

## Wellbeing

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In this edition we cover a health and social care committee report that highlights concerns over the wellbeing of care staff (p6), how Covid-19 exposed care at home (p14), and cover LaingBuisson's children's services webinar (p18).

We also speak to Neil Eastwood about good recruitment (*Inconversation*, p26).

IT IS STILL TOO EARLY  
TO KNOW WHAT THE  
DAMAGE WILL BE ON THE  
EXISTING WORKFORCE,  
BUT IT WORRIES ME  
GREATLY

Neil Eastwood  
p26

## Burnout

Struggles, wellbeing, space, cultural shift

# Contents

*Independent. Intelligent. Insightful*



Baroness Altmann,  
p8



Andrew Dawber,  
p44

## Regulars

### 6 News

**Wellbeing** MPs raise concerns over the mental and physical wellbeing of care workers  
**Tight-lipped** Matt Hancock gives little away with regards to reforms of the sector  
**Unregulated homes** The Children's Commissioner for England wants to see a ban

### 22 Insider

**Prof Martin Green** argues technology could be key to helping deliver better services

### 23 Inprogress

Exemplar plans to open a specialist home in Bradford next year, while Prestwick Care has opened a £12m care facility in Alnwick

### 37 Inbusiness

Aedifica continues with its acquisition drive with a £14.5m deal, while Hallmark Care Homes launches Santhem Residences

### 53 Inpost

Evelyn Bourke to step down from Bupa Group, as Peter Battle becomes CEO of Capstone Foster Care

# This month...



Editor, **Deven Pamban** looks at this month's key issues

A review in Scotland will look at the possibility of establishing a National Care Service. The idea, on the face of it, has many advantages. The public are likely to understand it and such an organisation could potentially make care workers feel a sense of pride, recognition and belonging. However, questions remain of how such a service would be funded and what it would look like. The concept is worth exploring. Once explored the conclusion maybe that it is not a very good idea and unaffordable. If the social care sector truly cares about its service users and its workforce, which it claims to do, all possible solutions should be on the table.

After more than 20 years of commissions, reviews and false promises, any reform needs to be right. Unfortunately, we will not know that for some years after.

In this issue, we focus on the workforce. It's been a tough year for care staff, and it could be a long, hard winter ahead. The question is who is caring for the people who care?

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Neil Eastwood, p26



Sophie Chester-Glyn, p32

## Features

### 18 *Indepth*

**Deven Pamben** covers LaingBuisson's children's services webinar

### 26 *Inconversation*

**CM** meets the founder of Care Friends Neil Eastwood to discuss recruitment

### 30 *Infocus*

Wobble rooms have been a source of comfort for care workers who have come under severe stress

### 34 *Inlaw*

**Sybille Steiner** and **Joanne Moseley** look at the steps employers should take to protect their staff

# Events

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## CONTACT US

[newsdesk@laingbuisson.com](mailto:newsdesk@laingbuisson.com)  
[laingbuissonnews.com](http://laingbuissonnews.com)

## EDITOR

Deven Pamben  
[deven.pamben@laingbuisson.com](mailto:deven.pamben@laingbuisson.com)  
+44 (0)20 7923 5398

## REPORTER

Kelsey Rees  
[kelsey.rees@laingbuisson.com](mailto:kelsey.rees@laingbuisson.com)  
+44 (0)20 7923 5346

## RESEARCH AND DATA

[data@laingbuisson.com](mailto:data@laingbuisson.com)  
+44 (0)20 7923 5395

## SUBSCRIPTION SERVICES

Janet Brown  
[janet.brown@laingbuisson.com](mailto:janet.brown@laingbuisson.com)

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# Politicians raise concerns over wellbeing of care workers

Health and social care committee report highlights discrimination, bullying and harassment

**A**dditional pressure during the pandemic has led to workforce fatigue and ‘burnout’, impacting on the mental and physical wellbeing of NHS and care staff, a report by MPs has concluded.

The health and social care committee said it was concerned some NHS and care staff were suffering exhaustion and a general feeling of being ‘burnt out’, and that the wellbeing of workers was at significant risk.

Its report, *Delivering core NHS and care services during the pandemic and beyond*, highlighted the lack of an equivalent *NHS People Plan* for the social care workforce and said it would comment on support for those working in the sector in its forthcoming document on workforce and funding, which took evidence from the Association of Directors of Social Services last month (see p13).

**“It is essential that the government invests to fill vacancies longer term to maximise capacity of both health and care services to deliver for our patients.”**

Suhail Mirza, consultant and author of LaingBuisson’s forthcoming report on staffing, told *CM*: ‘Wellness and wellbeing of care staff has never been more important, particularly in light of the demands of their heroic efforts over the recent months battling with Covid-19. Such demand will once more be made as we enter the winter months.’

He said given the number of vacancies within the sector and the challenge of international recruitment it will be providers who ‘truly invest time and resource’ in supporting workforce wellbeing that were likely to attract and retain skilled care staff.

The MPs’ report, which also covered issues relating to PPE, testing and funding, raised concerns about discrimination and racism against black, Asian and minority ethnic NHS and care staff.

‘No member of NHS staff or social care worker should face bullying, harassment or discrimination and in particular, we have received urgent calls for greater steps to be taken to ensure BAME staff are protected and to ensure racism—in whatever form—is eradicated from the NHS and care,’ it said.

The government has delivered more than 3.5 billion items of PPE to the health and social care frontline to date and last month announced people in adult social care settings would be provided protective equipment for free as part of the government’s winter plan for the sector.

Despite the short-term financial support, the report pointed out there had been ‘frequent and long-standing calls’ for more investment to the social care sector during the pandemic and beyond.

The strategy for testing had ‘arguably moved too slowly and put patients, care home residents, and NHS and care staff at avoidable risk’, MPs said. In the early stages of the pandemic, access to testing was ‘limited’, while turnaround time for results were ‘too often long’, which damaged staff morale and confidence.

It said: ‘Around 70% of Covid-19 carriers are asymptomatic, and only the routine testing all healthcare staff will ensure core health and care services are returned to normal levels.’

## Easy access

NHS Confederation chief executive Danny Mortimer said it had consistently called for prioritised, frequent, and easy-to-access testing for all health and social care staff but despite promises from government has ‘consistently not materialised’.

He said: ‘Improved testing for frontline



Danny Mortimer, chief executive, NHS Confederation

health and care workers would go some way to supporting capacity, but by no means all the way.

‘It is essential that the government invests to fill vacancies longer term to maximise capacity of both health and care services to deliver for our patients. This means increasing the number of people entering education, retaining staff who are potentially suffering from pandemic burnout and working with local communities to hire staff to fill vacancies.’

A Department of Health and Social Care spokesperson said: ‘The decisive and extensive action we have taken, guided by the scientific advice, has meant that the NHS was not overwhelmed even at the virus’ peak, so that everyone was always able to get the best possible care.’

It said it would continue to expand testing to 500,000 tests a day by the end of October.

The committee’s report follows research by the Queen’s Nursing Institute in August, which found more than half (56%) of nurses in care homes surveyed felt ‘worse or much worse’ in terms of their physical and mental wellbeing since the pandemic.



# Staff capacity needs addressing

**A short-term workforce planning group should be set up to address care sector staff capacity issues that are likely to arise over the next six months.**

This is one of 52 recommendations outlined in a report published by the Social Care Covid-19 Support Taskforce. Commissioned in June, the publication believes government needs a plan that will lead to 'greater capacity, capability and resilience', reducing risk through to spring.

The document, which covers personal protective equipment (PPE), testing, workforce, training and funding, among other areas, said the government needed to keep under review vacancies and absence levels and consider further measures to improve recruitment and retention.

Research showed there had been a lower level of Covid-19 outbreaks in homes where staff retained their full pay when absent through illness or because of isolating.

There are 1.5 million people working in the sector, providing care and support in, or from, 38,000 settings. A total of 1.25 million are in direct care roles, the report said. Of this group, 865,000 are care assistants and are mainly paid at, or close to, the living wage.

A total of 10% of care assistant roles in provider homes are occupied by staff working on zero-hours contracts. In home-care, 40% of jobs have such contracts, the report said.

Latest data from Skills for Care surveys showed the absence level of staff in care homes is 9.6%.

'Levels of absence, vacancies and turnover are the fragile workforce backdrop to the pandemic and a major risk in the second half of the year,' the report said. 'These issues not only lead to a higher risk of infection, but also mean that capacity is at greater risk of being insufficient to respond to need during the height of the winter.'

The report also said a review of the ability for workers to access wellbeing services was required. Other recommendations included extension of the infection control fund and PPE being free of charge until at least the end of the financial year (*see below*).

These have already been announced by the government. Providers in England will benefit from more than £500m to help reduce Covid-19 transmission and protect residents and staff throughout winter. The £600m infection control fund, set up in May, has been extended.

David Pearson, chair of the taskforce, said: 'Responding to this challenge, for the rest of the pandemic will require a collective leadership effort from the government and all parts of a diverse sector and other public services including the NHS, acting together as one.'

The taskforce consists of leaders from across government and from the sector, including representatives from the Care Providers Alliance, Care Quality Commission, Local Government Association and Association of Directors of Adult Social Services.

## PPE

**Personal protective equipment (PPE) will be provided to people in adult social care settings for free as part of the government's winter plan for the sector.**

To help curb the spread of Covid-19 infections a dashboard to monitor care home infections and help local government and providers respond quicker will also be introduced, as well as the appointment of a chief nurse for adult social care to represent nurses and provide clinical leadership to the workforce.

The dashboard will be a single point of information for local, regional and national government to monitor outbreaks and measures being implemented to reduce it.

As part of the plan, the government will be prepared to strengthen monitoring and regulation by local authorities and the Care Quality Commission, including asking them to take action where improvement is required or staff movement is not being restricted.

This could include restricting a service's operation, issuing warning notices or placing conditions on a provider's registration.

An extra £546m for the infection control fund will help providers pay full wages and enable staff to work in only one care home.

Health and Social Care Secretary Matt Hancock said: 'We will be monitoring the implementation of this carefully and will be swift in our actions to protect residents and colleagues across

the country.'

National Care Forum executive director Vic Rayner said: 'There is lots of detail still to come to bring the plan to life. The criteria for the infection control fund are not yet published making it hard for providers to plan to support staff, nor is the promised PPE strategy available, which will shine a light on what the government free PPE approach will mean in practice.'

'In addition, testing is recognised within the plan as fundamental in breaking the chain of transmission, yet the testing regime in homes is suffering significant delays, and the accessibility of testing to the wider social care sector is extraordinarily limited.'

She added there was 'huge concern' the plan looked to



further restrict visits to care homes and that more needed to be done to prioritise making visiting safe for all.

Independent Care Group chair Mike Padgham said while the news was 'positive', more needed to be done 'to get through the coming months without seeing Covid-19 take a hold again.'

# Social care ‘policy failure’ needs addressing, says former minister

**Failure to reform social care has been one of the country’s biggest failures ‘in our lifetimes’, former pensions minister Baroness Ros Altmann has said.**

Addressing delegates virtually at a Westminster Forum conference, the Conservative life peer said Covid-19 had put the country’s care crisis in the ‘spotlight’ and inadequate protective equipment and testing had highlighted the sector to be a ‘second-class system’.

Opening the conference, titled ‘Next steps for adult social care in England – funding, service improvement, and recovery from the impact of Covid-19’, she told attendees politicians had been promising reforms for decades, with royal commissions, reviews and legislation but no end product.

Altmann said last year Prime Minister Boris Johnson promised a plan. ‘As we are waiting the care crisis has been worsening. What’s going on?’ she asked.

‘This is a massive social policy failure. Indeed, I believe it’s the biggest social policy failure of our lifetimes.’

She told delegates the system offered ‘gross inequity and unfairness’ and that a ‘radical reform programme’ was needed.

As well as integration of the NHS and social care, she called for an

increase in taxpayer funding, free basic care for all when needed and incentives for private provision modelled on the national insurance pension system.

The conference, which was split into two parts, also heard from Care England, Care Quality Commission, Social Care Institute for Excellence (SCIE), Alzheimer’s Society, Sanctuary Care and techUK, among others.

Professor Martin Green, Care England chief executive, said the sector needed to come together with a ‘clear vision’ about social care and its importance.

‘If we are going to secure the future of social care we need to craft a new vision for our sector and it needs to be a clearly communicated vision,’ he told delegates. ‘All too often we have been very fragmented and have not given a really clear vision, either to the population or to the politicians, about what social care achieves and why it is important.’

‘The reason we are going to have to sharpen our act is because the pressure on the Treasury is absolutely phenomenal... We need to have a really clear narrative because the chancellor will be besieged by everybody pleading their case,’ he said.

Discussing inequalities within the



Baroness Altmann, former pensions minister

system, Kathryn Smith, SCIE chief executive, told attendees the workforce was in ‘dire need’ of investment and reform, as it continued to lag behind the NHS and other professions in terms of career progression and opportunities.

