part of every contract
- Recognising the link between the level of fees and the resources available to providers to make improvements
- Addressing the issue of care homes providing nursing being inspected under the social care model, with no trained nurses in the inspection teams.

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Working with the Government

"Adversarial language does not promote constructive discussion."

"The sector cannot provide a 5-star service on 3-star fees."

The strong wish of the study participants is to work in partnership with the government, to ensure the highest quality of care for older people at the most cost-effective price.

They believe that some of the government's assumptions and strategies are misguided and based on incomplete, and in some cases out-dated information.

They fear that the unrelenting pressure of demographics and the financial implications of alternative models of care are not properly understood or accounted for.

Contributors agree and understand that most people's preference is to spend their old age in their own home, surrounded by familiar objects and their family and friends. If people in robust health are asked to make a choice between remaining in their own home and entering a care home, they will usually choose their own home.

"If you ask a home owner if they want thousands of gallons of water poured into their home, they will be horrified. But ask them again at a time when the house is on fire and you will receive a very different answer. It's the same with entering a care home - people are quite incapable of imagining their own frailty and how it will affect their ability to cope in their own homes."

However, operators in the sector know from first hand experience that even two to three years before requiring care, people are quite incapable of predicting what may happen to them. They cannot envisage how their lives are likely to change due to factors such as increasing mental or physical impairment, trauma (such as an accident) or bereavement.

Operators are of the opinion that many members of the public, as well as civil servants and government ministers, may have a false picture of life in a quality care home in the 21st century.

They believe that if people who have been in a care home for a period of time were asked if they would like to remain in the care home or return to their former home, the answer would be very strongly in favour of their new home and life. This is because of the improvement in their quality of life due to twenty four hour care, companionship, improved nutrition and a suitable living environment.

The sector wants to work alongside the government, so that they can use their expertise and experience to achieve improved solutions to the many challenges of providing high quality, cost-effective care for older people.

Although it is recognised that there have been poor quality operators and practices in the past, care home operators feel that much has been done to address these issues. Those operators that remain in the sector express a deep commitment to the provision of quality care and the well-being of older people.

They find the current perception of long term care provision, held by the media and some elements of the public sector and the government, upsetting and counter-productive. They feel that this wastes many opportunities to create innovative solutions to the very real issues of providing quality, cost-effective care for older people.

Partnership in Practice – a long way to go

"*One has the feeling that they are saying 'I have listened so I can tick the box but nothing is going to happen as a result of my listening'.*"

To assess how the public and private sectors were working together in the long term care of older people, respondents were asked to evaluate the truth of a statement, from their own experience, concerning their dealings with Primary Care Trusts (PCTs), Social Services departments and the Department of Health.

The statement was:

"*The independent sector is involved at an appropriate stage in public sector planning and is seen as a partner.*"

Although there are regional and geographical variations and exceptions to the general rule, taking the sector as a whole, there is still a long way to go before real partnership is fully established.

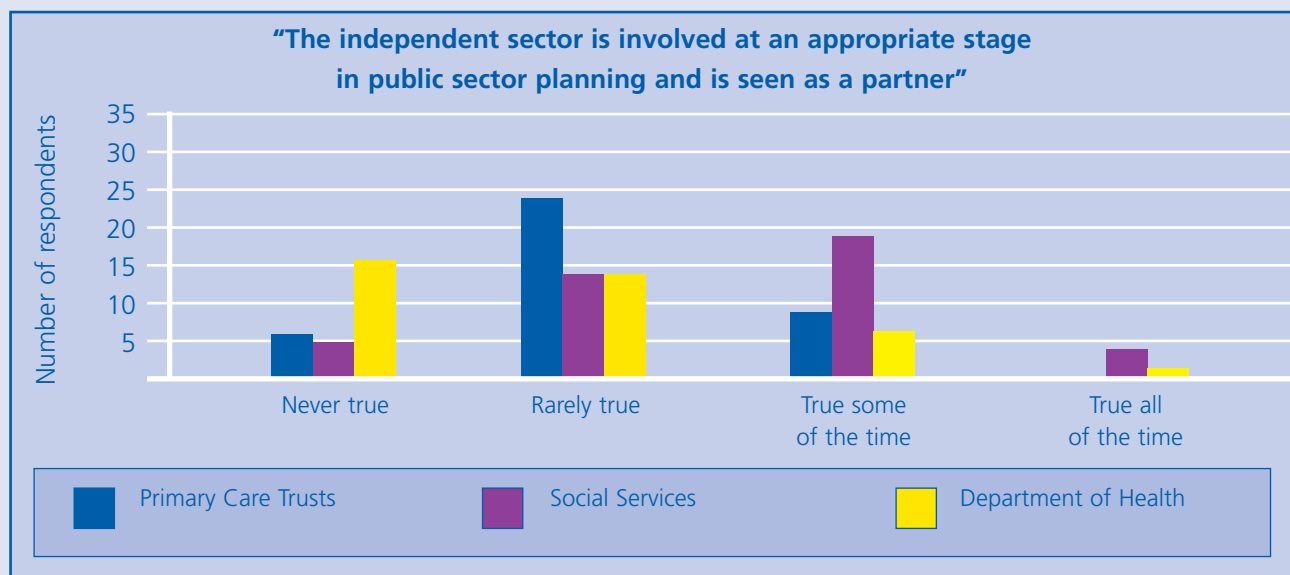The establishment of partnership often seems to depend on personalities and the efforts of individuals.

Fig. 25

Primary Care Trusts (PCTs)

Looking firstly at the situation with PCTs, no respondents gave the answer that the statement was 'true all the time'. Only nine respondents considered the statement 'true some of the time' and all the other respondents state that it is either 'rarely true' or 'never true'.

Social Services

The situation with Social Services departments is considerably better. Four respondents say it is 'true all the time' and over a third of all respondents say it is 'true some of the time'.

Nevertheless, nearly half of all respondents feel it is either 'rarely true' or 'never true'.

Department of Health

Although the sector has been interacting with the Department of Health for longer than with PCTs, the situation here is worse.

Only one respondent (a care home chair) says that the statement is 'true all the time'. Eight group operators and no care associations say the statement is 'true some of the time'.

All the other thirty respondents say the statement is 'rarely true ' or 'never true'.

One respondent stated that as his organisation has no contact with the Department of Health, he did not feel it appropriate to comment.

Membership of Professional Associations

Continuing the theme of partnership, respondents were asked about the national and local trade associations, specifically for the care sector, to which their organisations or their members belong.

