

Care Home Workforce Data Report 2017

Introduction

This short report has been produced by Scottish Care as a result of survey research undertaken with care home members in Spring 2017.

It follows on from previous research undertaken by Scottish Care in relation to understanding the workforce realities that exist within the independent social care sector. Previous publications in this area include 'In the Front Line' in 2015 and 'Independent Sector Nursing Data' in 2016. These reports provided indications that independent sector care home services, their workforces - and indeed their viability - were under threat in terms of recruitment, retention, learning, development and status challenges.

Since the publication of these reports, a number of developments have taken place which impact on the care home workforce. These include the introduction of the Scottish Living Wage which, from May 2017, stipulates that all individuals employed in direct caring roles must be paid a minimum of £8.45 per hour. Additionally, work has progressed around reforming the National Care Home Contract. Whilst this hasn't yet produced tangible changes for the commissioning and procuring of care home places, an ambitious programme of work remains underway and workforce planning features strongly in this process.

The purpose of this report was to gauge an up to date picture of workforce trends and challenges in care homes. The pattern of increasing anecdotal examples of workforce challenges had continued throughout late 2016 and early 2017, and therefore Scottish Care wanted to establish whether issues relating to the care home workforce were being experienced by services across the country.

Whilst this survey exercise cannot provide a comprehensive picture, respondents do represent a significant proportion of care home services across Scotland and therefore provide a degree of insight into the general trends in the sector at present. It should also be noted that survey data and the statistics produced do not offer in-depth information about the complex factors which impact on care home provision in

Scotland. They do, however, provide a starting point for further collaborative work to understand and support the sector to offer a positive, sustainable, attractive and rewarding career.

Methodology

This report was compiled from responses to a Scottish Care online survey, held in Spring 2017, which was communicated to and promoted amongst all Scottish Care member organisations who provide care home services. It was undertaken at the same time as a parallel exercise for care at home and housing support services, the results of which feature in Scottish Care's 'Bringing Home Care' report (published in May 2017).

- 161 responding care homes
- 16% operate very small services, 34% medium, 35% large, 15% very large services or responding on behalf of an organisation operating multiple services
- Responses completed by a combination of owners (16%), managers (82%) and supervisors (2%)
- 88% private sector care home, 12% voluntary
- 81% nursing homes, 19% residential care homes
- All Local Authority areas represented, except islands
- An average of 9,327 residents supported each week by responding organisations
- 97% of respondents support a combination of publicly funded and privately funded residents 3% LA only

Findings

Workforce Profile

Between the 161 responding care home services, a total of 5523 full time equivalent care staff are employed, including 4287 in direct caring roles and 641 nurses. Obviously in terms of individual employees, this number will be much higher given that an average of 58% of care staff represented through this survey are employed on a full time basis.



In terms of working hours, part time care home staff (regardless of role) work an average of 23 hours per week but obviously this will vary significantly depending on the service, job role, and particular demands of any given week.

Respondents were also asked to detail the country of origin of their staff. From the results, we know that approximately 6% of the care home workforce originate from the European Union and a further 6% from other countries. In relation to nurses, this EU figure increases to nearly 8%. Inevitably, Brexit will therefore have a significant impact on the care home sector labour market and it will be important to monitor any changes in these numbers, providers' experiences of recruiting from the EU and any barriers to enabling workers to enter this sector in Scotland.

Wages

As outlined above, the Scottish Living Wage has had a considerable bearing on the care home workforce and on providers. It was initially introduced in October 2016 with care homes obliged, through the National Care Home Contract, to pay any staff regardless of age, experience or job role (providing it involved front line care delivery) a minimum of £8.25 per hour. From May 2017 this benchmark became an £8.45 minimum, with the National Living Wage for 2017 set at £7.50 per hour.

Whilst Scottish Care has voiced its support for the Scottish Living Wage and the intentions behind it in terms of increasing the pay and status of care workers, we have also raised concerns on behalf of providers in relation to how this initiative is funded and how it impacts on the establishment of pay differentials. We have also encouraged caution in assuming that a wage increase alone will tackle the recruitment and retention issues facing the sector and have closely monitored any unintended negative consequences of the introduction of the Scottish Living Wage.