Commenting on the lack of diversity in senior local authority adult social care manager and board member positions, as well as in senior management roles in the sector, she said: ‘I know from my own experience quite often tackling inequalities is something that might go in the too hard box that is very difficult for us to do.’

## Care should be kept local, say council chiefs

**Care should be kept local in any reform plans as councils argue they have delivered quality services despite funding challenges.**

The County Councils Network (CCN) has published a report, *The Other Side of the Coin*, to help shape thinking around the long-awaited green paper, setting out the themes it believes should be at the heart of reform of the system in the wake of the coronavirus pandemic.

The report focuses on four themes: scope, infrastruc-

ture, resource and improvement.

Scope takes into account adult social care services delivered by councils and ensures reform fully considers working age adults as well as older people and hospital discharges.

Infrastructure considers the best ways to deliver a system which is of high quality, provides value for money, and fully engages communities.

Resource focuses on making sure adult social care

is commissioned effectively to meet the needs of local communities.

Improvement looks into putting in place the necessary framework to not only ensure quality but create an ongoing culture of continuous improvement which helps everyone to live their best lives for as long as possible.

CCN will be starting a project in partnership with management consultancy Newton Europe to explore and evidence the key themes for social care reform,

drawing on the experience of local authorities delivering services on the ground. The project is due to report later in the autumn.

Fothergill added social care is a community service and any proposals for reform needs to consider the role local authorities have played in delivering quality support despite yearly funding reductions, rather than any ‘knee-jerk moves towards centralisation.’

# Sector requires technology support

**The social care sector should receive greater support to become technologically enabled, with minimum standards to be met by all providers.**

Many care homes and assisted living units do not have any form of digital or IT system, or Wi-Fi, making the use of technology-enabled care services (TECS) challenging, according to a report by Public Policy Projects (PPP).

The institute said the health and care system must embrace the implementation of digital technology seen over the course of the Covid-19 pandemic and speed up the uptake of TECS.

Its report, *Connecting services, transforming lives: the benefits of technology enabled care services*, published in partnership with Tunstall Healthcare, examines the progress of digital innovation in healthcare over the past five months in the areas of telehealth, telecare, telemedicine and assistive technologies.

The report uses a series of case

studies to highlight how TECS are connecting health and care services.

Stephen Dorrell, executive chair of PPP, said: 'The better application of technology to enable the reshaping of the health and care sector as a whole is one of the key challenges that the UK faces. Doing so would deliver significant benefits; most importantly in improving patient outcomes and service-user experiences, but also in reducing the strain on staff and carers, and potentially delivering cost savings or cost avoidance.'

Other recommendations in the report included more innovative funding models to support long-term savings, rather than immediate cost dictating policy; digital upskilling of the health and care workforce; collaboration between the NHS and the third sector to enable independent living; and more government support for digital infrastructure to assist providers with switchovers to TECS.



Gavin Bashar,  
UK and Ireland md, Tunstall

Gavin Bashar, Tunstall Healthcare UK and Ireland managing director, said: 'The last decade has seen an exponential rise in the use of technology in the home, with smart speakers, heating and lighting systems now commonplace. And yet this increased adoption has not been mirrored in health and care provision. The NHS is still using fax machines, and domiciliary care workers continue to fill in paperwork in folders to record care visits.'



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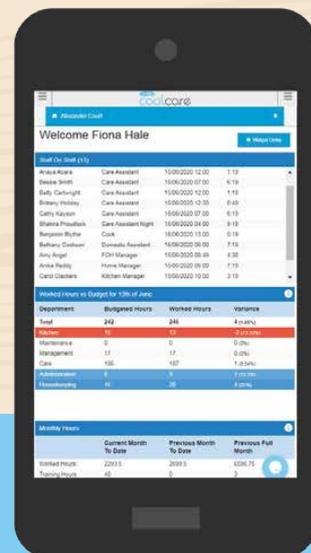
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# Revamp of residential care needed, says think tank

**An independent body to oversee residential care should be set as part of an overhaul of the system to help provide better services for people, a think tank has said.**

The Social Market Foundation (SMF) is calling for new regulations and rules to help ensure service users pay the right price for care, and providers supply the levels of support the country needs.

A briefing paper from the foundation argues politicians and officials need to accept social care in England is provided through a market system, with local councils and self-funded users buying services from providers.

The document, *A market for residential care services*, urged ministers to create an independent body to oversee the sector, sets rules for the minimum cost of care and identifies areas where an imbalance of demand and supply leads to unfair outcomes.

It said: 'The lack of planning and forecasting in the market is creating instability. Instability and a lack of investment in the sector would suggest a market that is not working as efficiently as it should.'

'The independent body should facilitate improved planning and forecasting.'

The report was published ahead of Kier Starmer's Labour conference speech. He said coronavirus had revealed the 'perilous state' of social care in this country and that the system was a 'disgrace to a rich nation'.

The SMF paper follows up on a 2017 market investigation by the Competition and Markets Authority, which recommended the creation of an independent body to oversee the sector.

Self-funders were paying 41% more for their care per week than local authorities, equivalent to £236, said the document. The foundation said councils were using their dominant position to drive down prices, raising concerns about the future supply of care.

The paper, which was sponsored by Bupa, also recommended the Care Quality Commission be given four new tasks to deliver a better market: create national guidelines for the min-



James Kirkup,  
director, SMF

imum cost of social care services; provide government, local authorities and providers with forecasts for future demand; give government and councils forecasts on how the cost of care delivery may change; and monitor levels of competition and concentration in residential care markets at regional and local levels.

James Kirkup, SMF director, said: 'There is not enough discussion about the care system as a market. Politicians need to do more to develop and implement policies that will make that market work in the long-term interests of users and the country as a whole. That means giving suppliers more certainty about future demand and prices, to help maintain the long-term supply of care.'

'There can be good reasons for differences in the rates paid by local councils and self-funders, but if local authorities are in a position to drive prices down, they may end up jeopardising supply by forcing providers out of the market for local authority-funded care.'

Prime Minister Boris Johnson has said social care reform plans would be published this year.

## Learning

**Independent care providers are missing out on valuable learning and potential improvement opportunities to their services.**

During 2019-20, the Local Government and Social Care Ombudsman received 3,073 complaints and enquiries about adult social care. However, only 430 were from people who arranged their care privately with independent providers.

The disproportionately

low number of complaints about independent operators means the sector is missing out on learning opportunities, the ombudsman's annual report said.

It upheld 69% of the complaints it investigated in detail – higher than the average uphold figure of 62% across all the organisation's work.

That uphold rate rose to 71% for cases specifically about independently provided care.

The report, *Annual Re-*

*view of Adult Social Care Complaints*, said: 'We saw familiar areas of concern within those complaints: charging for care, safeguarding, assessment and care planning and residential and home care services.'

Care providers and councils complied with recommendations in 99.1% of cases. However, it raised concerns that in 18% of cases this had been late.

The ombudsman is calling for the government to use the planned social care

reforms to require providers to tell people, if they are unhappy with the services they are receiving, how to complain not only to the providers themselves, but also how to escalate that complaint.

Ombudsman Michael King said people who fund their own care were still underrepresented in the complaints procedures.

'Each missed complaint is a lost opportunity to improve care services,' he said.

# Warning over rising infection rates

**Rising infection rates among the care home workforce risks spreading to residents and possibly other parts of the sector, the Department of Health and Social Care (DHSC) has warned.**

In a letter to providers, Stuart Miller, director of adult social care delivery at DHSC, said rising Covid-19 cases across the UK were being 'reflected in care homes too'. Daily confirmed cases of coronavirus across the UK population was more than 7,000 on Tuesday 29 September.

Public Health England has reported an increase in notifications of Covid-19 cases in care homes. 'Testing data has also shown an increase in the number of positive results,' the letter said. 'Currently, the infections are mainly affecting the workforce but clearly there is a risk the virus will spread to care home residents, or to other parts of the care sector.'

'Unfortunately, in some care homes with recent outbreaks, this does appear to have occurred, with residents also becoming infected.'

The letter, which was also addressed to local authority chief executives and directors of adult social care, urged local organisations to take 'necessary action' to prevent and limit outbreaks.

Miller highlighted the importance of regular testing and consistent use of personal protective equipment. 'These are two of the most effective ways to stop the virus in its tracks,' his letter said.

However, the rollout of the repeat testing programme has been delayed and last months Scottish Care said it had become 'increasingly evident' there had been disruption and delay.



A spokesperson for provider HC-One told CM, in line with the increase in community cases, it had 'seen a small increase in the number of positive cases', predominately among colleagues, underlying the importance of the weekly testing programme.

Care England chief executive Professor Martin Green said: 'Testing is critical, but the bottom line is that the government's testing regime is not working and not delivering the plans that the prime minister has set out. As the largest representative body for independent providers of adult social care, Care England has always tried to work with DHSC and we are both in agreement that testing is key.'

## Visits

**Safe care home visits should continue despite further lockdown restrictions being put in place.**

The Older People's Commissioner for Wales, Heléna Herklots, has published a position paper outlining how face-to-face contact for older people living in care homes plays a crucial

role in residents' health and wellbeing.

It comes as another three counties in Wales – Neath Port Talbot, the Vale of Glamorgan and Torfaen – are placed under lockdown.

Local restrictions are already in place in seven other areas of South Wales – Blaenau Gwent, Bridgend, Caerphilly borough, Llanelli,

Merthyr Tydfil borough, Rhondda Cynon Taf and Newport.

As of the end of September 13 areas in the country have banned care home visits.

The commissioner highlighted the impact the lack of visits had on residents when they were suspended earlier this year.

She wants to see a more

individualised approach, assessing the risk for people and places on a case-by-case basis.

Herklots said it was 'crucial that people's rights are protected, that they are involved in decisions that affect them, and that the decisions being made are fair and proportionate.'

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# Providers operating at a loss

**A third of care providers could be operating at a loss, with growing concern that additional costs over winter will stretch the sector even further, MPs have been told.**

Giving evidence to the Health and Social Care Committee inquiry into funding and workforce in the sector, James Bullion, Association of Directors of Adult Social Services president, said around 5,000 people in England had been affected by contracts being handed back to local authorities from operators over the past year as a result of them ceasing to trade.

‘We estimate that currently, perhaps, a third of providers are making a loss and that might rise,’ he said. ‘That’s as a result of increased costs of Covid even with interventions that authorities have made.’

Central government provided councils with £3.2bn of additional money during the pandemic to support local authority services.

Bullion said the ‘right proportion’ of that money had been allocated to support social care despite criticism from within the sector. However, as the funds come to an end, he warned providers would face additional Covid-related costs over the winter period.

The government has since extended the infection control fund and told providers PPE will be free over winter.

Asked about what he wanted to see from Chancellor Rishi Sunak ahead of his spending review, which is due to be published this autumn, Bullion said ‘some acknowledgement of the immediate pressures in adult social care’.

He told MPs: ‘We have a great fear that the social care sector is on the brink of collapse if we don’t see an industry level intervention. We see, for the chancellor, this as a great opportunity for social care to be part of the economic recovery because all it needs to do is to grow.’

Bullion was giving evidence virtually with Sarah Pickup, deputy chief executive of the Local Government Association.

Pickup told MPs over the past decade there had been a reduction in central government funding to councils of £15bn. While budgets in adult social care have risen 16.5% during the past ten years, inflation and demographic pressures have



James Bullion,  
president, ADASS

grown 28.3%.

She said councils had protected adult social care budgets, with 36.1% of their finances spent on the segment, up from 31.7% ten years ago but pointed out demand exceeded supply in terms of resources, with authorities having to ‘prioritise’, ‘ration’ and ‘achieve efficiencies’.

‘Reform is needed for long-term sustainable funding. It’s not funding for its own sake.’ Pickup said. ‘It is so people can live their lives in the way they want to live them. Councils are very constrained in being able to co-produce services... It doesn’t mean they don’t do it at all, they do it very well in many places but there are huge constraints and if we don’t get finally, properly, on the road to reform we will be in the same dilemma or worse going forward.’

The committee was told the adult social care budget in England could increase from £18bn a year today to around £25bn by 2024/25.

Committee chair Jeremy Hunt described this as a ‘pretty stark increase’.

## Hancock tight-lipped over reforms

**Health and Social Care Secretary of State Matt Hancock remained tight-lipped on when social care reform plans are due to be published.**

During a Health and Social Care Committee evidence session, Hancock said proposals for reform were at an ‘advanced stage’ before the pandemic.

He was asked by committee member Barbara Keeley MP about a long-term funding settlement and reform plans, and when they would be announced. She said local authorities and care providers needed to know when they

were likely to see proposals.

Hancock said: ‘We have made clear manifesto commitments and obviously we were doing a huge amount of work on this immediately after the election.’

‘Obviously the coronavirus crisis has delayed that work and I think people will understand that; not that we haven’t been working on social care, we’ve put a huge amount of money in...and we can come onto some of the reforms we undertook in the heat of the crisis that have made some positive differences...but the

internal discussion on this has since then picked up again.’

Keeley replied: ‘So, no answer on when.’