ECCA emerges as the leading association with over half of those interviewed being a member. A number of care associations are officially affiliated to ECCA. The research took place in Spring 2004, only a few weeks after the establishment of ECCA as a major professional association dedicated to the community care sector. Some respondents had not had the opportunity to use the various newsletters, information resources or other services provided to members.

Despite this, twelve respondents choose ECCA as the association they consider most effective in representing their views. A further two say it is too early for them to express an opinion. Others observe that ECCA could be the unified, inclusive voice of the sector, able to engage in effective dialogue with the government.

As is usual for a relatively new organisation, some people express a degree of uncertainty about ECCA's full remit and approach on various issues.

The specialist position of the Registered Nursing Home Association (RNHA) is recognised by respondents and a significant proportion of organisations participating in the study belong to it. It is considered effective because of the newsletters to members and the reports on developments and topical happenings in the sector.

A small number of operators interviewed belong to the National Care Homes Association (NCHA), the Federation of Small Business and the Forum of Private Business respectively. Many operators belong to their local Chambers of Commerce and some of the operators, who also offer domiciliary care, are members of the United Kingdom Home Care Association (UKHCA).

One in ten of the group operators say that they do not belong to any associations. One in three of the local association chairs say that their members do not belong to any associations other than their own.

The reasons the respondents give for this include:
• Disproportionately high fees for medium sized operators
• A lack of conviction that the cost would be justified in terms of added value
• A lack of information about the objectives and benefits of the various organisations
• A disagreement about approach and tactics.

The National Care Forum, which represents the interests of not-for-profit health and social care providers in the United Kingdom, emerges as the only other significant association. It is perceived as placing an emphasis on quality and having a strong voice with the government.

Some of the group operators have also joined business or health associations such as the NHS Confederation, the Confederation of British Industry (CBI), the National Housing Association and the Local Government Association. Where full membership is not available to them, they have applied for associate membership.

The individual homes controlled by the major group operators make autonomous decisions about their own membership of local associations, which are mainly seen as focussed on fee negotiations.

Summary of this Section

- The care home regulations and the National Minimum Standards are perceived to have had a negative effect on operational efficiency, the recruitment of staff (mainly due to CRB delays), administration workload and the perception of the sector. The impact on the quality of care and the development of new older people's services is neutral and the effect on staff training and development has been positive

- The verdict on the success of NCSC is that the standards are consistent but the implementation and inspections were not

- The sector has high hopes of the CSCI and recognise that the body has a difficult job to do. Operators want the CSCI to play a strategic role working in partnership with them. They want consistency, and a focus on outcomes and the issues that affect people's quality of life. They want the CSCI to be involved in capacity planning, commissioning, staffing regulations and to recognise the link between fees and the resources available to make operational improvements

- The sector has a strong wish to work in partnership with the government, PCTs and social services but, with some local exceptions, this is not yet happening

- ECCA is seen as the leading national professional association. Those interviewed recognise the specialist position of the RNHA. The National Care Forum, which represents not-for-profit providers also emerges as significant in the sector.

Staffing Issues

"The poaching of trained staff into the NHS."

"Training and recruitment are the biggest problems for the sector."

"There are many alternatives for staff which are less stressful and easier work - such as filling shelves at Sainsburys for £8.62 an hour."

"The Tesco factor."

This part of the survey probed a number of aspects of staffing.

Achieving the qualifications required by the National Minimum Standards.

Firstly, the study looked into the progress care home operators are making towards the qualification targets imposed by the National Minimum Standards, first for home managers (NVQ Level 4) and then for healthcare assistants or carers (NVQ Level 2 or above).

For managers, respondents report a massive range of achievement from 2% to 100%. Nearly a quarter are unable to give any figure at all.

Managers

2%   100%

Fig. 26

Among the major group operators, there is widespread confidence that they will be able to achieve the 2005 target of 100% compliance, due to the planned training programmes they have in place. However, the chairs of the care associations express grave doubts about their members' ability to achieve the required percentage, and complain that there is considerable difficulty in accessing good training packages within a convenient travelling distance.

The situation for healthcare assistants is very similar with a range of achievement between 10% and 80% but everyone mentions a huge variation between homes, even within the same group.

Healthcare Assistants

10%   80%

Fig.27

Due to this great variation, the calculation of an average is meaningless.

The qualifications are particularly challenging to the increasing number of care staff for whom English is not their first language. Respondents can provide this information on an individual home basis, but some have great difficulty in giving an overall picture of their organisations.

> **KEY ISSUE!**
> **Both small and large operators express serious concern about their ability to meet the target of 50% of healthcare assistants achieving NVQ Level 2 or above by April 2005, due to the high turnover of staff and the loss of trained staff into the NHS.**

The costs of training staff and of finding replacements for them while they undergo training impose a significant burden on operators which is not reflected in fees. There is a constant turnover of staff who leave for better wages and less stressful work, for example shelf filling at Sainsburys, where it is understood they can earn up to £8.62 per hour.

When considering recruitment and retention, half of those interviewed feel that the training and development to comply with the National Minimum Standards has had little or no impact in this area. A quarter state that the standards have had a negative impact. This is because experienced managers nearing retirement age, decide to leave the sector rather than take the qualifications. Also, they often invest time and resources to train staff, only to have them recruited by the NHS or leave to seek alternative employment. Operators believe that the job of a care home manager has changed, as there is a significant workload involved in ensuring compliance with all the standards and in documenting the evidence.