Of the care homes surveyed, 42% believe paying the Scottish Living Wage makes them less sustainable as an organisation. More in-depth work would be needed to understand the complexity of reasons behind this, recognising that the implications are different for different organisations. However, the respondents in this survey largely framed sustainability concerns in terms of a lack of sufficient funding being provided to meet the responsibilities of employers in implementing the Scottish Living Wage to £8.45 per hour, particularly in terms of upholding



pay differentials between staff based on experience levels, responsibilities and learning and training achievements:

“[The cost implication of implementing £8.45 is] very difficult as then the seniors salary needs to increase. This in turn creates a minimal disparity between what a senior is being paid and what the Registered Nurses are being paid. However, whilst monies are provided for the carers’ salary increase there are no additional funds for the remainder of the staff. This has a knock on effect both up the line and down the line. Why should the cleaner only be paid £7.20 when the other staff are now being paid £8.45? This is not sustainable.”

In terms of understanding these differentials, the data shows that 47% of organisations pay non-care staff (i.e. those out-with direct caring roles such as domestic, kitchen, ancillary and maintenance staff) above the national living wage of £7.50. This means that in order to maintain differentials and to treat different staff fairly, many organisations feel compelled to uplift the wages of non-care staff and/or to pay care staff higher than the £8.45 to maintain differentials. This is reinforced by the fact that 69% of care home services pay front line care staff at a rate higher than the Scottish Living Wage, including senior care staff. These knock-on effects therefore contribute to the sustainability agenda.

Recruitment

Recruitment of a range of care staff remains a significant challenge for the care home sector.

In terms of recruitment methods, it is interesting to note a shift towards online advertising of care vacancies and particularly to the use of organisations’ own websites. When Scottish Care conducted similar workforce research in 2015, the press and Job Centres were far more prevalent as recruitment methods. In 2017, online advertising in some format seems to dominate where before it was equal or lesser to more traditional strategies of advertising. This is reflective of a societal shift towards higher reliance on the internet as a communications and marketing tool and the downwards trend in purchasing print media. It also potentially indicates a stronger promotion of care services’ own brands, particularly where we see a use of own websites to share advertisements. As we see progression towards more values-based recruitment strategies as well as more choice and control for individuals in selecting their care provision, it may be that organisations are keen to



showcase their values and principles as a key selling point of their provision and therefore wish to attract employees who align themselves with these values. It may also be that organisations are using their own websites to recruit based on their commitment to building a solid local reputation and therefore potential employees will be familiar with their name and standards. This would be a positive indicator of more community connectedness with care homes but obviously, remains speculative at this point without the availability of further information.

Conversely, the Job Centre remains a dominant recruitment method for front line care workers in a way that it isn't for managers, supervisors, senior carers, nurses, ancillary or domestic staff. In fact, 75% of care homes continue to employ this method of attracting people into the sector but there is no data available from this research to indicate the reasons for this difference.

In terms of where newcomers are recruited from, the figures are quite illuminating in terms of reliance on overseas recruitment:

Managers: 24% EU, 15% out-with EU

Supervisors: 37% EU, 21% out-with EU

Care staff: 44% EU, 25% out-with EU

Nurses: 63% EU, 45% out-with EU

These figures don't reflect the number of nurses employed from these areas but do show the percentage of care homes which actively advertise their place of employment in other parts of the world and rely to some extent on successfully recruiting in this way. Most notably, care homes rely on the recruitment of overseas nurses quite significantly. Again going forward, this will require to be monitored closely as the outcome of Brexit on freedom of movement of the labour market becomes clearer.

Regardless of recruitment method or where care staff are recruited from, it is clear that care homes continue to struggle to recruit new staff into their services. Over the past year:

- **35% of care homes have found the recruitment of managers more difficult**
- **A quarter are struggling to recruit front line care staff**
- **79% are finding it hard to recruit nurses**



- **77% of organisations have workforce vacancies**

This indicates a level of significant challenge, including a developing problem with recruiting managers. Whilst there are undoubtedly less managerial positions to fill compared to other job roles in care homes, respondents with vacancies in these posts did provide some detail as to why they felt they had these particular recruitment difficulties. These included 75% believing that applicants lacked quality in relation to their skill levels, which is perhaps indicative of the need for better understanding - both within and out-with the sector – of what competencies, skills and experience are required of a care home manager particularly given the changing nature of this provision and the more intensive clinical and psychological needs of residents.