In March 2017, then Prime Minister Theresa May said her government would publish a green paper on social care. However, its publication suffered a series of delays.

In January this year, Prime Minister Boris Johnson said it could take until the end of 2020 to come up with a plan.

# Covid-19 exposes care at home

**Challenges faced by care at home and housing support services during the Covid-19 pandemic have 'further exposed' funding issues in the sector.**

The Care Inspectorate published an inquiry report looking at the response to the pandemic from services across all 31 health and social care partnerships (HSCPs) in Scotland.

The inquiry found the main challenges reported by partnerships and providers during the early stages of the pandemic related to issues surrounding PPE, staff self-isolating and shielding, and keeping up to date with Covid-19 guidance.

Figures showed almost all (80-99%) local authority service providers reported problems maintaining staff capacity due to staff self-isolating or shielding. Ten had issues with staff being unwilling to work.

Third and independent sector providers experienced similar barriers with more than half facing issues with workers self-isolating or shielding, but fewer had problems with staff unwilling to work.

The report found providers supporting children had reduced their operations. This was often in response to parents wishing to shield their children who had disabilities.

Suspension of day services and respite impacted children and young people with additional support needs, learning disabilities or behaviours that were challenging.

Children and young people, whose school education and building-based social activities had been suspended, were affected, along with their parents who, in some situations, became, 'quickly exhausted', the report said.

PPE shortage was also a challenge, with some HSCPs reporting they had difficult discussions with trade unions about access and availability.

Third and independent sector service providers faced additional challenges accessing PPE. Some were able to secure supply while others encountered problems with suppliers prioritising the NHS and 'significantly' raising prices.

The inquiry recommended HSCPs work with care at home and housing support service providers to ensure there is adequate PPE supply, access and distribution ahead of any peak in infections.



Peter Macleod, chief executive, Care Inspectorate

Peter Macleod, Care Inspectorate chief executive, said: 'We know there are ongoing challenges for care at home and housing support services that mean we need to continue to work together to drive improvement in this sector.'

He added the report intends to help and inform future planning and improvement in services, and ultimately to support people experiencing care to 'live life to the full.'

Responding to the report, Scottish Care said the care at home and housing support sector continues to be the 'Achilles heel' of Scotland's pandemic response, having been 'regularly overlooked or insufficiently planned for nationally and locally.'

'The report highlights the fragility of the care at home sector and its workforce in terms of contractual and commissioned arrangements,' it said in a statement.

'It shows that – not just as a result of the pandemic but in line with what Scottish Care has called for some time – we need to change how care is commissioned in Scotland and this report comes at an important time in contributing to the recently announced review of social care.'

## UKHCA wants funding changes

**Inadequate funding of homecare services needs to be addressed by central and local government to ensure better conditions for the workforce.**

The call from the United Kingdom Homecare Association (UKHCA) comes as homecare workers in north London, who made £4 an hour, were awarded £100,000 in backdated earnings following an employment tribunal ruling.

The award works out at around £10,000 for each worker, according to trade body Unison.

The court found when the employ-

ees were working with Sevacare, they should have been paid for travel time spent moving between patient visits during their working day.

The operator had been commissioned by Haringey Council to provide the care services. Care companies Kaamil Education Ltd, Diligent Care Services Ltd, and Premier Carewaiting Ltd inherited the case when they took over the contract and were found to have breached wage rules after some carers were paid less than £4 per hour.

UKHCA said it supported payment of

at least the National Minimum Wage for all hours of work, including travel time between scheduled homecare visits, as defined in the law.

It said in a statement: 'Although the judgement in this case is not binding on other cases before the tribunals, it could change the interpretation of the law.'

'The judgement is therefore potentially significant for homecare providers, councils, the NHS and for people who purchase their own care privately, or use a direct payment.'

# Review to consider National Care Service

**An independent review will consider a National Care Service north of the border, as part of aims to provide consistent support for people who use services, as well as their carers and families.**

The review will look at the experiences of those supported by, and who work, in social care, as well as looking at funding, governance, administration and delivery. It will consider the needs, rights and preferences of people who use services.

Derek Feeley, former director general of health and social care in the Scottish government, will chair the review and report to politicians by January.

Members on the review panel include Malcolm Chisholm, former Scottish Minister for Health and Community Care, Anna Dixon, chief executive of the Centre for Better Ageing, Ian Welsh, chief executive of the Health and Social Care Alliance and Göran Henriks, chief executive of Learning and Innovation in Jönköping, Sweden.

Social care supports more than 200,000 people across Scotland – those with disabilities, older people, individuals with mental health problems and those with drug and alcohol problems.

Health Secretary Jeane Freeman said: 'This independent review will examine how adult social care can be most effectively reformed to deliver a national approach to care and support services – and this will include consideration of a National Care Service.'

'It will also build upon our existing commitments to improving provision – long standing issues in adult social care have been thrown into sharp relief during the pandemic, and they demand our attention.'

'We owe it to those who use and work in adult social care services to acknowledge these challenges, to learn from them, and to consider carefully how we can most effectively plan for the future.'

Robert Kilgour, executive chairman of Renaissance Care, which operates 15 care homes in Scotland, agreed there was a need for a wide-ranging debate on how social care was provided. However, he said there was a more 'urgent' need for an inquiry into Covid-related deaths to help protect vulnerable



Jeane Freeman,  
Health Secretary

residents, staff and families from a second spike this winter.

There have been more than 20,800 positive cases of Covid-19 in Scotland and over 2,500 deaths.

Kilgour said: 'We need this nationwide, independent inquiry now, not in a year's time and I call on the Scottish government to do the right thing.'

Donald Macaskill, Scottish Care chief executive, added: 'It is sad that it has taken a global pandemic to highlight the faults in our social care system when those who provide and work in care have been talking about under-resourcing, lack of prioritisation and focus for many years.'

'Nevertheless, I am pleased to see the establishment of the independent review and the independent care sector looks forward to working with the review group.'

'Theirs is not an easy task.'

## Advinia to implement robots

**Advinia Health Care plans to use culturally competent robots to help reduce anxiety and loneliness and provide continuity of care among its residents.**

University of Bedfordshire, Middlesex University and Advinia were the UK partners of the largest global study investigating the use of culturally competent robots, known as CARESSES (Culture-Aware Robots and Environmental Sensor Systems for Elderly Support).

The project was coordinated by University of Genova, in Italy, which

developed the robot's artificial intelligence.

An evaluation of the project, which as jointly funded by the EU and the Japanese government, revealed adults in care homes who used the robot (up to 18 hours across two weeks) saw improvement in their mental health.

After two weeks of using the system there were small but positive results on loneliness severity among users and a significant positive impact on participants' attitudes towards robots.

Dr Sanjeev Kanoria, founder and chairman of Advinia, said: 'This is the

only artificial intelligence that can enable an open-ended communication with a robot and a vulnerable resident. We are working towards implementing this into routine care of vulnerable people to reduce anxiety and loneliness and provide continuity of care.'

The CARESSES study is the first time researchers have collaborated to explore the possibility of developing culturally competent robots, which are able to adapt how they behave and speak to the culture, customs and manners of the person they assist.

# Government urged to ban placing under 18s in unregulated homes

**Children's Commissioner for England Anne Longfield is calling for the government to make it illegal to place under 18s in care in unregulated homes.**

The plea comes as the commissioner published a report, *Unregulated: Children in care living in semi-independent accommodation*, revealing how thousands of children in care are living in unregulated independent or semi-independent accommodation.

Figures showed that one in eight children in care spent some time in unregulated placements in 2018/19.

The increased use of unregulated accommodation is being driven by pressures on council budgets, an increase in the number of teenagers entering care and a lack of suitable placements for them, forcing local authorities to become overly reliant on poor quality unregulated accommodation.

'The government has set out a commitment to ban the use of semi-independent and independent provision for under 16s – a decision which the Children's Commissioner fully supports. But this policy does not go far enough,' the report said.

It also stated that, even the very few 16 and 17 year olds who feel they are ready to start becoming more independent are likely to need a level of assistance that meets the threshold for care, rather than support.

The rise in increased use of unregulated accommodation is also attributed to a lack of capacity in children's homes, which the report is calling on the government's forthcoming care review to address.

'Councils have experienced overall budget cuts of 29% since 2010 and in 2018/19 they overspent their budgets for children's social care by £770m. A significant programme of investment is urgently needed,' the report said.

Longfield said: 'For too long children have been placed in this inappropriate accommodation as the sector has gone unchecked, with some providers making large profits from



Anne Longfield, Children's Commissioner

substandard and unsafe accommodation while offering little to no support,' she said.

'These children are often left in extremely vulnerable situations, putting them at increased risk of exploitation by organised criminal gangs or abusers.'

Children's Minister Vicky Ford said: 'There are no circumstances where a child under 16 should be in accommodation that does not keep them safe – that's why we have consulted on ambitious proposals to ban them from being placed in unregulated accommodation.'

'In some circumstances, semi-independent accommodation can be the right choice for 16 and 17 year-olds as they move towards adult life, but only when it is of high quality and meets their needs.'

Jenny Coles, Association of Directors of Children's Services president, said a blanket ban would 'remove the flexibility' councils have to support young people in their journey to increased independence.

## Children's referrals fall almost a fifth

**The number of children referred to social care services fell by almost a fifth during the height of the Covid-19 lockdown between April and June, Local Government Association (LGA) data has revealed.**

Children's social care teams in England received 41,190 referrals during the three months – 18% lower than the same period over each of the past three years.

A total of 1,640 children started to be looked after over the three-month period. This is down a third on the

same period over each of the past three years.

The LGA said councils have raised concerns about falling referrals and are trying to identify children who may be at risk.

They put in place plans to ensure that if referrals spiked when pupils returned to school, they could ensure children and families got the right help.

In May, the NSPCC helpline recorded 8,287 calls in the month, more than a 48% rise on the pre-lockdown

average.

Funding pressures and increased demand for child protection services before the pandemic has led to councils being forced to scale back or cut universal and early help services altogether.

The LGA is calling on the government to use the forthcoming spending review to ensure councils have long-term, sustainable funding to invest in preventative, universal and early help services so children, young people and families receive the support they need.

LaingBuisson has launched its *UK Healthcare Market Review*. Things are taking time to pick up but some segments are well placed

# Slow rate of transactions despite investor appetite

**T**he slow rate of transactions within the care sector is predicted to continue for several months despite interest from investors and buyers.

As providers continue to focus on operations due to the pandemic, taking on new leases or care homes has been put on the 'back burner', Iain Lock, managing director health at commercial real estate advisors Avison Young, told a virtual event launching LaingBuisson's *UK Healthcare Market Review* - thirty-second edition.

Lock said difficulty in the due diligence process was leading to the slow rate of deals and that this would take time to pick up despite investors and purchasers being 'enthused by the sector'.

He also told attendees there was an element of caution when it came to new developments due to costs. 'On one hand we're hearing contractors may be less busy, which maybe helpful to pricing,' Lock said. 'On the other hand, we're hearing developments are slow and costing more because of social distancing on build sites.'

He said while planning consents were coming through for developments, there were more discussions about care facilities having wider corridors, visitation areas, isolation suites, and temperature checking technology, before asking: 'How much is just short term or do we have to design and build for future pandemics?'

## Stepping up

Despite the caution, William Laing, chair of LaingBuisson, told attendees the sector had 'stepped up' to the challenges of the pandemic despite the fragmentation of the sector.

Based on modelling LaingBuisson has carried out, Laing said occupancy in care homes by the end of June had been down nine percentage points.

He said the 60% of care homes in the sector that had not had a confirmed coronavirus case were doing well in terms of occupancy and were well placed to take new admissions.



William Laing, chairman, LaingBuisson

'There are winners and losers,' he told the audience.

Laing also said the homecare segment of the sector had stood up well. 'I was expecting at the start of this pandemic that homecare would come off very badly because there are large numbers of staff going in and out of people's homes,' he told the audience. 'But it turns out they have been very little affected, and I think that must be down largely to the success of individual homecare workers actually protecting the people they are looking after.'

'Also, of course, people receiving homecare are better shielded in the sense they are subject to a high degree of social isolation. They don't get many visits apart from their carers.'

## Extra care

Another segment of the market that was well placed was extra care. The report said isolation and shielding of residents could take place 'very effectively' and once the 'bubble' was safe communal facilities re-opened allowing the full benefits of a 'community' to resume.

In the report, Lock said: 'There was no need for residents to worry about who would deliver to their doorstep, how alone and without computer technology they would arrange a doctor's appointment or what they would do in an

emergency. And there was no need for the relatives to be concerned for their welfare.'

'At the same time the sense of loneliness and isolation for those living alone in the wider community has been highlighted and extra care becomes even more relevant as a result. Extra care is surely a model of development and care delivery that has a huge future.'

Whether it be planning, investment, development or operational returns, Lock said the sector should remain optimistic.

'The healthcare system was rising in prominence pre-Covid-19 and it has been accelerated as a result of the pandemic. For the benefit of the population we must continue to strive for the best in the built environment. The opportunities are huge, healthcare is vital infrastructure and everything we do is with social conscience.'