Fig. 28

Ultimately, operators feel that funding underlies the whole issue.
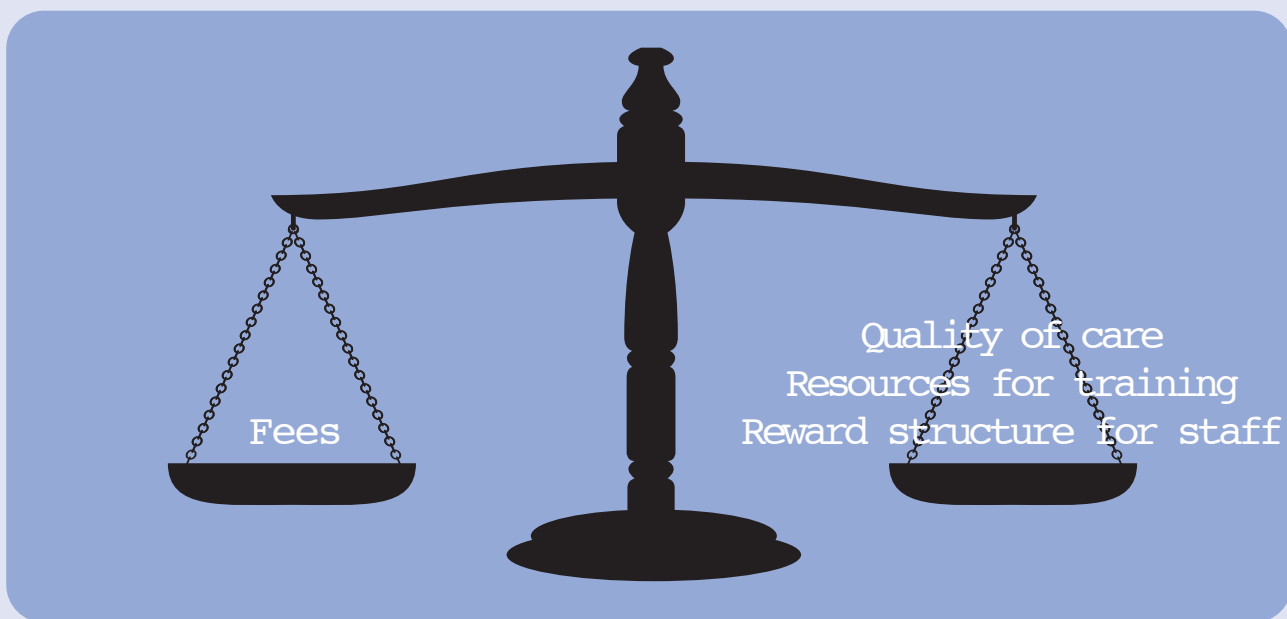
Fig. 29

As detailed earlier, those interviewed feel that regulations have had a positive impact on training and development.

However, when asked about the specific impact of training and development on the key issue of recruitment and retention of staff, only two major operators (and no care associations) state that it has had a major positive impact on this. Nevertheless, 20% of respondents rate the impact on recruitment and retention as slightly positive.

Skill Mix Reviews

There has been considerable interest in skill mix reviews in the sector recently, and the next part of the study focused on this.

"*We need clarification from the Department of Health on staffing guidelines.*"

"*Skill mix reviews will improve recruitment, aid career and succession planning and be very positive for growth and development.*"

"*We will need to pay more money to our staff and reward them appropriately. It is very difficult to compete with supermarkets and their working conditions including not needing to work anti-social hours.*"

"*A skill mix review is not only very likely, it is ESSENTIAL.*"

"*Skill mix is constantly on the agenda, but the question is whether the sector will be allowed to adopt it by the new regulatory body.*"

"*Currently we cannot do this because of outdated staffing notices.*"

"*The introduction of a national dependency assessment tool will be crucial and will open doors.*"

"*Staffing regulations have not been relaxed to allow carers with NVQ4 to do nursing tasks and there is no intention to relax them in the future.*"

"*For our members, workforce planning is deciding who is doing the night shift tonight.*"

Twenty (half) of the respondents consider a skill mix review to be 'very likely' or 'likely'. Some say that it is already happening.

A further seven think it is 'quite likely'.

However, twelve of those interviewed think it is 'not at all likely', as staffing numbers and levels of qualifications are strictly regulated and they do not envisage this changing.

Likelihood of a skill mix review

3%

25%

29%

25%

18%

- 1 Very likely
- 2 Likely
- 3 Quite likely
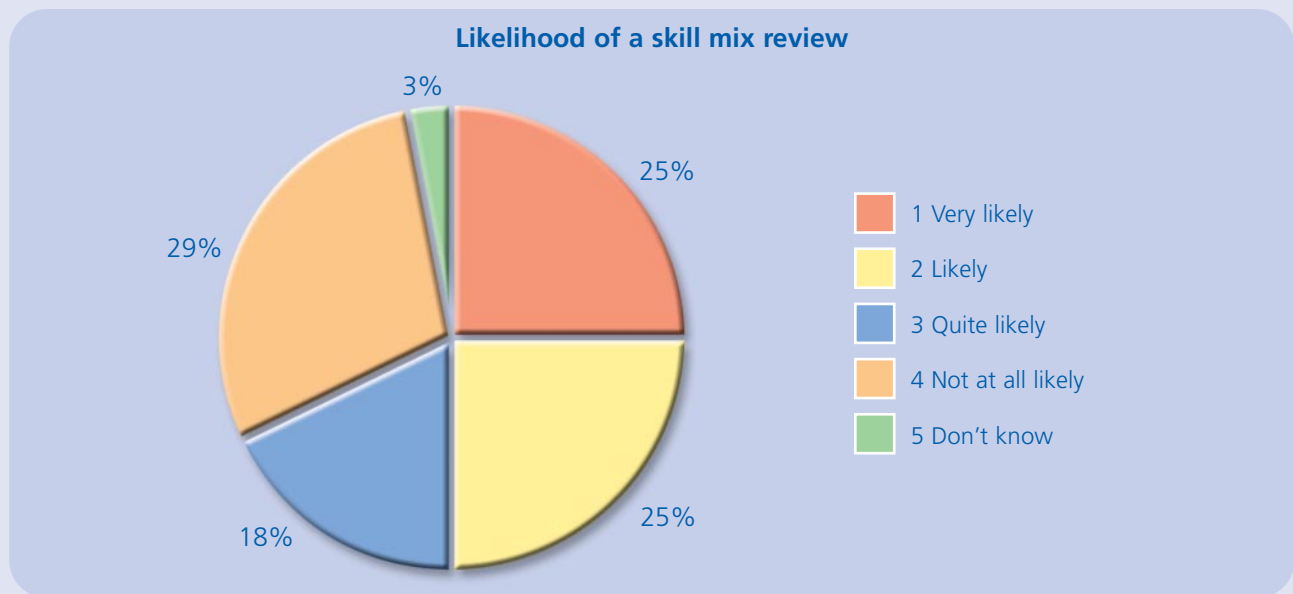- 4 Not at all likely
- 5 Don't know

Fig. 30

A selected number of major operators are working with the regulatory authorities to develop a formal care assessment model, linked to staffing levels.

While believing a skill mix review to be more relevant to a care home providing nursing, than one delivering only personal care, most operators are positive about the opportunities it presents.

They believe a skill mix review would bring a number of benefits including:
- Delivering better care to residents
- Enhancing the care that can be delivered to individuals with specialist needs e.g. dementia or those with higher levels of dependency in a residential setting
- Easing recruitment and retention difficulties
- Matching staff numbers and qualifications to care needs to improve care and enhance cost levels
- Releasing nurses back to the acute hospitals
- Enhancing job satisfaction for staff
- Helping staff to understand the benefits of achieving the NVQ qualifications
- Improving the career structure and prospects for healthcare assistants.