Furthermore, 45% believe that pay is an off-putting factor for potential care home managers which shows that despite some relatively healthy salary levels for these roles, they may still be insufficient and not reflective of the level of responsibility.

In terms of care workers, the majority (55%) of respondents believe they continue to have vacancies because potential employees have access to better opportunities elsewhere. This points to the ongoing challenges that exist around the status of the care workforce and how this is reflected in professional and public esteem, pay levels and parity of terms and conditions with colleagues in other parts of the health and social care sector. What's more, despite the introduction of the Scottish Living Wage, if a potential care worker can get equal or even better pay working in a sector which has lower levels of responsibility and stress it is understandable why even some of the most suitable care workers might choose to pursue careers elsewhere instead. This needs to be addressed by all health and social care partners as a matter of priority.

What the data also highlights is huge concerns in relation to nurse recruitment. In fact, 62% of responding care homes who employ nurses have vacancies with the main assumptions for this being better conditions in the NHS (66%) and care home pay levels (57%). This reinforces the issues raised by Scottish Care in our 2016 'Voices from the Nursing Front Line' and 'Independent Sector Nursing Data' reports, which explore the nurse recruitment challenges in more detail and suggest ways in which the situation could be improved. In June 2017, we published a progress



report relating to these recommendations which outlined positive developments over the past 6 months, yet this data shows that more urgent, radical and collaborative steps are needed because the pressures are not being alleviated.

The implications of these recruitment difficulties and existing vacancies are not to be underestimated. They are having very real, adverse impacts on care home services with the most commonly cited including:

- Increased use of agency services
- Negative impacts on continuity and quality of care, including dilution of person-centred care
- Not been able to meet service users' expectations
- Staff working extra shifts
- Significant financial impact
- Pressure on existing staff, with negative impact on the health, wellbeing and morale of staff
- No capacity to do off shift development with staff as services can't cover them being off
- Reduced activities for residents
- Staff feeling pressure to catch up on the work that they don't have time to do, such as care plans, bloods and staff development.

When asked as to how these challenges would impact on future delivery models if they were to be sustained, comments included:

“We won't be here to provide care. We will have run out of money. But there is no real ability to implement any new models of care as it's hard enough to get the current models right without the staff.”

“Looking at senior carer roles and nursing roles changing”

“Significant financial impact. Also having an impact on the current staff and inability to raise their rates of pay = low morale. This making the NHS care homes more appealing and losing staff to them.”

“It would certainly restrict our plans to expand the capacity of our provision.”



“Further impact on staff health wellbeing and morale and increase in sickness absence.”

“Unsustainable. As the manager, I have stepped up and covered shifts rather than use an agency member of staff. I am reluctant to use them for 2 reasons - financially and continuity of care for the residents.”

“No staff = no service.”

“This would have an impact on the implementation of initiatives and innovations resulting from consultation and engagement.”

“Staff burn out and increase in staff leaving.”

Retention

We know that recruitment isn't the only challenge facing care home services. Even having successfully employed staff, care homes can struggle to retain workers.

This data indicates that the average turnover figure is 22%. In 2015, this figure was 17% so this demonstrates a worrying trend.

Of staff who leave across all job roles, it is interesting to note that the majority (61-70%) go on to work in other parts of the independent social care sector which highlights a significant level of mobility within the sector. The only exception is domestic staff, of whom 56% who leave care home employment do so to pursue work out-with the health and social care sector.

In terms of average length of employment in a care service, it is encouraging to see a level of longevity amongst most staff. For 45% of services, the majority of their staff have been in post for 2-5 years. For 44%, their average length of service amongst employees is 5-10 years. 6% of care homes have an average employment length of over 10 years and it would therefore be interesting to undertake further work to understand why this is the case and share any learning.



Of those who have left care home employment in the last year, respondents shared information about these individuals' length of service. This shows that:

- **56% of care workers who left did so after less than 2 years**
- **58% of nurses left are under 2 years in employment, with 30% of these doing so in under 1 year**
- **46% of managers who left a care home had been employed for over 10 years.**

This indicates strong levels of organisational commitment amongst managers, yet some concerning statistics for care workers and nurses. It would be interesting to obtain further information, perhaps from exit interviews, as to why so many front line workers choose to leave an organisation after such a short period of time.