Also, during the launch, ahead of the regulator's *State of Care* report, which is due to be published this month, Chris Day, Care Quality Commission director of engagement, said the document, as with previous reports, would highlight the fragility of adult social care.

He told the audience structural problems were 'impinging' on the segment to improve.

The *UK Healthcare Review* is available now from [www.laingbuisson.com](http://www.laingbuisson.com)

Demand for children's services is growing but there is a short supply of provision. **Deven Pamben** finds out more

# Dearth of provision

Private equity has played a major part in building up care providers in the children's services market, with further activity expected, as operators continue to diversify.

A noticeable trend in 2017 and 2018 was the opening of residential schools by major children's home operators to increase education facilities they offered. CareTech, incorporating Cambian, made five new registrations during those two years, while providers Keys Group and Outcomes First Group opened residential schools in 2018 and 2017 respectively.

Opening LaingBuisson's *Growing with Children's Services* webinar last month, company chief executive Henry Elphick said the segment was a 'niche market' and was seen as a 'Cinderella' service. 'But equally it is a fascinating market because it is one where private equity

has been very involved and instrumental in building the larger providers of the market,' he told the audience.

Children's services can be split into three segments: special education, fostering and residential care.

Special education is £4bn market, with independent providers having a 25% share (£1bn), according to LaingBuisson data. Foster care is worth £1.7bn and is split 50/50 between the independent and public sectors. Finally, residential care is a £1.5bn market, with two-thirds represented by independent operators.

Despite the Covid-19 pandemic, Elphick said there was 'lot of activity' in the sector, with the Priory Group up for sale and reports that buyers are being sought for Keys Group.

## Recognition

Horizons Care and Education, which was bought by private equity firm Graphite Capital in August, provides a pathway for children in care all the way through to adulthood and independent living.

Its chief executive Paul Callander told the audience its three divisions – education, residential care and transitional services – continued to grow. 'In terms of acuity...we are seeing a lot more children and young people coming through into LAC [looked after children] that have higher needs, and that is across all of our three operating divisions. There's not more abuse going on, there's more recognition of abuse.'

The provider, which supports more than 900 children and young people, has 50 residential homes, 17 schools and 380 transitional flats for those moving

### CHILDREN'S SERVICES A LARGE FRAGMENTED MARKET

#### Special education



**Pupils**  
**153,750**

Public sector  
**86%**

Independent sector  
**14%**

**Independent sector**

Schools	Colleges
<b>523</b>	<b>117</b>
pupils	pupils
<b>16,150</b>	<b>5,667</b>
Capacity split	
for profit	not for profit
<b>74%</b>	<b>26%</b>
for profit	not for profit
<b>18%</b>	<b>82%</b>

**Annual fees**

Day placement  
range **£10k - 100k**  
av. **£43,215**

Boarding placement  
range **£21k - 300k**  
av. **£136,600**

**£4.29bn**  
2019/20 England market value

**£1.2bn**  
Independent sector

**£3.09bn**  
Public sector

#### Foster care



**Children**  
**54,870**

Local authority  
**64%**

IFA  
**36%**

Fill rate **62%**

Foster families  
**44,450**

**451**  
Foster care agencies

Local authority  
**151**

IFA  
**300**

**Average annual price per foster child**

Local authority  
**£25,509**

IFA  
**£40,481**

**£1.75bn**  
2019/20 England market value

**£790m**  
Independent sector

**£956m**  
Public sector

#### Residential care



**Children**  
**10,080**

Placement split

Local authority facilities  
**16%**

Independent sector facilities  
**84%**

Care homes  
**2,460**

**Average resident age**  
**15 years**

**Average resident stay**  
**267 days**

**Average weekly fees across all settings**  
**£2,934**

**£1.64bn**  
2019/20 England market value

**£1.15bn**  
Independent sector

**£492m**  
Public sector

## Children's services Investors

**Ardenton Capital is a long-term investor and has nine offices across Canada, the US and the UK.**

Headquartered in Vancouver, it invests in areas of technology and communications, food and consumer products, business solutions, industrials, and health and care.

In November, it bought a majority stake in Pebbles Care, which has 44 homes caring for 105 children aged between 10 and 18.



The portfolio specialises in 1-3 bed homes in northern England and Scotland.

A third of its looked after children are north of the border. After buying a stake in the provider, Ardenton appointed Michael Walsh as chief executive to strengthen the leadership team.

**Established in 1981 and based in London, Graphite Capital is a private equity investor that focuses on mid-market companies in the UK across a range of sectors.**

These include retail, industrials, business and financial services, health and social care, education, technology, and leisure and property.

Graphite invests in fostering and children's residential care providers Compass



Community, and Horizons Care and Education.

It previously owned fostering provider NFA. Within health and social care, Graphite also invests in Optimum Care and homecare business City and Country Healthcare Group.

from care into independent living.

As part of its expansion, it bought transitional services provider Key2 in November 2017. Back then Key2 had 180 flats but this has grown by 200 in less than three years.

'There is a real dearth of provision,' Callander said when discussing transitional services. With 380 flats Horizon is one of the largest providers of independent support for transitional services in UK. 'You can see that there is a huge need, potential need there. That is something Horizon and others will be looking to move towards,' he said.

### Complexities

Rewind back to the 1980s and 90s, the older people's care sector was highly fragmented, and it was during this period the market began to consolidate.

'What you are seeing in children's services is what it was like in adult services back then; very, very fragmented,' Callander said. 'There is a huge amount of what I would call Mas and Pas, that are running very small organisations maybe a couple of houses and a small school. That is quite interesting.

'But you can't just set yourself up as a children's provider. You have to go through multiple levels and layers... There are genuinely high barriers to entry, and it is incredibly appropriate.

'What we do not want is cowboys in this space with very vulnerable children.

'From a business perspective and an

ethical perspective there does need to be those high barriers to entry.'

Due to the complexities of the sector, financiers look to invest in management teams that have a depth of knowledge.

'They need a management team that really understands the sector that they are in,' Sandie Foxall-Smith, Compass Community chair, said. 'There is no doubt that the children's sector is complex and sometimes can be very scary because these are young lives who we are responsible for moving forward.'

Fellow panellist Ian Marlow, director at Ardenton Capital, which is a long-term investor, agreed. 'We do not come into an investment claiming to be the experts, we're not. We want our management teams to be our experts. We want to be there to help those businesses, in any sector which we invest, to identify, refine and ultimately deliver their strategy and their business in their market. We come not as sector experts but as growth experts.'

Foxhall-Smith said Compass had undergone a process of diversification over the past 18 months. Also owned by Graphite Capital, the provider has moved from fostering to include residential and education services.

'Demand is huge. It far outstrips what we have,' she said. 'Local authorities, I think, are swamped and certainly can't afford to do residential care because they can't afford the properties and schools.

'I do think this is an area where local authorities are very dependent to partner

with us to make sure those children get a good service. What is important around that is making sure we deliver in a quality environment because that then becomes the driver to improve that child's life whilst they are with you,' she told viewers.

### Beginnings

Callander said because a local authority becomes the 'corporate parent' of a child who needs care, it has a responsibility for that young person. 'If a child is taken into care, they will pay for that care provision, education and support,' he said.

Foxhall-Smith pointed out children in care were often 'bright' but 'had a very unfortunate beginning'.

She said only 11% of them go to university. 'I think that's quite shocking,' the audience was told. 'It's incredibly important that during these early years we wrap ourselves around the children and we deliver not just care but we give them tools in education and life to make sure they absolutely get the very best in moving forward.'

Senior director at Clydesdale and Yorkshire Bank Jamie Stuart added children's services would continue to attract investors as it had been largely 'unscathed' by Covid-19 despite operational challenges.

He said demand was growing but high-acuity provision was in short supply. 'We are in no doubt demand will continue to accelerate,' he said.

Care operators face difficult challenges. Partners at Bevan Brittan **Carlton Sadler** and **Stuart Marchant** take a look at what is in store



# Regulatory road ahead

**While the Covid-19 pandemic has thankfully lessened in severity since its peak in the spring, the country nevertheless remains at a 'perilous turning point' in the words of Prime Minister Boris Johnson as he announced a range of tighter restrictions in September.**

Concerns have been mounting about a rise in infections during recent weeks and the path that events could take during the winter months.

This sense of being at a crossroads very much applies to the care sector too. Having found themselves in the thick of the first wave, care operators need to be preparing themselves for potentially challenging times ahead.

Any second wave may turn out to be comparatively much smaller than the first, or may be more effectively contained – but the possibility can't be ruled out that it could hit the care sector hard once again if the virus spreads and infects residents who may already be at a low ebb with other winter ailments, or impacts on availability of staff.

## A stronger position

On the positive side, care operators should be in a much stronger position than they were when the virus first struck.

For many, PPE supply chains have been strengthened, and the government has pledged free supplies through to next year; although the success of the deployment of this remains to be seen.

The government recently committed

an additional £546m for the infection control fund to help care operators meet extra costs of securing additional permanent staff, to minimise the use of staff working across multiple settings.

Testing in care homes is, reportedly, working effectively. And discharges from hospitals into care homes – such a contentious issue during the first wave – should be able to be managed in a more controlled and planned way.

On top of this, each care operator, and individual care home, will have learned much during the first wave around what works best in their own settings – within the national guidelines – to manage infection control, protect residents and support and safeguard staff.

Whereas last time, Covid-19 was a step into the unknown, now it is much more familiar.

## Raised expectations

At the same time, however, this also raises the stakes. Where there may have been some tolerance on the part of regulators and other stakeholders for teething problems or mistakes in a care provider's approach during the first wave, now expectations will be higher.

In the spring, there was a palpable sense of 'all in it together'; in any second wave, there will be more of a sense that service providers are individually responsible for the safety of their users.

It is important to remember that regulatory responsibility to comply with fundamental standards ensuring the safety and wellbeing of service users,

as well as health and safety obligations towards staff, did not change at any point during the first wave and will not change going forward.

Providers have had to comply all along with the fundamental standards, particularly regulation 12 which relates to the provision of safe care and treatment, including infection control<sup>1</sup>.

## CQC activity

Care Quality Commission (CQC) resumed a limited number of on-site inspections over the summer after an initial pause, and indeed we know of at least one enforcement action it has brought to close down a care home in which weaknesses in infection control and failings regarding the proper use of PPE were two issues cited (amongst a number of other, non-Covid related failures).

If this sounds like business as usual, it is in fact clear that we won't see 'normal' times for some months to come.

On 16 September CQC published a statement setting out how it will regulate during the next phase of the pandemic.

In this statement, the regulator sets out a transitional approach that is flexible and in which inspections are 'more targeted and focused on where we have concerns'.

CQC further says that: 'The pandemic means that we cannot return to our fixed timetable or frequency rules on inspecting and... it is unlikely that we will return to our published frequency in the near future.'

In other words, its normal pro-



programme of onsite inspections remains suspended, with its work focusing on groups or homes about which it has particular concerns.

CQC also indicates that the pandemic will affect its usual ratings systems, with its plan ‘over time’ being to publish a ‘short statement on the service’s page on our website’. It will also only be able to re-rate services in a limited number of cases.

This may be particularly problematic for providers who have services historically rated ‘inadequate’ or ‘requires improvement’, where they have made improvements and cannot get this recognised by the regulator.

It also raises issues about the need for a process allowing providers to review and potentially challenge the accuracy and fairness of the proposed ‘short statements’.

Without doubt, normality will resume in due course and in the meantime care operators should make no mistake that they will be expected to follow – and be able to show that they have followed – all national care quality requirements throughout the pandemic.

## Changing guidelines

It will remain essential for care businesses to ensure they are aware of and complying with all the latest guidance as it comes out.

Operators would be advised to make it at least one individual’s responsibility to receive and disseminate any updates to guidelines.

A case in point – in addition to CQC’s recent announcement – is the update on policies for visiting arrangements in care homes published by the Department of Health and Social Care on 21 September.

These guidelines contain important points for care operators to follow, such as restricting visits to a ‘single constant visitor, per resident, wherever possible’.

They also stress the need for dynamic risk assessments that take account of individual care home circumstances (employee availability, resident demographics and outbreak status) and local circumstances (local epidemiological risk).

## A localised approach

This is in alignment with the greater move to localism that we have seen during the pandemic to date, with care operators working closely within local systems of care provision and responses to changes in infection rates (including the growing number of ‘local lockdowns’).

This dynamic approach, within a local system, will be a key requirement and expectation as we move forward into the next stage of the pandemic.

At the same time, many of the basics learned during the first wave will continue to be of primary importance.

Clear policies, clearly documented and effectively communicated to staff and stakeholders; training, support and proper PPE provision to staff; careful planning of staffing levels and contingency planning for unexpected absences such as through the need to self-isolate; regular and open communication with residents and their families, explaining any new decisions or policy changes introduced; careful monitoring of visiting arrangements and any issues arising; and thoroughly documented audit trails for key operational or individual care decisions taken – all of these will be paramount.