However, more highly trained and skilled staff will expect and deserve better remuneration and this is not currently reflected in fee levels. Operators struggle to pay qualified staff more because of the continuous pressure of the minimum wage at the bottom end of the scale.

"A vocation does not pay the mortgage or the household bills."

KEY ISSUE!
Staff Turnover
This is a significant issue for ALL respondents. Twenty six (65%) say it is 'very significant' and fourteen (35%) say it is 'somewhat significant'.

The significance of staff turnover

Not significant 0%

Somewhat significant
35%

Very significant
65%
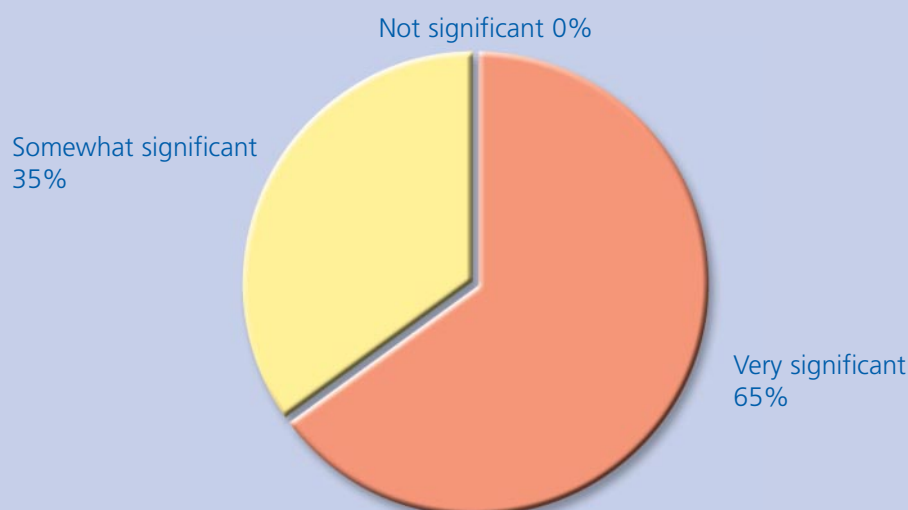
Fig. 31

Although carers are the group of staff most affected, a large number of those interviewed say that the problem is across the board, affecting nurses, housekeepers, catering and other ancillary staff.

Most report that they have a loyal core of some 70% to 85% of staff who give long service, and the rest are a 'floating population' who are in a constant state of 'churn'.

When asked about their suggestions for tackling and overcoming the problem of reducing staff turnover, respondents provided a wide range of innovative and forward thinking suggestions, many of which they are already progressing.

Although enhancing pay to reflect responsibilities and skills is important, the ideas went much further.

Strategic suggestions included:
- Valuing the sector and recognising the responsibilities and demanding role of carers
- Professionalising the role and marketing it positively to potential employees and the general public
- Introducing a national career structure with a negotiated skill structure and pay scales as for nurses, to be able to reflect the skills and responsibility of a carer compared to a supermarket shelf stacker
- Ensuring that commissioners and other local authority staff fully understand the increased pressures now placed on social care workers
- Following the Scandinavian and Dutch examples of imparting theoretical knowledge through the school curriculum and introducing school pupils to care work to ensure their expectations are realistic. This could include offering young people the opportunity to do voluntary work to understand the workings of a care home
- Reflecting the responsibilities, skills and qualifications of staff in their pay levels, which in turn should be matched by appropriate fee levels.

Operational proposals included:
- Enhancing pay for staff including loyalty bonuses for service, weekend enhancements, payments for acquiring other skills and undertaking training e.g. manual handling and first aid
- Offering specially formulated versions of flexible benefits of interest to carers e.g. sickness pay, life insurance, meals etc
- Recruiting overseas staff and implementing special on-going training programmes for them
- Recruiting from previously untapped groups of workers e.g. men and older workers in their 50s, 60s and even 70s
- Providing attractive working conditions, good training and team building, especially induction, as many recruits are lost in the first month
- Automating processes as far as possible e.g. management information, pre-prepared food, purchasing.

Several operators emphasise the rapidly changing nature of the roles of staff involved in the care of older people. Many managers, for example, are no longer hands-on carers and are responsible for running a substantial enterprise. This change in role should be reflected in their pay and conditions. Carers are required to shoulder a considerable level of responsibility and to accomplish tasks requiring both technical and manual skills.

One operator suggests the removal of the requirement to have a Level One nurse as the registered manager of a larger home (with appropriately qualified nurses to lead each clinical speciality). This could facilitate the recruitment of managers with the appropriate business and administration skills.

Ensuring the standard of care delivery is consistent with brand values

Home operators make considerable efforts to measure their performance and ensure that the standard of care delivery is consistent with their brand values i.e. that the reality of life in the home is in line with their quality vision.

Among the wide variety of methods they use to achieve this are:
- **In house audits** – used almost universally by operators of all sizes. There are varying degrees of sophistication from informal reviews by owner/managers to the establishment of an internal care standards team
- **External customer satisfaction surveys** – conducted by a third party external to the organisation. 50% of the major group operators do this, but only a small proportion of the care association chairs believe their members do so
- **Internal customer satisfaction surveys** – conducted by staff within the organisation. Twenty-five of the major group operators (over 80%) use this method, five of whom do so in addition to externally conducted surveys. Eight of the care association chairs say that 'Most or Some' of their members are doing this but two believe that ' Few or None' undertake internal surveys
- **Resident reviews with care professionals, residents' meetings and relatives' meetings** – held by virtually all operators
- **Websites** – the least used method of ensuring consistency of care delivery standards. Over half the care association chairs say that 'Few or None' of their members use one. Among the major group operators, although almost three quarters of those interviewed have a website, many state that they only use it to give information to customers, not to receive feedback and conduct a two way dialogue.

Other methods of ensuring consistency of care delivery used in the sector include:
- The hands-on presence in the homes of owner/managers
- Achievement of business awards including Investors in People (IIP), ISO 9002 and 'Hospitality Assured'
- Use of a benchmarking star rating system used by some councils
- Internal benchmarking among homes with awards for excellent practice
- Workshops with staff and relatives, including open sessions for relatives to meet a new matron
- In house quality infrastructure
- Formal programmes of visits to homes by directors and senior managers
- Clinical governance systems, including clinical review meetings with Key Performance Indicators (KPIs)
- Newsletters and publications for families
- Individually styled agreements with each resident.