Agency Use

We know that where care homes' recruitment and retention challenges mean they cannot fill vacancies in a permanent way, they often turn to agency services to temporarily plug staffing gaps. This is often unavoidable given the need to meet minimum staffing levels, as required by the Care Inspectorate, in order to deliver care in a safe way.

In terms of typical agency use, this research exercise shows that:

- **49% use agency services occasionally for care staff (13% use them regularly)**
- **33% use agency services occasionally for nurses (36% use them regularly, 5% always use them)**

Most organisations don't use agency services in any sort of regular way for other categories of staff (such as managers, supervisors, domestic and activities staff). In these categories therefore, there has been little increase in agency use over the last 6 months.

However for care staff, 28% of organisations have increased their use of agency services in the last period of time.



Even more concerning is that 44% of nursing homes have increasingly relied on agencies in recent months, 21% of whom have upped their use of these services significantly in relation to nurses.

The reasons these figures are concerning relate to the impact of agency use on care delivery. Responding care homes were asked to indicate - on a scale of very positive to very negative - their assessment of impact of agency use on their services. The following figures relate to the services which scored a particular impact as negative or very negative:

- **80% finances**
- **68% continuity of care**
- **62% staff morale**
- **56% quality**
- **45% recruitment**
- **38% regulation**

As Scottish Care has stated in other publications, including 'In the Front Line: Supplementary Report on Agency Staffing' in 2015, there will be a significant number of committed and skilled individuals working within agency services and the use of agency workers does not immediately imply a negative effect on care provision. Yet it cannot be avoided that these individuals are much less likely to be able to develop meaningful relationships with residents or to know the practices and values of a service simply by virtue of their ad-hoc utilisation.

Partnership

In order to tackle the range of workforce challenges facing the care home sector, Scottish Care firmly believes that a partnership approach to workforce planning between care homes and integrated partners is the only solution; there has to be shared responsibility and commitment to solutions if a high quality, sustainable care home sector is to be available into the future. Part of this involves ensuring that care homes are key priorities and partners in strategic plans and consultation exercises.



Respondents were therefore asked to detail whether they had a positive relationship with some key local and national partner organisations with local partners, from which the following statistics were deduced:

- **71% have a positive relationship with their Local Authority**
- **67% have a positive relationship with the Care Inspectorate**
- **58% have a positive relationship with the Scottish Social Services Council**
- **45% have a positive relationship with their Integrated Joint Board**

It is extremely encouraging to see that constructive partnerships with care home services are in existence, and Scottish Care is keen to continue to monitor this in the hope that these figures will continue to improve. What is important is that these relationships can be utilised to mutual benefit in understanding and addressing workforce and service delivery challenges.

It is also positive to establish that 72% of care homes feel that their service and its workforce are valued and respected by wider partners and professionals in health and social care, and even more heartening that a quarter of these feel very valued and respected.

The following table provides a more in-depth assessment, by care homes, of their local relationships:

To what extent do you feel your organisation/care home is valued by the following stakeholders?

	Strongly valued	Valued	Neutral	Not valued at all	No strong view
Integrated Joint Board (HSCP)	8.06%	50.00%	20.97%	9.68%	11.29%
Local Authority	28.79%	59.09%	9.09%	3.03%	0.00%
Health colleagues (including nursing)	30.77%	49.23%	13.85%	4.62%	1.54%



	Strongly valued	Valued	Neutral	Not valued at all	No strong view
Care Inspectorate	25.76%	54.55%	15.15%	3.03%	1.52%
SSSC	15.38%	53.85%	27.69%	0.00%	3.08%
Third sector colleagues	11.29%	50.00%	32.26%	1.61%	4.84%
The local community	36.92%	56.92%	6.15%	0.00%	0.00%

The table highlights some particular outliers. It is extremely positive that care homes feel valued by their local communities, particularly given some of the myths and negative media coverage of care home services, and Scottish Care would hope to support the continued development of these relationships through initiatives such as Care Home Week.

At the other end of the spectrum, it appears that care homes feel less valued by Integrated Joint Boards (IJBs). Scottish Care would deduce that this may be, at least in part, due to the relative infancy of these bodies but more negatively, it may indicate a lack of sufficient engagement with care homes by IJBs and a mutual lack of understanding as to each other's roles at a local level. This was certainly reflected in a number of respondents' comments. Scottish Care believes it is absolutely imperative that IJBs are committed to involving and including care home providers in local planning processes, not least to be able to ensure there is capacity – within services and workforces – to deliver high quality care options in each locality area. This involvement can also help to ensure that local decisions are based on informed discussions with care homes and are reflective of their operational reality.