At the time of writing, it feels as though the trajectory that the outbreak will take is finely balanced.

Care operators face the difficult challenge of preparing for all eventualities. Those that remain vigilant and flexible, and keep abreast of regulatory guidelines as they evolve, will be best placed to deal with what the future brings.

### NOTE

1 <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment#full-regulation>

# Improving productivity

Technology can enable the sector to deliver better services and efficiencies



**A**s we move into the winter, we are faced with the prospect not only of having to manage a Covid pandemic, but on top of this, we will see the usual outbreaks of seasonal flu.

These winter pressures will of course place even more strain on an already hard-pressed social care and health system.

The NHS will also face some really tough challenges in the coming months because they have not only got the pressures of Covid, but also an incredibly big backlog of elective surgery that will have to be addressed.

It is also now clear that we have an increasing rate of infections and we will be going into a second wave of the Covid crisis, and in order to manage the tension between lockdown and the needs for essential services we are going to have to think creatively.

## Data

We must reach out for new technology as a way of minimising contact while still delivering services.

If any positive has come out of this crisis it has been that the health and social care sector has accelerated its move towards the use of technology and it has also begun to really understand the power of data.

Both these things can be transformational and we must ensure that when normality returns our new engagement with technology and data remains.

One of the biggest problems we have faced has been how to maintain the contact between residents in care homes

and their families.

No care home wants to restrict visiting, but sadly because of the risks of Covid to people who have so many health conditions, we have had to reluctantly do this.

Despite the restrictions on visiting we have seen some really creative ways in which care homes have made sure residents and families remain in contact.

Not only have we seen the use of iPads and other technology, but we have seen some fantastic things such as drive-through visits and in one case a really innovative idea of a drive-through music event with relatives and residents coming together at a safe distance.

All these things point towards a new era in social care and new ways of working are starting to 'bubble up' through this crisis.

## Future

Despite the fact we are unable to hold our annual conference physically, we are going to turn this now into a virtual event under the theme of 'Tomorrow's World'.

Clustered around this will be a number of webinars and films which identify the development of care and images of what the future might hold. One thing is absolutely certain, changes are inevitable, but how we manage it is the definer of whether we are successful.

The people who grasp change and steer it will be in the best position to ensure their services remain relevant and respond to changing aspirations.

There is also a lot we can do with technology that will enhance our back office functions and make us more efficient.

Improving efficiencies will enable us

to have more resources and the time to support the people in our care much more effectively.

Over many years the care sector has not responded to the productivity challenge, and yet, we are in a position to use technology in ways that improves productivity and efficiency and enables us to deliver even higher standards of care.

## Delivery

Much of the technology that enables and supports care planning also provides a really good audit trail for the regulator.

In future, we will need a regulatory system that relies on data and information so that people can have an understanding of the quality of care in real time, rather than through a 'snapshot' inspection process.

In order for us to take advantage of this technological revolution and to craft new and creative ways of delivering care and support there is a need for inward investment in the sector.

For investors, there is a really good long-term return available and the demographics clearly show that the services we provide will be in increasing need in the years to come.

I hope the government will also recognise the needs of social care, and when we have a review of how we fund care, let us do so with a good understanding of how technology can enable us to deliver better care and also efficiencies.

I hope that we will learn some lessons from this current health emergency and they will be used to good effect in how we plan and develop our services.

# Exemplar to open specialist home

**Exemplar Health Care will open its latest specialist nursing home in Wyke, Bradford, in 2021.**

The £5m development - Wykewood - will support 40 adults living with complex mental and physical health conditions and provide person-centred care and rehabilitation that focuses on independence.

Sharon Burton, Wykewood's commissioning home director, said: 'We've closely consulted with local clinical commissioning groups and the council to understand the keen demand for a high-quality home like Wykewood in the area.'

Exemplar has more than 30 homes.



Exemplar's Bradford development will open next year



Beech Tree House, Alnwick, Northumberland

## Beech Tree House

**A £12m care home has opened in Alnwick, Northumberland.**

Beech Tree House is a residential care home operated by Prestwick Care.

The 86-bed home is equipped with specialist facilities to care for young, physically disabled people, bariatric residents and those with brain injuries.

Beech Tree House is Prestwick's second Alnwick home following its purchase of Hillcrest Care Home in 2019.

The company's 13-strong portfolio of homes across Tyne and Wear and Northumberland, will be joined by care home facilities at Ryhope, Sunderland and at Whitley Bay later this year.

## Heathcotes

**Residential care provider Heathcotes is opening an independent supported living development near Bradford, West Yorkshire, this year.**

The group is redeveloping an existing property in Clayton to create 14 apartments to provide supported living for individuals who are stepping down from a hospital or full-time residential care setting.

Horton View has been designed by Heathcotes' in-house architectural consultancy, JDS Design, with internal reconstruction and external improvements carried out across two phases by contractors John Ryan Developments.

## Extension

**Care provider Huntington & Langham Estate plans to extend its home in Hindhead, Surrey, with 12 new bedrooms.**

Two additional lounges and a wheelchair-friendly road to provide access to more areas of the estate, including its animal grazing fields and parts of the woodland will be added.

Charlie Hoare, director of the Huntington and Langham Estate, said: 'Opting for 12 rooms allows us to welcome more residents, but it also helps us to maintain our ethos, which is to present a familiar, homely environment that's focused on household living.'

Extension work is expected to be complete by March.



Huntington & Langham Estate is extending its home in Hindhead

## Major UK providers of adult specialist care October 2020

### Adult specialist care home providers (by beds)<sup>1</sup>

Rank	Provider	# homes	# beds	Av. beds/home
1	Priory	218	2295	10
2	Voyage Care	250	2004	8
3	Leonard Cheshire	76	1366	17
4	CareTech	152	1349	8
5	Achieve Together	144	1158	8
6	Four Seasons Health Care	25	763	30
7	Salutem Healthcare	72	738	10
8	Lifeways	69	719	10
9	Exemplar Health Care	27	690	25
10	PrimeLife	29	619	21

### Learning disability care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	Voyage Care	221	1704	7
2	Priory	169	1657	9
3	CareTech	133	1117	8
4	Achieve Together	135	1056	7
5	Caring Homes	63	565	8
6	Cygnets Health Care	51	544	10
7	Lifeways	60	519	8
8	Mencap	66	488	7
9	Salutem Healthcare	53	423	7
10	Choice Care	47	399	8

### Mental health care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	PrimeLife	17	401	23
2	Priory	28	381	13
3	Accomplish	31	199	6
4	Four Seasons Health Care	5	172	34
5	Rethink Mental Illness	17	161	9
6	Exemplar Health Care	6	157	26
7	Together	12	152	12
8	Deepdene Care	5	133	26
9	Richmond Fellowship	10	133	13
10	Making Space	8	128	16

NOTES 1. ADULTS UNDER 65 WITH BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICAL DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE.

SOURCE LAINGBUISSON DATABASE.

DATA CORRECT AS OF 19 JUNE 2020

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# INFOCUS

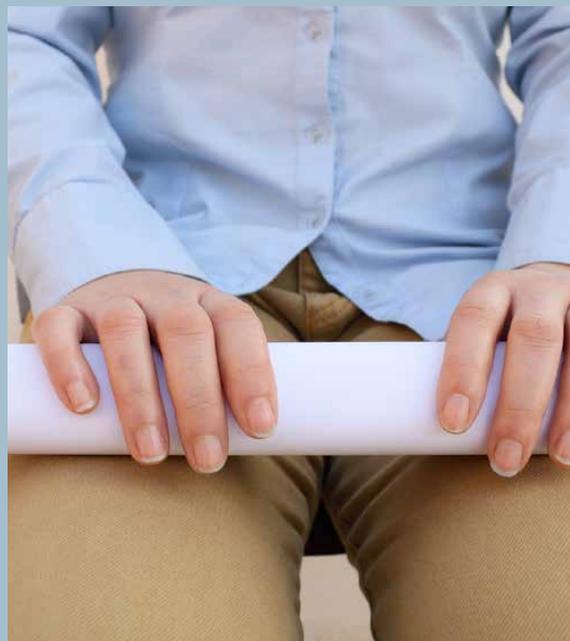
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OCTOBER 2020

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## GOOD RECRUITMENT

In this edition we cover the workforce and focus on the impact the pandemic has had on care staff and what can be done to help them ahead of the winter. Sophie Chester-Glyn offers her insight on diversity in care and we speak to author Neil Eastwood about his latest business venture and what makes good recruitment



# CM meets... Neil Eastwood

Care Friends, an employee referral app, launched in June in partnership with Skills for Care. It aims to boost the number of quality social care candidates by using recommendations from the sector's own workforce. Its creator speaks to **Deven Pamben** about staffing, technology and why appreciation can go a long way

## CM How did you come to work in the social care sector?

**NE** Not in the way you'd expect! I'm a vicar's son, and was brought up in the 70s, when the church played a much larger role in community care than it does now.

My dad dedicated most of his time supporting the community and the elderly, and that's what we were expected to do growing up.

So, I was brought up in the social care world, really, and my first paid social care role in 1976 was working for the elderly in the parish: walking their dogs, doing the shopping and running errands. After that I went off to try different things, I lived abroad in Singapore, Australia and other places, and it was a role in business development for Allied Healthcare that brought me back to the sector in 2009, 34 years later.

At the time, it was one of the largest homecare providers in the UK. It immediately became clear to me that staff turnover was a huge issue and my shock about the care sector's endemic churn quickly turned into curiosity: what could we do about this? That was the trigger for what I believe will be a lifelong obsession of mine - trying to figure out how to improve both recruitment and retention of frontline care staff.

Ten years on and there is still so much more to learn...

## CM How does Care Friends work and what are your plans to develop it?

**NE** It took me too long to figure out Care Friends as an opportunity. I was looking for patterns in who stays and who leaves, the markers of good retention and high performance - and time and time again

employee referrals were identifying themselves to me as the standout recruitment source.

That is the power of staff members picking people they know have the right values, they know are caring and willing to work the hours, and they know would understand the demanding nature of the work.

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However, employee referral schemes - the incentive structure to encourage staff to bring more of these people in - are historically so inefficient and painful to administer that they block the potential flow of high-quality new starters.

I eventually realised a mobile app for care workers, using gamification to make the process fun and engaging, had serious potential. I had previously run a loyalty

marketing company in Asia so the power of collecting points was a familiar concept. With Care Friends, one point is a pound.

The app gives points and rewards people instantly with micropayments for the initial effort of bringing a person to an interview, rather than making them wait for three months before getting any reward, which is typical for referral schemes.

When a care worker downloads the app, they might get two or three points as a welcome bonus, like stamps on a coffee card. Say they need 25 points to cash in, the primary way of earning them is to share a job from their phone with a friend or contact who they think would make a great care worker.

We populate the app with the current vacancies at the company and you share them straight from your phone to a friend you have in mind. You earn a point for sharing a vacancy.

When the friend receives the job on their phone, with a personal message from their friend, they can express interest, simply saying they would like to know more, by submitting their contact details.

The recruiter or registered manager is then notified. Another bonus is that throughout the process the referrer is automatically updated, collecting points along the way.

Research shows employee referrals are offered a job 90% of the time, and via Care Friends, employers get, say, five or ten points at that stage, followed by a bigger reward if their friend actually starts work, and then maybe a loyalty bonus after three, six or 12 months in the job.

To help grow our social care workforce, the app gives extra points if their friend has not had a paid role in our sector before.



**CM meets...**  
**Neil Eastwood**

*Founder and chief executive, Care Friends*

**Career**

Founder and chief executive officer, Care Friends (Sept 2018 - )  
Founder, Sticky People (June 2010 - )  
Adviser to Department of Health and

Social Care - national recruitment campaign (Aug 2018 - Mar 2019)  
Social care technology project lead, Cisco (Mar 2011 - Oct 2014)

**Education**

Harvard Business School - Executive Education  
University of Sheffield - MBA  
[linkedin.com/in/neil-eastwood-334344/](https://www.linkedin.com/in/neil-eastwood-334344/)



# Care Friends<sup>®</sup>

Caring people know caring people

We have also added a component that drives engagement for any member of staff, whether they refer their friends or not. The manager can instantly award 'bonus points' as a thank you, an incentive or to recognise, say, long service. This has really taken off, and bonus points awards now match those given for referrals.

## **CM What impact do you think the pandemic will have on the mental health and wellbeing of the workforce?**

**NE** It is still too early to know what the damage will be on the existing workforce, but it worries me greatly.

Thankfully there are some positive points: care providers really came together during lockdown and there was a much stronger sense of teamwork and purpose. Though it was an extremely stressful time for many, the power of people pulling together in a crisis is amazing.

Care workers have also had a lot more recognition and much greater awareness of the work they are doing from outside of the sector. The status of care work has definitely had a boost since March, which can only be a good thing.