Summary of this Section

- The study reveals a wide range of levels of achievement of NVQs for home managers (2% to 100%) and healthcare assistants (10% to 80%), with massive variations between homes even in the same group

- Operators have major concerns about meeting the training targets for healthcare assistants due to the loss of trained staff

- Training has been a major burden on the sector which is NOT reflected in fee levels

- Staff recruitment and retention is seen as a key issue. Trained staff are lost as they leave for better paid and less stressful jobs or are recruited into the NHS. Staff turnover is regarded as a significant issue by all respondents

- The sector has a range of creative and innovative ideas to address the problem of staff turnover

- The level of fees underlies all other issues, including resources for training

- Skill mix reviews are a hot topic with 50% of the study sample thinking they are 'likely' or 'very likely'. Respondents are confident reviews will bring benefits to residents and staff

- Operators use a range of methods to measure their performance and ensure the standard of care delivery is consistent with their brand values.

And finally.....

At the end of the telephone interview, all contributors were asked to make any other observations or comments that they had not had the opportunity to voice.

"*The UK government actuary has underestimated the [demographic] figures by 10%.*"

"*If extra money is linked in commissioning and contracting to improved quality, the sector can show it is worth the investment.*"

"*Even if residents need a proactive approach to their care, the budgets and the agenda are held by the reactive social care teams.*"

"*New models of care will evolve from the interface between primary and secondary care.*"

"*Care providers have given a lot of goodwill over the years and it is stretched to breaking point.*"

The comments reflect the operators' deep commitment to the challenge of delivering quality care, appropriate to the complex and changing needs of older people.

They can be considered under four main headings:
- Demographics and demand
- Quality of care and the development of the sector
- Regulation and inspection
- Relations with the government.

KEY ISSUE!

Demographics and demand

The sector is aware of and planning for the imminent increase in the population of older people.

However, the operators express concern that successive governments appear to ignore the projected numbers and they struggle to find evidence of plans that reflect an understanding of the significance of the projected figures.

They believe that over the next few years there will be a significant increase in the numbers of older people who require care, and that there will be greater numbers of highly dependent individuals than at any time in the past.

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> **KEY ISSUE!**
> **Quality of care and the development of the sector**
> Issues of quality care and customer choice dominate the sector's agenda.

Those interviewed see a strong need for long term planning, stability and continuity.

There is widespread awareness and acceptance of the need to develop alternative models of care, which are welcomed by most operators, many of whom are already providing them as part of their current operations.

However, they believe that there will still be a place for the traditional care home. This is because of the many advantages that care homes offer cost-effectively to older people, in addition to the provision of care. These advantages include companionship, mental stimulation and appropriate living accommodation.

Many foresee the consolidation of the sector, in line with classic economic theory. This would mean that some larger operators would increase in size by absorbing other organisations and homes. Ultimately there will be a reduced number of large operators, with a high degree of influence, similar to the situation in the supermarket industry. Interviewees also predict a decrease in the numbers of small home operators, some of which may be absorbed by the major operators.

The question of the fees paid for local authority funded residents is uppermost in most operators' minds. It underlies many other issues including the delivery of quality care and choice, the recruitment and retention of high calibre staff and operators' ability to invest in new models of care. Some respondents express a concern over the increasing gap that is appearing between the fees paid by self-funders and the fees paid by the local authority.

The issue of fees also underpins what interviewees consider to be one of the biggest issues facing the sector today, staffing. The difficulties of recruiting and retaining staff are described earlier in these findings. Those interviewed also stress repeatedly that the increasing demands imposed on them by the regulations and the competition for staff with the retail supermarkets, cannot be accommodated unless there is a corresponding increase in fees paid for care. They find it particularly hard to accept that the state pays public sector providers considerably higher fees than it is prepared to pay to the independent sector.

> **KEY ISSUE!**
> **Regulation and inspection**
> Several of those interviewed express the desire for the system of regulation and inspection to be based on outcomes rather than inputs, so that attention can be focused on issues that will bring about real improvements in the quality of life for residents.

There is also general agreement that the standards, while they are to be welcomed as a starting point, should ultimately become a 'ceiling rather than a floor' i.e. aspirational high standards rather than a basic minimum. Many operators are already achieving a far higher standard than is demanded by the regulations, and would like to see the rest of the industry doing likewise.

Some respondents are concerned about what they perceive as 'the dumbing down of the healthcare model', as the proactive healthcare needs of individual patients are subsumed in the reactive social care agenda. They are worried about the implications of homes delivering nursing care being regulated and inspected under the social care model, without the input of trained nurses.

> **KEY ISSUE!**
> **Relations with the government**
> Many of those interviewed regret the adversarial, confrontational relationship that appears to exist between the current government and the sector.

They wish to work in partnership with government ministers and the Department of Health, to use their considerable experience, enthusiasm and knowledge to ensure the best possible care for older people at the most cost-effective rate.

They regret the apparent lack of understanding in the government and the civil service of the true nature and merits of a quality care home in the 21st century. They would like the government to acknowledge the extent to which the sector has already adopted the ideas and models of care, which are now being proposed as new and revolutionary.

They would welcome clarity on the key issue of whether the state intends to be a commissioner of care, or revert to the old model of being a provider.

They see a need for 'joined up government', particularly on the issue of planning permission for care homes or alternative accommodation models such as extra care or sheltered housing. Some report delays of months and even years in achieving planning permission, even when the funding is in place.

Operators also recognise the intimate relationship between care provision and bed-blocking in NHS acute hospitals and are keen to play their part in resolving this.

Some favour the extension of direct payments to include care home fees, to increase people's choice and improve quality.

They would like to see a better standard of commissioning for example:
- Fewer spot contracts and more block contracts to give stability and facilitate planning
- The inclusion of quality standards in every contract
- A reflection of high quality standards in the fees paid.

Finally, they feel that the sector should have one voice in the dialogue with the government, working in collaboration to tackle the many challenges of providing and funding long term care, while safeguarding the rights and quality of life of an increasingly large and frail group of people.

Summary of this Section

- Operators and care associations have a deep commitment to the challenge of delivering quality care

- They stress the impact of the significant increase in the population of older people and express concern that successive governments do not appear to have taken this into full account

- There is a widespread awareness of the new models of care and a willingness to adopt them – some operators have already done so. However, there is a strong belief that there is still a place for the traditional care home in the spectrum of care provision, offering cost-effective care to a significant proportion of older people

- Many foresee the consolidation of the sector – similar to the UK supermarket scene

- The level of fees underlies all aspects of development of the sector, which is facing many challenges especially the recruitment and retention of staff

- Respondents want the regulations and inspections to focus on outcomes not inputs. They would like the standards to be aspirational targets rather than the lowest acceptable level

- There is concern that future inspections of care homes with nursing will be without the input of trained nurses

- There is a fervent desire for a real partnership with government to solve issues as associates and colleagues, not as adversaries

- There is a strong belief that many of those involved in policy making are not familiar with the true facts about life in a quality care home in the 21st century and with the relationship between bed-blocking in NHS acute hospitals and care home provision

- Operators would like clarity on whether the state intends to be a provider or a commissioner. They would also welcome better quality commissioning and support from the DH in reducing delays in gaining planning permission for care provision

- Many respondents feel that the sector should engage with the government with one voice through one united professional association.