The importance of this is further reinforced by the fact that 34% of respondents felt they had had minimum or no involvement in the development and planning of new models of care in their local area, and only a fifth reflected on having positive involvement in these processes. From Scottish Care's perspective, these are unacceptable figures: IJBs simply cannot meaningfully develop sustainable and suitable care provision without engaging with local care home partners and we would hope to see a significant change in these figures in the future.



A tangible example of this is the implementation of Self-directed Support (SDS). 38% of care homes highlighted that this policy, aimed at transforming the way care is planned and delivered, is not working at all for the people they support and care for. A further 53% provided a neutral response, supplementing this with reflections that they have had no experience of delivering SDS, that it hasn't been seen to have any impact on care home provision yet or that funding and lack of understanding seem to be barriers to its successful implementation in care homes. More information about the failure of SDS for older people and those in residential care is provided in other reports published by Scottish Care in 2017.

Planning

Locality and partnership-wide planning is an essential part of supporting workforce development in the care home sector, but it is equally important to understand services' own priorities for their workforce. To this end, we know that 50% of organisations have developed workforce plans to indicate future need and plan accordingly.

In terms of identifying care home learning and development priorities for 2017/18, these include:

- **Clinical training**
- **Trying to get funding for SVQ training for more mature and experienced staff**
- **SVQ completion**
- **Dementia training**
- **Promoting Excellence**
- **Falls**
- **Wound management training**
- **Robust training plans in place**
- **Palliative and end of life care**
- **Joint working with NHS training providers**
- **'Person centered/outcome focused care' and 'dignity and respect' training**
- **To review new care standards prior to implementation in 2018**
- **Carrying out training relating to moral/ethical issues**



- Training staff to be properly equipped to deal with the changing needs of the residents and to be person centred in all approaches
- Nursing development
- Working towards having more senior carers completing SVQ Level 3 with a management level to become nursing assistants due to the lack of nurses
- Continuing to support staff to meet their PRTL and Revalidation requirements.
- Ensuring a career pathway is available to all staff

However, only 39% of responding services believe there is sufficient resource made available to meet training, learning and development needs through existing contracts. When comparing this to the vast list of training and learning needs identified above, questions undoubtedly need to be asked about how services are supported to develop their workforce and what cross-sector resources or opportunities can be drawn upon.

Finally we asked care homes to identify what they consider to be the main challenges facing the sector in the coming year:

“It all comes down to funding. Without adequate funding, we cannot pay enough to attract staff. Without quality staff, we cannot provide the quality of care we want to. Without funding, we cannot train our staff and invest in our homes. The recruitment and retention problem is only getting worse. Something needs to be done to assist the care sector to either recruit nurses or to be permitted to replace nursing posts with something else, such as calling on nursing support directly from the community or NHS. The sector is skating on a dangerously thin piece of ice which is only getting thinner and without proper funding, we are going to see many services fall in to the cold dark waters and drown!”

Funding was the concern identified most frequently, but the quote above actually captures many more of the nuances detailed by respondents in outlining their concerns for the future of the services and in particular their workforces.



Conclusion

Throughout the survey exercise, care homes stressed their desire to continue to deliver high quality care to their residents and to develop their services. Yet the results have shown that care homes are operating in an extremely fragile and uncertain landscape. Recruitment and retention is proving to be an almost insurmountable problem, particularly in relation to nurses. This is compounded by the uncertainties which surround Brexit. What's more, the 2017/18 period will see significant changes to the care home sector as a result of the reform of the National Care Home Contract and the implementation of the new National Health and Social Care Standards. This all comes after the commencement of Self-directed Support, Health & Social Care Integration and registration of the social care workforce through the SSSC in recent years. Throughout all of these policy changes, care homes are navigating changing dependency levels of residents and new expectations of what their services will deliver including new models of care, specialist dementia care and more palliative and end of life care.

This creates an extremely challenging set of circumstances, not only for care home providers but their workforces whose time, skills and confidence are constantly under pressure. It is therefore absolutely crucial that health and social care partners understand the facts, figures and experiences of care homes and we hope that this workforce report can provide some illumination in relation to this.

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