What is worrying is that a lot of people have worked a lot of hours under extremely difficult circumstances. While we haven't yet seen any official national statistics on retention levels, it wouldn't surprise me if some people felt, especially going into another wave, that they didn't want to do it again. That's a big concern.

One of my main worries is the wellbeing

of registered managers. I think they have had to put up with an awful lot of sudden change, stress and pressure on top of what was already a very gruelling role. They have mostly grown up in social care and many started as care workers, so they feel a really strong sense of responsibility to their clients and residents, too often at the expense of their own health. I was concerned about the pressure they were under before the pandemic hit, and I think that is something we need to be extra cautious of – making sure we don't lose valuable people.

## **CM What is good recruitment?**

**NE** The way I see it, the definition of good recruitment is recruiting for values. Providers must look beyond the CV and try and identify the values that align with their existing staff and organisation.

The over-reliance on internet job boards doesn't help. It's extremely important we don't depend on this source because they only focus on one particular type of applicant - an active job-seeker - when we need to be looking for those with the right values that perhaps aren't even aware of the sector yet.

Building a relationship with the applicant is another marker of good recruitment for me. The danger of becoming too digital in your recruitment approach is that you remove the human element, and when good care staff are joining the sector because of the relationships they build at work, digitising everything without human touch points will be a problem for them.

One more issue is shoving a big application form at people when you have no relationship or connection with them. You're asking them, typically online, to complete 20 or more pieces of information straight off the bat. That is a big investment of their time too early in the process and it drives drop off.

Finally, I believe recruitment should continue well beyond an accepted job offer. You can't think the job's done when they turn up on their first day. You have got to keep the relationship going and make them feel supported all the way through their first 90 days with the company.

## **CM Why is recruitment in the sector such a headache for providers?**

**NE** The sector's view of recruitment is short-term, not through any fault of their own. Because we have so many vacancies, providers are scrambling to replace people who have left suddenly, so they are forced to panic recruit.

It is hard to hold your nerve and say 'I'll only offer a job to the right person with the right values' if you're losing staff fast and feel desperate. I understand how difficult it must be, but the figures speak for themselves: staff turnover is still too high in those first months of employment, and it's because those people aren't right for the job.

Care work is emotionally and physically exhausting, and the public have seen it as a last choice career, and associated it with low pay rates for as long as we can remember.

As if that wasn't enough, over the last 20 years or so, the constant use of internet job boards has meant that care recruiters are fielding a relentless flow of half-hearted applications from people looking for any job and applying for many roles at a time.

We are looking for that extra something when we recruit care and support workers. Empathy is a really important component and I don't think you find that on a CV. You must dig to look for examples of compassion, such as family care experience or a demonstrable giving to others. That's not something that stands out on an application form.

## **CM Will the good work of the care sector be forgotten as the government tries to tackle wider economic issues?**

**NE** Certainly, there's so much noise in the media (and social) that it's easy to get distracted, and for that reason I

don't think we will benefit long-term from what's happened, because our exposure will drop off quickly. The biggest potential area we might benefit from is the many more people that have had to care for a family member or a friend during the pandemic - this could be a huge gain for us in years to come.

People who have cared for a loved one really understand that paid care is a rewarding job, much more than those who haven't cared for others, and they are much more likely to be high performers too.

### **CM How important is technology in developing the workforce?**

**NE** It's increasingly important because the younger generation has grown up with technology and expect to see it in a work context, and social care has been largely paper-based until very recently.

We've been a laggard in terms of the use of technology, but it represents a huge opportunity to drive productivity and free up contact time by removing paperwork.

Care Friends is just one example of a huge movement towards finally embracing technology in social care. The pandemic has only increased that momentum by nudging a lot more care providers into considering digital solutions much earlier than they would have done otherwise.

Of course, I can't stress enough the importance of technology not replacing human contact, but enhancing it. For example, there's a lively discussion going on now about the use of robots in care and what the implication is for society, but mostly technology is going to deliver clear cut enhancements: making things more efficient and releasing frontline staff to spend more valuable time with the people they are caring and supporting.

That will mean greater job satisfaction that will hopefully filter through to retention levels.

### **CM Why do you think the care sector has issues with retaining staff?**

**NE** Low pay is often cited as the main problem we face retaining staff, but simply increasing wages, if the funding was available, is not the panacea many think it is.

Of course, we want our workforce to be better paid – on parity with NHS pay rates is my recommendation. But if you do increase pay you need to be careful

you're not attracting people into the sector purely for the money. So, recruiting for values is still as critical then, perhaps even more so.

Issues of retaining staff go much wider than pay. As I've said, hasty recruitment leads to people being hired who lack the commitment, but another problem is that we don't appreciate staff regularly enough. Appreciation is craved by every human being, but particularly needed and deserved by most care staff. They

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have chosen a job they had a calling for but often we're not recognising that nearly as much as we should.

I always encourage employers to prioritise appreciation - it is so powerful and costs nothing.

### **CM How damaging is it for people who use care services if carers are constantly moving?**

**NE** It's a really big issue. I think all of

us would want and expect high-quality long-standing relationships with those that support us. High staff turnover does the opposite, and it is a huge, huge problem.

Social care, in my view, is all about long-term relationships. For example, our sector is always short of nurses and we almost always lose out to the NHS when vying to employ them. But we have a powerful differentiator. If a nurse works in social care she or he will be able to build long-standing friendships with the people they are supporting and helping, often over years.

In contrast, in the NHS, often, you hardly get to know your patients before they are discharged.

The pandemic has brought a new meaning to the damage caused by care staff constantly moving, and it is good to see the infection control fund has focused funding to help the sector limit staff movement, and put some money behind the importance of building a loyal, stable and local workforce.

### **CM If you could change one thing about social care what would it be?**

**NE** It must be the funding model. We're all desperately waiting for that to be clarified and delivered.

It feels like a lost decade and I think recent events have shown those that weren't already aware, quite what a critical role social care plays in our society.

Whatever the funding model ends up being, it must allow us to pay more to our care staff - and registered managers - and ensure the many thousands who have struggled silently without support finally get the help they need.

CM



It has been a tough year for the care workforce. **Deven Pamben** finds out how providers are trying to support their staff

# Making sacrifices

**F**our-fifths of care home nurses reported 'very negative experiences' while working through Covid-19, with many workers feeling undervalued, unsupported and under pressure.

The research into the effect of the pandemic on the UK's nursing and residential homes, found more than half (56%) of those surveyed felt 'worse or much worse' in terms of their physical and mental wellbeing.

Queen's Nursing Institute (QNI) carried out a survey in May and June of its nurses in care homes to understand the impact of Covid-19 on the workforce. The survey, which consisted of 163 responses, confirmed that for most respondents the pandemic had been a very challenging experience.

Crystal Oldman, QNI's chief executive, said: 'Overall, as would be expected, the picture presented is of an extremely stressful and anxious period for professionals working to care for and protect their residents. The positives represent a silver lining to this cloud and there are numerous testaments to the skill, dedication, professionalism and teamwork that care home nurses have displayed in 2020.'

'More needs to be done to understand the effect of Covid-19 on the workforce and residents in care homes. Urgent at-

tention must be paid to the sector if the workforce is to withstand the additional demands of the pandemic, particularly in planning, guidance and employment practices.'

## Support

Following publication of the research, The Care Workers' Charity said it would be introducing mental health grants for people working in the social care sector. It is also looking at offering therapy or counselling sessions from licensed professionals and is running trials to identify partners to deliver this.

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health is suffering.

'We are now appealing for support and donations to this fund to help us ensure care workers receive the right type of guidance and support to help them through what has been a very dark period for most.'

At its virtual annual conference at the beginning of last month, some of the charity's 14 sessions focused on the effects the pandemic has had on the workforce and their mental health.

During a session titled *Caring for those who care - supporting the mental health of social care*, panel members questioned whether care managers were prepared for some of the things they will have witnessed.

Mat Whittingham, Quality Compliance Systems co-founder and chief executive, said: 'We know that end of life is a part of care settings but the number of people dying, the trauma that would have caused; people dying before their time will be immense and it's something we will be dealing with longer than the pandemic itself.'

To support staff, Sanctuary Care's learning and development manager Tracy Cole said the provider implemented 'wobble rooms', which are places where staff can go for some time out. 'It's an opportunity for people to say "okay this is too much for me just now" rather than carrying on with your work,' she said.

Sanctuary set up the rooms in homes across England and Scotland for all teams who needed to reset and recuperate during their shift if they were feeling overwhelmed and anxious. Equipped with tranquil music, comfortable seats, magazines and snacks, the rooms proved popular.

Whittingham said very early on in the pandemic, his organisation was proactive in engaging with staff, asking if they were okay.

However, he questioned whether managers, not just in the social care sector, are prepared for when the response is: 'Actually I'm not, I'm struggling.'

He said: 'That's something that needs to be addressed. To provide additional resources and training people, managers



Mat Whittingham, co-founder and chief executive, Quality Compliance Systems

Executive director at the charity Karolina Gerlich said: 'The coronavirus pandemic has shown the resilience and determination of care and support workers as they have continued to care for the most vulnerable members of our society. The toll on the mental health of care and support workers has been great, long before the pandemic.'

'However, Covid-19 has exasperated the mental wellbeing of individuals who may have struggled with their mental health previously and people who have never previously struggled with anxiety or depression are now finding their mental



and supervisors to deal with these issues as they come up.'

## Wellness

During the discussion, Jim Thomas, programme head – workforce innovation at Skills for Care, who chaired the session, said organisations, often, measure productivity as getting fewer members of staff to support people for longer over a short period of time. But that was a wrong way to look at it, he argued.

'Productivity for us is about how to improve people's quality of life and get the best out of the people you are supporting, so they want to come to work and are well enough that they don't end up going off sick a lot,' he said.

The organisation's workforce productivity is centred around wellness and providing the workforce with learning and development, good supervision, and the ability for workers to debrief.

He also pointed out culture was important and the way a company looks after its staff and the pressure it puts on them.

'The pressure to do overtime can really contribute, not only to people's mental health and poor wellbeing at work, but people working lots and lots of hours are more likely to make medication mistakes and more likely, perhaps, to rough handle somebody by accident or do all sorts of things because they are tired,' Thomas

said. 'That kind of pressure to do overtime can have a real impact on people in lots of different ways.'

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## Costs

A review in 2017, titled *Thriving at Work*<sup>1</sup>, found poor mental health of workers cost UK employers between £33bn and £42bn, with additional costs from sickness absence and staff turnover.

The expense of poor mental health to government is between £24bn and £27bn, due to providing benefits, falls in tax revenue and costs to the NHS.

The report, which commissioned Deloitte to carry out an independent study, found the cost of poor mental health to the economy as a whole was more than the previous figures combined from lost output, at between £74bn and £99bn per year.

Whittingham said: 'That's an awful lot of money. We've got a workforce that have put themselves in harm's way. They have made very, very difficult decisions...

'I don't know anyone who hasn't struggled, even a little bit, during this pandemic. It's been a very, very challenging time for all of us. If you're working in the care sector, you have additional pressures. You are going into the frontline in this fight against Covid. It's a phenomenal amount of pressure.

'These people have sacrificed their own safety in many cases for others. It is absolutely the right thing to do to spend the money to do what we can to make a difference.'

He said there needed to be a cultural shift, adding: 'It's okay to not be okay'.

## NOTES

**1** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf)

**Sophie Chester-Glyn**, director at Manor Community and Coproduce Care CIC, examines the lack of people of colour in senior positions



# Critical reflection

In his 1978 book *Orientalism*<sup>1</sup>, Professor Edward Said considered how institutional practices come to regulate our understanding and appreciation of people who we see as different or 'other'. There is no place which more aptly displays how people are 'othered' than in health and social care institutions where there is a lack of representation of people of colour in senior positions. This is despite people of colour being overrepresented in junior positions, more than their representation in the local community.

## The issue

The lack of representation of non-white employees in senior positions is nothing new in most sectors. Within the health sector, the well-known 2014 article by Roger Kline entitled *The Snowy White Peaks of the NHS*<sup>2</sup> found 'diversity of national English NHS bodies at senior level is poor, with BME executives being entirely absent...from the Boards of NHS England, Monitor, the NHS Trust Development Authority, Health Education England, and the Professional Standards'.

The report attributes this to unfavourable treatment in terms of disciplinary action, harassment and bullying. It concludes: 'In recent years, the NHS has tended to shy away from honest discussion on race discrimination'. This, along with significant campaigning from NHS equality champions such as Yvonne Coghill spurred on the NHS Workforce Race Equality Standard<sup>3</sup>.

## The evidence

There is no such standard for social care but maybe there should be. Each autumn Skills for Care releases a summary of the social care workforce taken from its dataset of the sector.

Its 2019 report revealed around 21% of the adult social care workforce identified as BAME. This was more diverse than the overall population of England,

which is 14% BAME. Similarly, 11% of adult social care workers identified as black compared to 3% in the total population. The slippery ladder to seniority discussed by Kline is evident in social care as senior positions often lack representation.