Index of graphs and charts

English Community Care Association

Index of graphs and charts

Appendix 1 - Questionnaire used for the telephone interviews

Two versions of the same questionnaire were used - one for major group operators and one for associations. Where there was an unavoidable difference in the wording, this is shown in italics and brackets in each question below.

Questionnaire

Good morning/afternoon, my name is …………………… and I am calling from Laing & Buisson. You have probably received a joint letter from Joe Campbell of English Community Care Association known as ECCA and William Laing of Laing & Buisson explaining the background to a major research study we are conducting and asking for your co-operation. The study will make a positive contribution to the sector by providing strategic insights into the dynamics and trends in long term care for older people.

Over the next few weeks, we will be interviewing many senior colleagues representing independent providers of residential, nursing and EMI care for older people. The findings will be launched in the Autumn of 2004 and as a contributor, you will receive both a copy of the findings and a formal invitation to the launch.

I would like to conduct a telephone interview with you as the Chief Executive (or Managing Director) of your organisation ……………………………… (name) and a key player in the industry.

As a gesture of goodwill, and partnership with the sector, P&G Professional, the sponsors of the study, will make a financial donation to the charity The Relatives and Residents Association for every completed interview.

Do you have time to answer the questions now or would you prefer me to ring back at a more convenient time? The questions are designed to cover a range of important topics and to give data that is measurable. Because of the strategic importance of this study, we need around 30-45 minutes to complete the interview.

I would like to reassure you that anything you say will be treated in strict confidence and not attributed to you or your organisation. It will only be incorporated in the overall findings of the study.

Details of respondent (for data analysis purposes only)

Name . . . .

Title . . . .

Organisation . . . .

Tel no. . . . .

English Community Care Association

THE FIRST PART OF THE SURVEY IS ABOUT THE LONG TERM STRATEGIC DEVELOPMENT OF SERVICES FOR OLDER PEOPLE.

1. It is often said that businesses must grow or die. How important are the following for the strategic development of long term care within your organisation? (How important are the following for your members in the context of strategic development of long term care?)

	1 Not at all important	2	3	4	5 Very important
a. Fees for local authority funded residents					
b. Regulation					
c. Public and media perceptions of the industry					
d. The self-funding market					
e. Growth of improved public sector care home provision (e.g. Hants and Kent)					
f. Other (please specify)					

2. Currently 49% of the population of older people receiving some sort of long term care (personal or nursing) live in traditional care homes, 49% receive care at home and only 2% receive extra care (variously defined as 'living independently with support' or 'assisted living' – in rented or owner/occupied buildings, not necessarily in the grounds of a care home.)

(Based on your knowledge of your members and their businesses) How do you think the percentage accounted for by traditional care homes will change over the next 5 years?

a. Increase significantly ❑   b. Increase a little ❑

c. Stay the same ❑   d. Decrease a little ❑

e. Decrease significantly ❑   f. Don't know ❑

3. Why do you say that?

....

4. Recent government statements could be interpreted as indicating a likely reduction in the need to invest in traditional care homes, due to the increase in funding for extra care and care in the community. What are your views on this?

....

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5. On a scale of 1 to 5, where 1 is not at all important and 5 is very important, how important do you (your members) think the following factors will be in bringing about this change in the percentage of older people receiving care in traditional care homes?

	1 Not at all important	2	3	4	5 Very important
a. Government agenda					
b. Availability of state funding for long term care					
c. Changing customer expectations					
d. Property market values					
e. Advances in medicines or drugs					
f. The role of the PCTs in providing funds					
g. Improved technological support in people's homes					
h. Other (specify)					

6. Which growth elements feature in your strategic plans over the next five years for the older people's services you provide? (What proportion of your members have the following growth elements in their strategic plans for the next five years for older people's services)

a. New build   Yes/no   (Most/some/few/none)
b. Extensions on existing sites   Yes/no   (Most/some/few/none)
c. Acquisitions   Yes/no   (Most/some/few/none)
d. Diversification into different services:
   I. Sheltered or supported housing i.e.
    with a resident or peripatetic warden   Yes/ no/ already provide (Most/some/few/none)
   II. Extra care or close care
    i.e. on a care home site   Yes/no/already provide   (Most/some/few/none)
   III. Domiciliary care   Yes/no/already provide   (Most/some/few/none)
e. Other (specify)………………………   (Most/some/few/none)
f. Not prepared to comment

7. What methods does your organisation currently use to identify trends and new developments in long term care? (Tick all that apply)

a. Market reviews and published reports   ❏ (Most/some/few/none)

b. Attending conferences   ❏ (Most/some/few/none)

c. Trade press coverage   ❏ (Most/some/few/none)

d. From your professional association – national   ❏ (Most/some/few/none)

e. From your professional association – local   ❏ (Most/some/few/none)

f. Other (please specify)....................................   ❏ (Most/some/few/none)

g. Won't say/not applicable   ❏ (Most/some/few/none)

8. Do you believe that UK care home operators have something to learn from overseas?   Yes/no/not applicable
(What proportion of your members would say that UK care home operators have something to learn from overseas)   (Most/some/few/none)

If No to Q8, go to Q10.

9. If Yes to Q8, does your organisation currently?:

(If Most, Some or Few to Q8, what proportion of your members currently use the following methods to find out what is happening overseas?)

a. Monitor trends and developments in long term care overseas?   Yes/no (Most/some/few/none)

b. Undertake personal study trips to USA by senior execs in your organisation?   Yes/no (Most/some/few/none)

c. Undertake personal study trips to Europe by senior execs in your organisation?   Yes/no (Most/some/few/none)

d. Undertake personal study trips to any other part of the world by senior execs in your organisation?   Yes/no (Most/some/few/none)

e. If Yes to Q8d, please specify the places visited...

f. Are there any key findings from your (their) research or study trips that you would like to share?
....

