



## Prioritising People's Lives LTD

- **Brief introduction / overview of your Care at Home service**

Prioritising People's Lives Ltd is a small domiciliary care provider with HQ in Stockton, covering Middlesbrough, County Durham and Stockton on Tees. The company has two other branches, based in Northumberland and North Yorkshire. The service has been dedicated to delivering the best care possible since its inception in 2013. Person centred care, dignity towards service users and progression for staff has always been at the heart of the services values.

- **How you promote your service and how people can access it**

The services are promoted through leaflets and social media to service users and staffing, regular campaigns for jobs are used to recruit staff, we find that word of mouth has worked best. The service has regular referrals for packages through local authority channels and NHS.

- **Support received from Stockton-on-Tees Borough Council**

Stockton has offered grants / assistance through the pandemic. Support in other areas has been lacking, the local authority should be using advertising to boost the image of carers to show that care is not an unskilled role. The lack of recruitment is partly due to the low status of care work. Ensuring strong cross-sector communication around safeguarding issues will help prevent vulnerable people from being potentially exploited.

- **Staff training / development / support (inc. considerations around travel time / allowances)**

We pride ourselves in training our staff to a high standard and continued personal development, but this has its costs. Travel time cannot be paid currently due to the small margins that care providers are working with. Mileage is paid; however, due to the increasing prices in fuel and living costs, there is low moral and reluctance to travel to calls as current mileage payments are not covering the actual costs of fuel.

Employees have benefits from the company- employee assistance programme which included legal advice, counselling for them or family members, financial advice and more.

- Service improvement mechanisms (e.g. feedback from staff regarding their experiences, feedback from those using the service)

Quality assurance is carried out regularly and the company welcomes feedback from other agencies as well as employees and service users. Carers feel they are the forgotten service at times, service users feel that the pressures of care have always been neglected and never addressed fully when it is such an important sector, this has become more apparent during the pandemic.

- Impact of COVID-19

- Increased costs of service
- Low morale in staff
- Low recruitment rates
- Increased living costs impacting current carers

I am also concerned about the volume of agencies and homes that are being acquired by profit-focused equity groups which do not concern themselves with the wellbeing of service users and staff and do not have quality care at the heart of their values and visions. To reveal the scale of this issue, a broker from whom I requested information regarding care companies sold revealed that they'd sold over 200 care companies in 2021 alone. Payment rates, recruitment work required, and the sheer levels of work involved in providing good care are highly unappreciated by these entities that take ownership of care agencies.

- Key current and future issues (e.g. staff welfare, recruitment and retention, financial pressures)

An important factor in that carers ought to be required to register with a board or a governing body to hold them as accountable as nurses are. In doing so, not only would we have more robust regulation, but this would also raise the profile of carers.

Right now, carers often move from organisation to organisation without working their notice periods, which comes at the expense of their employer by limiting the services they can provide, leaving vulnerable people at risk. Something that we all know of in this industry also is that some employers do not request references from previous employers, meaning that unscrupulous individuals are free to repeatedly behave in this way. This boils down to a lack of integration in care services, which leads to breakdowns in communication that enable these

discrepancies to happen. Something which is of specific concern to me in this respect is that historic safeguarding alerts or barring referrals regarding care staff are not taken seriously.

Furthermore, I believe there is a disconnect between services in England. Services in Scotland and Wales work in tandem to avoid service users ending up in hospital. Care homes also communicate with community care providers to enable people to return to their homes or vice versa quickly and efficiently. Community care requests provide valuable respite to stretched NHS services because they help people avoid hospital admissions.

In England now, there is no communication from NHS services around individuals funded through continuing health pathways. Community nurses call local providers to assist with care packages and the care package information is rarely sent to finance. NHS services have no social worker to contact in relation to changes in these package and providers must contact nurses who are already under immense pressure. Added to this, commissioning services from the NHS are often unreachable when you attempt to contact them.

On the recruitment shortfall, it is well-documented that care providers are under increasing pressure to deliver quality care with a limited and stretched workforce. In my view, the problem here is larger than this; local authorities are also under pressure to sustain care provision with fair rates. For example, Northumberland has had to use two years of reserves to meet the rates increase for 2022. Local authorities and NHS services should be more transparent with care providers regarding rates. There should be a publication of rates for care providers to see on their frameworks and more information should be freely available to providers.

There are issues on a grand scale; the government needs to provide local authorities with larger budgets for health and social care. The budget increases should be passed on to care providers with guarantees that carers are paid a salary and not a basic pay rate per hour.

*PPL*  
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