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However, none of this should be a revelation. There are numerous reports on the disproportionate discrimination which people of colour face such as Kevin Fenton's report on how Covid-19 is effecting non-white communities<sup>4</sup>, the Runnymede's report on Covid-19's impact on BME communities<sup>5</sup>, The Marmot Review on health inequalities<sup>6</sup> and the Centre for Mental Health's report on mental health during the pandemic<sup>7</sup>.

The inequality and lack of representation of people of colour in senior positions in health and social care is arguably a direct reflection of inequalities within society.

In 2019, I embarked on creating a non-profit organisation to give social care

a better voice. We did this in two ways. First, Coproduce Care developed a YouTube channel interviewing people across the spectrum of health and social care. Second, we supported people working and experiencing social care to respond to consultations on social care law and policy. On diversity and equality in care, two YouTube interviews stick in my mind. The equality and inclusion consultant John Brouder<sup>8</sup>, like Said, explained the problem is institutional. In his experience the issue with race and inequality in care is not only that the sector suffers from 'tribalism' (as opposed to unconscious bias) but that in order to see a change, change must happen at the top and care organisations should be open to forms of positive discrimination such as reverse mentoring.

Brouder suggested each senior manager who is curious of the experience of their diverse workforce should read *Why I'm No Longer Talking to - White People About Race* by Reni Eddo-Lodge<sup>9</sup>. Similarly, an interview with ex-NHS chief executive Roy Lilley revealed there is an 'ethnic bias' in interviews for senior positions<sup>10</sup>.

## Good practice

So, what can be done? Enabling non-white groups within organisations to co-create and lead discussions around inequality is an important step forward.

Skills for Care ran a webinar series during the summer exploring how to support BAME communities in social care<sup>11</sup>. Creating spaces and collaboration was a key theme.

Buddying, reverse mentoring and diverse interview panels are all examples of good practice.

Going further by reaching out to your diverse workforce to create peer supported career paths and development programmes helps to break down the psychological and institutional barriers to career progression within the sector.

Care director and equality champion



Dudley Sawyer, advocates that colleagues in care should consider being allied supporters for their non-white team members<sup>12</sup>. He suggests people actively intervene when they observe discrimination, disrespect, or racism and treat people with civility and respect. Staff should themselves become champions for equality.

In September, the BAME advisory subgroup to David Pearson's report on adult social care for the Department of Health and Social Care made recommendations to improve support for our diverse workforce and the community in which they work<sup>13</sup>. This is a must-read for anyone interested in seeking solutions.

Within my own organisation we are promoting positive discussions of black history during October's Black History Month via a series of free livestreams<sup>14</sup>.

The lack of diversity in senior positions in care is not unique. Social care is essentially made up of people who live, work and experience conditions within society

and inevitably bring those thoughts, prejudices and lived experiences to work.

The two cannot be delinked, but there are many green shoots of change which can be fostered by organisations taking the lead in making that change. Organisations should be proactive in critically reflecting on how they support their diverse workforce.

If there is a lack of diversity at the top, those ripples of inequality will be keenly felt throughout the organisation. For the most part, change starts and ends at the top.

#### NOTES

- 1** *Orientalism*, Said E, (1978) London: Routledge and Kegan Paul
- 2** *The Snowy White Peaks of the NHS*, Kline R, (2014)
- 3** *The Workforce Race Equality Standard (WRES)*, NHS England, (2014)
- 4** *Beyond the data: understanding the impact of covid-19 on BAME groups* Public Health

England, (2020), United Kingdom: Public Health England

**5** *Over-Exposed and Under-Protected: The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain*, Runnymede, (2020)

**6** *Health Equity in England: The Marmot Review 10 Years On* Marmot M (2020), BMJ (Clinical research ed.), 368, p. 693

**7** *Covid-19: understanding inequalities in mental health during the pandemic*, Allwood L and Bell A, (2020)

**8** John Brouder Interview (2020) <https://www.youtube.com/watch?v=UST3TVVXL48&t=1210s>

**9** *Why I'm No Longer Talking To White People About Race*, Reni Eddo-Lodge (2018)

**10** Roy Lilley Interview, (2020) <https://www.youtube.com/watch?v=6UGTLIZRdkY&t=2911s>

**11** *Supporting the BAME workforce during COVID19 and beyond*, Skills for Care, (2020)

**12** *Black Lives Matter in Social Care Too, Health Plus Care Bulletin*, Sawyer D (2020)

**13** Department of Health and Social Care, (2020) BAME Communities Advisory Group

**14** [https://www.youtube.com/channel/UC-JMQ60\\_T37n7Ylf3cvu-mQ](https://www.youtube.com/channel/UC-JMQ60_T37n7Ylf3cvu-mQ)

**Sybille Steiner**, partner, and **Jo Moseley**, professional support lawyer and senior associate, in Irwin Mitchell's employment team look at how care providers can protect their staff



# Caring for employees

**The impact of coronavirus on the UK is unprecedented. The care sector has been particularly hard hit; huge numbers of residents have died from the disease, and when adjusted for age and sex, social care workers have twice the rate of death due to Covid-19 compared to the general population. It's no wonder so many care workers are feeling the strain and report a worsening in their mental health.**

The UK has seen a dramatic increase in the number of confirmed cases and, it looks like it's going to be a tough winter. This article looks at the steps employers should take to protect their staff and help them to stay as resilient as possible through the dark and gloomy days ahead.

## Health and safety

Employers have a statutory duty to protect the health and safety of their workforce. This includes assessing the risk of stress related ill health arising from their work and taking measures to control that risk. The Management of Health and Safety at Work Regulations 1999<sup>1</sup> specify how you must comply with your general duties under the Health and Safety at Work Act 1974<sup>2</sup>. In essence, you have to carry out a 'suitable and sufficient' risk assessment to decide what health and safety measures you need to take.

The Health and Safety Executive (HSE) has identified six key areas of work design (which are known as the 'Management Standards') that, if not properly managed can lead to work

related stress. These are:

- 1. Demands** workload; work patterns and the work environment
- 2. Control** how much say a person has in the way they do their work
- 3. Support** the organisation, line management and colleagues
- 4. Role** whether people understand their role within the organisation and the extent to which it ensures they don't have conflicting roles
- 5. Change** how organisational change (large or small) is managed and communicated in the organisation
- 6. Relationships** promoting positive working to avoid conflict and dealing with unacceptable behaviour

All employers should consider each of these factors and develop a plan to help to manage workplace stress. A step by step workbook to help is available<sup>3</sup>.

## Negligence

You also have a common law duty to protect the mental health of your staff and, if you breach this, you may be liable if they develop a psychiatric injury. However, you are entitled to assume your staff can withstand the normal pressures of the job unless you know they already have poor mental health.

Generally, you actually have to know (or should reasonably have known)

that someone isn't coping before you are put 'on notice' that the employee needs help. Once you know there's a problem you should consider (in discussion with the employee) what changes you need to make to help them. You may also need professional help from a mental health specialist or occupational health advisor.

Many care workers work extremely long hours which makes them more vulnerable to poor mental health.

## Disability

Anyone with a disability is protected under the Equality Act 2010<sup>4</sup> against discrimination in employment. Someone will be regarded to be disabled if their condition has a long-term effect on their ability to undertake normal day to day activities (for example, sleeping, interacting with people, or following instructions).

Long term is anything that lasts 12 months (or is expected to last that long). The condition doesn't have to be caused by work and many workers who suffer from anxiety and depression (and many other mental health conditions) will therefore be protected under the Equality Act 2010.

Employers must make 'reasonable adjustments' to help anyone with a disability remain in work. In the context of mental health, this might include reducing their working hours or getting extra support from other staff. Acas has a guide to supporting mental health in the workplace which provides some useful tips<sup>5</sup>.



## Destigmatise mental health

Despite some high-profile campaigns designed to reduce the stigma around mental health, many people don't want to admit that they are struggling. It is therefore important for employers to take active steps to help staff by being aware of the 'warning signs' and supporting staff through difficulties.

## What are the warning signs?

Everyone is different. A good starting point is to consider whether the employee's behaviour is out of character.

For example, is the employee having difficulty making decisions? Have they become disorganised, started making mistakes or appear to be particularly tired?

Some people may become irritable or overreact to criticism, appear to be more sensitive or become tearful during ordinary conversations. They may become pessimistic and sceptical and lose trust in people, act aggressively or blame others for their own mistakes.

The HSE has guidance on the signs of stress<sup>6</sup>.

If an employee is demonstrating all or any of these behaviours it doesn't necessarily mean the employee does have a mental health problem and there may, of course, be other reasons for the behaviour.

Either way, it can form the start of a conversation and open dialogue.

## Intervene early

If you are worried about a member of staff, speak to them about your concerns. The meeting should be held somewhere private where they will not be disturbed or overheard.

Try and approach the meeting with an open mind and don't make assumptions about the employee or the reasons why they are distressed or worried.

You need to listen to what the employee is telling you, consider what you can do to help (particularly if it is work related) and meet regularly to make sure that any adjustments you make are helping.

If they are not, are there any other steps you can take?

## Train your managers

Speaking to someone about their mental health is not easy and your staff are likely to feel uncomfortable about having these sorts of conversations unless they know what to expect and how to deal with distressed members of staff. Good training will help them develop the skills they need and improve their confidence.

### NOTES

**1** <https://www.legislation.gov.uk/ukxi/1999/3242/contents/made>

**2** <https://www.hse.gov.uk/legislation/hswa.htm>

**3** <https://www.hse.gov.uk/pubns/wbk01.pdf>

**4** <https://www.legislation.gov.uk/ukpga/2010/15/contents>

**5** <https://www.acas.org.uk/supporting-mental-health-workplace>

**6** <https://www.hse.gov.uk/stress/signs.htm>

LaingBuisson  
EVENTS

# Will the 'new normal' create opportunities for Social Care and Retirement Living?

2020 has been an extraordinarily challenging year for the sector and the challenges continue. What does the future hold for social care and retirement living?

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# IN BUSINESS

OCTOBER 2020

## INDEX

Aedifica	38	Grosvenor Health and Social Care	45
Alantra	39	Hamberley Development	38
Allegra Care	45	Impact Healthcare REIT	44
Apposite Capital	44	Key	53
Audley Group	43	MC Care Holdings	44
Bupa Group	54	Mears Group	47
Capstone Foster Care	54	Meallmore	54
Care Providers Alliance	54	Moorfield Group	45
Castleoak	53	Patron Capital	38
Cera Care	47	Royal London Pension Property Fund	43
Civitas Social Housing	44	Santhem Residences	39
Concensus	53	Schroder Real Estate	44
Elevation Healthcare Properties	39	Simply UK	43
EY	53	Westacre	53

## Aedifica continues investment drive with £14m deal

**C**are home developer Hamberley Development has agreed a forward commitment to sell its next property to European Healthcare REIT Aedifica for £14.5m.

The forward purchase agreement is the second deal between Hamberley, which is backed by Patron Capital, and Aedifica in the past couple of months.

The 60-bedroom property in Hailsham, East Sussex, is due to complete in the first quarter of 2021 and will open to residents in spring.

Hamberley's operating company, Hamberley Care Homes, will lease back the building from Aedifica over a 25-year period, with an initial net rental yield of approximately 5.5%.

The property will include en-suite bedrooms, a cinema, a café, a bar, a hair and beauty salon, lounges and gardens.

Additional features include a Covid-secure visitation suite, in-built thermal imaging technology in the entrance lobby and a ventilation system that ensures air in public spaces is replaced every 15 minutes.

The home will also have hand washing and sanitising stations for staff, residents and visitors.

### Pipeline

Tim Street, Hamberley Development director, said: 'The Hailsham home will meet the very highest standards for safety and infection control and sets a new benchmark for Covid-secure care settings. We are proud to be able



to deliver both luxury and safety, without compromising on either front. We believe that this is what sets us apart as an award-winning healthcare development business.'

The development will be the 12th property in the Hamberley Care Homes group.

In addition to Hailsham, the group has a development pipeline of sites in Basingstoke, Bedford, Brampton, Bristol, Bromsgrove, Camberley, Cambridge, Dorking, Eastleigh, Enfield, Edwalton, Keynsham, Southampton and West Byfleet.

It is also buying land and existing operating businesses and has over £180m of equity capital allocated for healthcare investment.

Keith Breslauer, Patron Capital managing director, said: 'We aim for our investments not just to deliver strong returns but also to have a positive impact on communities and individuals. With an ageing population and an increased focus on safeguarding older and more vulnerable people in society following the recent pandemic

outbreak, our investments in the later living sector enable us to do just that.'

### Extensions

Elsewhere, Aedifica is investing €11m (£9.8m) in extension projects at nine of its care homes in the UK.

The properties are operated by Burlington Care and Maria Mallaband Care Group. Work on Bessingby Hall, in Bridlington, East Riding of Yorkshire, is in progress, while extensions on the other eight care homes are being prepared, the Belgium-based investor said in its financial report for the year ended 30 June 2020.

The report said it had held eight care homes operated by entities within the Four Seasons Health Care Group but failure by the provider to pay rent 'as a consequence of continued liquidity issues' led Aedifica to transfer the operations.