10. Do you currently outsource any services in your care homes?   Yes/No/Don't know/Won't say
(What proportion of your members currently outsource any services in their care homes)   (Most/some/few/none)

11. If Yes (Most, Some or Few) to Q10, which of the following do you (they) outsource?

a. Catering   Yes/no (Most/some/few/none)
b. Laundry   Yes/no (Most/some/few/none)
c. Housekeeping   Yes/no (Most/some/few/none)
d. Personal care*   Yes/no (Most/some/few/none)
e. Nursing care*   Yes/no (Most/some/few/none)
f. Maintenance   Yes/no (Most/some/few/none)
g. Gardening/landscaping   Yes/no (Most/some/few/none)
h. Security   Yes/no (Most/some/few/none)
i. Other (specify)…………………………….. (Most/some/few)
* NB Not conventional use of bank/agency staff

THE NEXT PART OF THE STUDY IS ABOUT REGULATION.

12. Thinking now about the regulatory framework of the sector, (and its effects on your members as a whole) how have the care home regulations and National Minimum Standards impacted on your business? (your members' businesses). Please rate the effect on the following aspects on a scale of 1 to 5 where 1 is very negative and 5 is very positive.

	1 Very negative	2	3	4	5 Very positive
a. Operational efficiency					
b. Quality of care					
c. Recruitment of staff					
d. Administration work load					
e. Staff training and development					
f. Development of new older peoples' services					
g. Perception of the sector					
h. Other (specify)					

English Community Care Association

13. At the time the NCSC was established, the government stated that a single regulator would introduce consistent minimum standards across the country. How far do you (your members) feel the NCSC has been successful in doing this?

Completely ❑   Mostly ❑   A little ❑   Not at all ❑

14. CSCI comes/came into being in April 2004. (From the point of view of your members) What would be the one thing this organisation could do to have a major positive impact on the long term care sector?

....

This part of the survey is about working relationships with other stakeholders in the sector e.g. the public sector and professional associations

15. If we consider the statement "The independent sector is involved at an appropriate stage in public sector strategic planning and is seen as a partner", how true do you think the statement is for each of the following public bodies? Is it true all of the time, some of the time, rarely or never?

a. PCTs	True all the time ❑	True some of the time ❑	Rarely true ❑	Never true ❑
b. Social Services	True all the time ❑	True some of the time ❑	Rarely true ❑	Never true ❑
c. Department of Health	True all the time ❑	True some of the time ❑	Rarely true ❑	Never true ❑

16. Which national and local trade associations specifically for the care sector is your organisation a member of? (As well as your organisation, what proportion of your members belong to the following trade associations):

a. ECCA (formerly the IHA)   ❑ (Most/some/few/none)

b. RNHA   ❑ (Most/some/few/none)

c. NCHA   ❑ (Most/some/few/none)

d. Federation of Small Businesses (FSB)   ❑ (Most/some/few/none)

e. Forum of Private Business   ❑ (Most/some/few/none)

f. None   ❑ (Most/some/few/none)

g. Other including Won't say (specify)............. ❑ (Most/some/few/none)

17. If you answered 'none' to Q16, can you please tell us why?

....

(How many members do you currently have in your association?)

....

18. Of the associations named in Q16, which one do you consider to be the most effective in representing your views?

a. ECCA (formerly the IHA)   ❏

b. RNHA   ❏

c. NCHA   ❏

d. Federation of Small Businesses (FSB)   ❏

e. Forum of Private Business   ❏

f. None   ❏

g. Other including Won't say   ❏

18a. If you answered "Other" in Q18, please specify

....

(How many long term beds for older people does that represent?)

....

THIS SECTION OF THE STUDY IS ABOUT STAFFING ISSUES.

19. Now thinking about the training and development requirements imposed by the National Minimum Standards, what % of home managers in your organisation (your members' organisations) have currently achieved NVQ Level 4 or equivalent?

Home managers ………………………………% or Not known

20. Now thinking about the healthcare assistants, what % of these staff in your organisation have currently achieved at least NVQ Level 2?

Healthcare assistants/carers …………………% or Not known

21. What impact on recruitment and retention have you seen in your organisation (your members seen in their organisations) as result of this training and development to comply with the National Minimum Standards?

a. Major positive impact   ❏

b. Slight positive impact   ❏

c. Little/No impact   ❏

d. Negative impact (e.g. managers
   nearing retirement age unwilling
   to undertake the qualifications)   ❏

e. Not known   ❏

22. Assuming the training and development programme for healthcare assistants continues, increasing the pool of staff with NVQ qualifications, how likely do you think this is to lead to a skill mix review in your organisation (your members' organisations)?

Is it: Very likely? ❑   Likely? ❑   Quite likely? ❑   Not at all likely? ❑

23. What effects will this have in your organisation (on your members)?

....

24. Turning now to staff turnover, how significant an issue is this in your organisation (for your members)?

a. Very significant
b. Somewhat significant
c. Not significant

25. If a. or b. to Q24 above, what groups of staff are affected and what can be done to address this issue?

....

26. Customer perceptions of your organisation (your members' organisations) are key to your (their) reputation and the strength of your brand (their brands). Which of the following methods do you use to ensure the standard of care delivery is consistent with your brand values?

(what proportion of your members use the following methods to ensure the standard of care delivery is consistent with their brand values?)

a. In-house audits	❑ (Most/some/few/none)
b. External customer satisfaction surveys	❑ (Most/some/few/none)
c. Internal customer satisfaction surveys	❑ (Most/some/few/none)
d. Website	❑ (Most/some/few/none)
e. Relatives' meetings	❑ (Most/some/few/none)
f. Residents' meetings	❑ (Most/some/few/none)
g. Resident reviews with care professionals	❑ (Most/some/few/none)
h. Other (specify)……………………………………..	(Most/some/few/none)

27. And finally, is there anything else about the changing shape of the long term care sector that you would like to add or comment on, (on behalf of your members) in your capacity as a key player in the sector?

....
....
....

End of interview

Appendix 2 - Acknowledgements

The authors, Sandra Lawes and Bhavna Jones, gratefully acknowledge the contribution of the following people and organisations to this study:

- **All the organisations that were interviewed during the research**

- **Ann Mackay, the main board and the administration team of English Community Care Association (ECCA)**

- **Executives and key personnel of P&G Professional**

- **William Laing and other colleagues at Laing & Buisson**

- **Senior representatives of the National Care Standards Commission (NCSC)**

- **Shadow representatives of the Commission for Social Care Inspection (CSCI)**

- **Nick Hedges of the Independent Healthcare Association (IHA)**

- **Representatives of The Relatives and Residents Association**

- **Jim Flaherty of Ashbourne Homes Ltd, Tony Hosking of Care UK plc and Frank Ursell of RNHA for assistance with piloting the questionnaires**

- **Tony Heywood of Westminster Healthcare and Ramesh Sachdev of Life Style Care plc for assistance in supplying a selection of images.**

Appendix 3 - Participating organisations

- **Abbeyfield Society**
- **Anchor Homes**
- **Ashbourne Ltd**
- **Barchester Healthcare**
- **Bettercare Group Ltd**
- **Blanchworth Care**
- **Britannia Healthcare**
- **BUPA Care Services**
- **Care North East**
- **Care UK**
- **Caring Homes Ltd**
- **CLS Care Services**
- **Colten Care**
- **Cornwall Care**
- **Coverage Care**
- **Craegmoor Ltd**
- **Dorset Care Association**
- **Elizabeth Finn Trust**
- **Four Seasons Healthcare Ltd**
- **Hampshire Care Association**
- **Helen McArdle Care**
- **HICA Specialised Care Homes**
- **Highclear Homes Ltd**
- **Jewish Care**
- **Kent Community Housing Trust**
- **Lancashire Care Association**
- **Leeds Care Association Ltd**
- **Life Style Care**
- **MHA Care Group**
- **Nottinghamshire Care Homes Association**
- **Raphael Medical Centre**
- **Ridgmont Care Homes**
- **Registered Nursing Homes Association**
- **Somerset Care Ltd**
- **South East Essex Care Association**
- **Southern Cross Healthcare**
- **Tameside Care Group**
- **Trafford Owners of Regional Care Homes**
- **Warwickshire Association of Care Homes**
- **Westminster Healthcare**

P&G Professional

great reputations are built on details

Appendix 4 - English Community Care Association (ECCA)

The English Community Care Association (ECCA) is the largest representative body for community care in England. It speaks with a single unified voice on behalf of its members and the sector to create an environment in which providers can continue to deliver care that communities require and deserve.

Members of ECCA are drawn from the independent sector and represent a whole host of organisations that have cumulatively invested over £5 billion in new purpose built care homes over the last 20 years. Membership encompasses a vast range of care home providers including small single care homes and local groups to national providers and not for profit voluntary organisations and associations. ECCA's Board fully reflects the broad mix of members.

Members provide a variety of services for different client groups including older people and people with long term conditions, learning disabilities, mental health problems and physical disabilities.

ECCA provides services to members by engaging with central and local government on issues of social and health care policy and regulation, including direct representation with the Department of Health and the Commission for Social Care Inspection. Where appropriate ECCA supports and gets involves with members interests at the local level to respond to policy and provide experienced and professional services.

There is a demographic tidal wave fast approaching England. By 2016 the number of people aged between 65 and 85 will rise by 2.3 million. This is a positive shift, but it will have very negative consequences unless the appropriate provisions are put in place. Regardless of the projected increase in other forms of care, the demand for care homes will increase. This increase needs to be recognised, addressed and planned for now.

ECCA strives to engage with the government in order to play a central part in shaping the future care market ensuring adequate provision at a fair price for quality care. It works to support regulation that is intelligent, effective and proportionate and calls for properly funded social care.

ECCA in partnership with Laing and Buisson and P&G Professional, have devised a sector wide survey of the strategic issues facing providers of long term care. This survey tracks the key issues facing the sector as identified by a representative sample of over 40 care homes representatives and will be invaluable in deciphering the future direction of care services.

ECCA is the voice of England's community care sector striving for fair funding and intelligent regulation of care homes.

Appendix 5 - P&G Professional
Working to support care home excellence

P&G Professional is delighted to sponsor the study into long term care for older people, in association with ECCA and Laing & Buisson. As leading manufacturers of professional cleaning solutions specifically tailored towards the care home sector, P&G Professional is reinforcing its long-term commitment to the care industry by investing in this ground-breaking research.

P&G Professional is the dedicated away from home division of Procter & Gamble, a world leader in consumer brands that has been developing products for over 180 years. Care home operators can benefit from the unrivalled cleaning heritage of Procter & Gamble products by using the P&G Professional range. P&G Professional products have been developed to meet the cleaning needs of the entire care home while adding value to the business of care home operators.

P&G Professional provides many of the world's leading brands such as Flash, Fairy and Ariel. Utilising the good reputation of P&G Professional's superior range of cleaning solutions can actively enhance the perception of cleanliness within an organisation, helping to build a professional reputation. As Julie Nottage, head of UK sales for P&G Professional comments, "We believe that great reputations are built on details. P&G Professional works in partnership with care home operators to help them get all the details right."

P&G Professional's cost effective range of laundry, kitchen and housekeeping solutions fulfil the company's key objectives for this sector, to jointly drive down costs and deliver excellent laundry and cleaning results. P&G Professional has an in depth knowledge of the needs of the care industry, and works in partnership with care home operators to find tailored solutions to meet all cleaning requirements. In an age of increased awareness of hygiene and safety it is particularly important that care home operators pay attention to all the details. P&G Professional can help operators to ensure that the care home is a safe and pleasant environment, for both staff and residents.

Appendix 6 - LAING & BUISSON

The UK's Leading Provider of Information and Market Intelligence

Founded by William Laing in 1986, Laing & Buisson is the UK's leading provider of authoritative data, statistics, analysis and market intelligence on the independent health, community care and childcare sectors. Clients include providers, purchasers and investors in these markets.

Key values of the organisation are independence, objectivity and integrity. Laing & Buisson has built a strong reputation for the quality and breadth of its market information and analysis.

Consultancy and Market Intelligence
Market intelligence and consultancy work on the non-clinical aspects of the health and social care market is tailor-made for clients. Examples of recent work include strategic option reviews for social service authorities and 'fair price for care' studies jointly commissioned by providers and social services, using the Fair Price model developed for the Joseph Rowntree Foundation.

Annual Directories & Market Reports
Laing & Buisson publishes a number of specialist market reports and directories. They are regularly referenced by government and the media. Annual publications include:
   • Laing's Healthcare Market Review
   • Long Term Care: Directory of Major Providers
   • The Care of Elderly People Market Survey

Conferences
Laing & Buisson organises conferences on a range of healthcare issues. The annual conferences, including The Annual Private Healthcare Conference, and The Annual Long Term Care Conference, are now recognised as 'must-attend' industry events. The subjects of other conferences reflect topical issues, relevant to the health, community care and childcare sectors.

Newsletters
Laing & Buisson publishes three authoritative monthly newsletters - Community Care Market News, which covers the long term care sector, Healthcare Market News, which covers the acute care sector, and Nursery & Childcare Market News, which covers the childcare sector.

Healthcare Data in an Electronic Format
Healthcare data is provided on CareSearch - a CD ROM containing detailed and reliably updated information on all care homes, providers and independent hospitals in the UK. Data can also be selected specifically and supplied on disks or labels for mailing purposes.