Burlington Care and Bondcare took over three properties each, while Renaissance

Care and Harbour Healthcare took over the remaining two. The last business transfer was completed in July, the REIT said.

As well as the UK, Aedifica has health and care sites in Belgium, Finland, Germany, Netherlands and Sweden. It has 454 sites, home to 32,000 residents.

Its financial results showed rental income rose to €163.4m at the end of the period, up 38% from €118.4m, the year previous due to growth of its portfolio.

The value of its real estate portfolio increased 45% to €3.4bn, with its 96 UK sites making up €610m.

Its financial report said it had a pipeline of €590m in acquisitions, construction and renovation projects.

The report said: 'An increasingly ageing population with higher care needs is expected to increase demand for healthcare real estate significantly in the United Kingdom in the near future and offers favourable prospects for occupancy rates.'

# Hallmark Care Homes launches Santhem Residences

**Hallmark Care Homes has created a retirement living brand called Santhem Residences, as part of its entrance into the assisted living market.**

The Essex-based brand will be overseen by Avnish Goyal as chief executive, running alongside his role as CEO of Savista Developments and chair of Hallmark.

Santhem Residences will work with Savista to source land, obtain planning permission, and build and fit out projects.

The first project, Santhem Residences Shenfield, in Essex, is a £20m luxury village that will have 55 one- and two-bedroom apartments, shortly to be released for sale and scheduled to open in spring next year.

In an interview in the September issue of *CM*, Goyal said the move into the assisted living market felt like a 'natural progression from delivering care, support and lifestyles in our care homes to doing the same in a retirement living scheme where the focus is on lifestyle, support and care in that order.'

On the new brand, he said: 'I am pleased to launch our first retirement village scheme Santhem Residences, which has been named after our wonderful parents, Santosh and Hemraj. This exclusive retirement village in Essex is the first of its kind but its creation and ethos have been decades in the making. It began with myself and my brothers and our



CGI of the lobby entrance Santhem Residences Shenfield

aspiration for our parents to have the retirement lifestyle they deserved.'

Kerri Brill, general manager at Santhem Residences Shenfield, added: 'Santhem Residences will provide peace of mind and be built on Hallmark's many years of care and design experience, combining state-of-the-art in-apartment technology with a warm and family-friendly service throughout the village.'

## Elevation

**Elevation Healthcare Properties has completed the acquisition of land and a forward funding agreement to develop a 62-bed care home.**

The property in Buckingham will be let to Maria Mallaband Care Group (MMCG) once built.

The care home, which will have en-suite wetrooms and infection control technology, will be let on a long-term lease.

The home will be part of a wider 70-acre development that will include residential, commercial, education and healthcare facilities.

Hunter Drew, partner at Elevation, said: 'We are thrilled to expand our partnership with MMCG to include this second development. MMCG and



Elevation are really excited to move to the next phase of the project.'

Chris Womack, development director at MMCG, said: 'Buckingham is a fantastic opportunity for MMCG and this location has been a key target for some time. We are delighted our partnership with Elevation will allow us to create an unrivalled five-star care environment to the local community.'

## Alantra

**Mid-market investment bank Alantra has launched a UK healthcare real assets offering to meet increasing global demand.**

With interest rates at an all-time low, the firm said it was seeing heightened interest from traditional healthcare investors, as well as real estate and infrastructure funds, looking for stable and predictable returns.

Alantra's healthcare real estate team is headed up by partner Justin Crowther, who also leads its healthcare team, and partner Hoong Wey Woon.

Between them they have over 40 years' transaction advisory experience in healthcare and real estate.

They will be supported by Tom Cowap, Bobby

Fletcher, Matt Kumeta, Oliver Nicholson and Rob Emmerson.

Hoong Wey Woon said the company was working with a range of investors from the UK, Europe, the US and Asia and was keen to support high-quality operators and well invested, fit for purpose infrastructure and development opportunities.

Crowther said: 'By establishing the Healthcare Real Assets offering, we are ensuring clients know this expertise includes property and infrastructure solutions across the value chain, whether it is a corporate disposal, identifying capital partners to help fund a development pipeline, acquisitions, sale and leaseback arrangements, or realising value from complex real asset situations.'

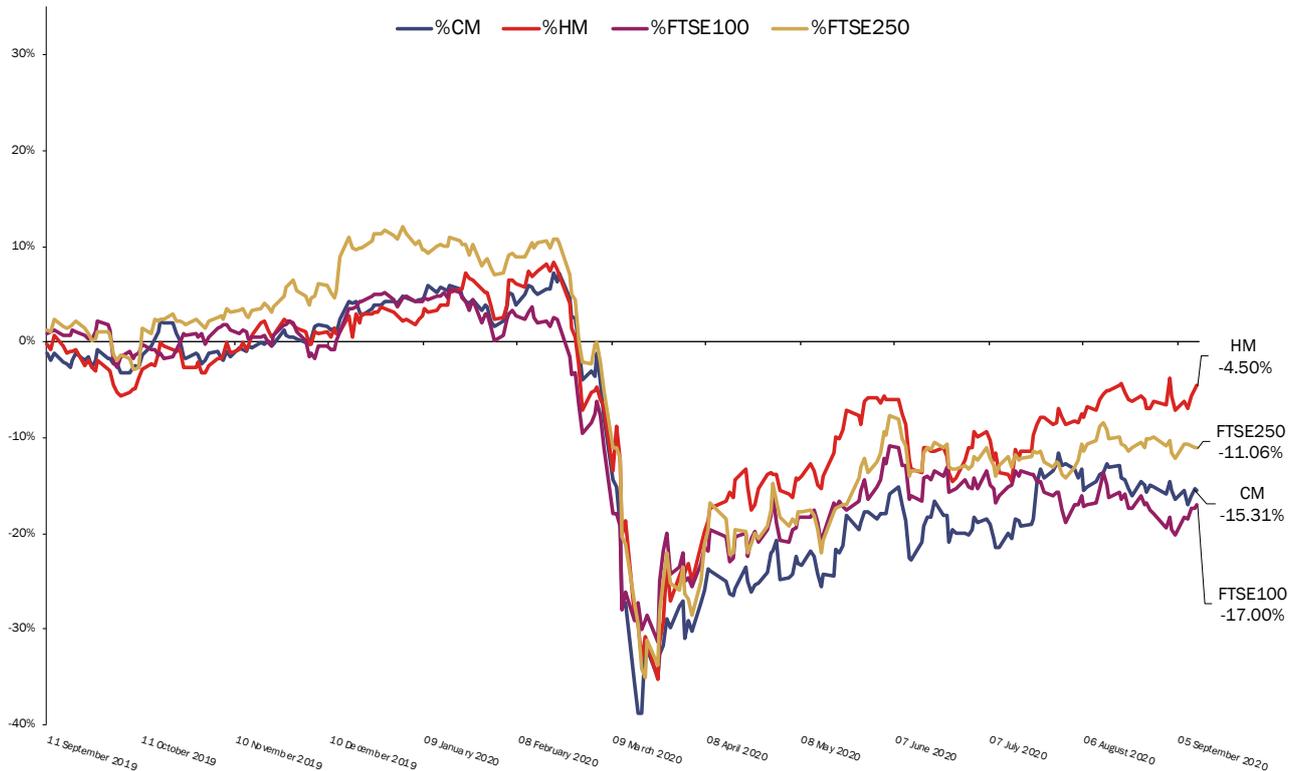


CareMarkets Index  
October 2020

Company	Sub Sector	HQ	Local Currency	Share Price	Market Cap (m)	% of 52-Week High	YTD (%)	Technical	Market Cap	Net Debt	EV	Sales	EBITDA	EBITDA Margin	Net Debt/EBITDA	EV/Sales	EV/EBITDA	PE Ratio	TTM Valuation
Ambea	Elderly Care	Sweden	SEK	57.90	5,478.50	73.2%	(19.0)%		485	738	1,223	995	137	13.8%	5.4x	1.2x	8.9x	17.8x	
Attendo	Elderly Care	Sweden	SEK	49.26	7,950.07	88.8%	8.5%		704	1,134	1,838	1,090	65	5.9%	17.5x	1.7x	28.4x	0.0x	
Humana	Elderly Care	Sweden	SEK	58.80	3,124.63	92.7%	14.0%		277	318	595	687	71	10.3%	4.5x	0.9x	8.4x	12.5x	
Korian	Elderly Care	France	€	32.2	2,664	70.8%	(10.7)%		2,456	6,150	8,605	3,396	730	21.5%	8.4x	2.5x	11.8x	35.8x	
LMA Sante	Elderly Care	France	€	48.6	472	92.4%	(0.2)%		435	468	903	487	102	21.0%	4.6x	1.9x	8.8x	22.5x	
Maternus-Klimiken	Elderly Care	Germany	€	2.6	54	93.4%	34.0%		49	126	176	108	8	7.6%	15.4x	1.6x	21.4x	0.0x	
Orpea	Elderly Care	France	€	100.1	6,468	77.9%	(11.4)%		5,963	7,775	13,738	3,448	895	26.0%	8.7x	4.0x	15.3x	27.7x	
Dignity	Funeral Services	UK	£	5.0	251	78.4%	3.5%		251	547	798	383	85	22.3%	6.4x	2.1x	9.3x	19.3x	
Acadia Healthcare	Mental Health	USA	\$	29.9	2,660	85.3%	(6.4)%		2,064	2,416	4,480	2,398	348	14.5%	6.9x	1.9x	12.9x	15.0x	
Universal Health Services	Mental Health	USA	\$	113.2	8,796	73.6%	(27.0)%		6,825	2,322	9,147	8,751	1,260	14.4%	1.8x	1.0x	7.3x	12.1x	
Capita	Outsourcing	UK	£	0.3	488	16.0%	(79.0)%		488	1,208	1,696	3,509	174	5.0%	7.0x	0.5x	9.8x	0.0x	
Serco	Outsourcing	UK	£	1.4	1,700	81.6%	(7.3)%		1,700	505	2,205	3,595	302	8.4%	1.7x	0.6x	7.3x	13.8x	
McCarthy & Stone <sup>a</sup>	Retirement	UK	£	0.7	376	44.0%	(50.3)%		376	59	435	826	(34)	-4.1%	Cash	0.5x	-12.9x	12.5x	
CareTech	Specialist Care	UK	£	4.3	489	86.1%	20.2%		489	373	862	411	74	18.0%	5.0x	2.1x	11.7x	19.6x	
<b>MEDIAN</b>						80.0%	(6.8)%		488	643	1,460	1,042	120	14.1%	5.9x	1.7x	9.6x	14.4x	
<b>MEAN</b>						75.3%	(9.4)%		1,611	1,724	3,336	2,149	301	13.2%	6.5x	1.6x	10.6x	14.9x	
<b>TOTAL</b>									<b>22,561</b>		<b>46,700</b>								
REITS	Sub Sector	HQ	Local Currency	Share Price	Market Cap (m)	% of 52-Week High	YTD (%)	Technical	Market Cap	Net Debt	EV	Rent	Yield	EBITDA Margin	Net Debt/EBITDA	EV/NAV per Share	Premium or Discount to NAV	Valuation	
Chivas Social Housing	Social Housing	UK	£	1.1	682.6	96.3%	32.1%		683	228	910	46	4.8%	98.7%	5.0x	£1.08	2%		
Impact Healthcare REIT	Elderly Real Estate	UK	£	1.0	319.0	87.7%	(7.7)%		319	Cash	322	28	6.1%	85.5%	0.1x	£1.07	(7)%		
Target Healthcare REIT	Elderly Real Estate	UK	£	1.1	495.9	87.8%	(4.7)%		496	79	575	34	6.1%	96.2%	2.4x	£1.08	0%		
Triple Point	Social Housing	UK	£	1.1	377.2	98.2%	29.8%		377	102	479	21	4.7%	127.5%	3.8x	£1.05	2%		
Aedifica	Elderly Real Estate	Belgium	€	101.6	2,794.0	74.5%	(2.5)%		2,576	1,569	4,144	214	2.6%	99.8%	7.3x	£60.64	68%		
<b>MEDIAN</b>									496	165	575	34	4.8%	98.7%	3.78				
<b>MEAN</b>									890	494	1,286	69	4.9%	101.5%	3.73				
<b>MARKET INDEX</b>																			
<b>FTSE 250</b>									<b>17,555.9</b>										<b>(11.1)%</b>
<b>FTSE 100</b>									<b>6,032.1</b>										<b>(17.0)%</b>

**NOTES:** 1. MCCARTHY & STONE IS REPORTED FOR A FOURTEEN MONTH PERIOD  
**TTM TRAILING TWELVE MONTHS EBITDA EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION AND AMORTISATION YTD YIELD-TO-DATE PE** CURRENT SHARE PRICE DIVIDED BY NON-FULLY DILUTED EARNINGS PER SHARE  
**EPRA EARNINGS** IS THE IFRS PROFIT AFTER TAXATION ATTRIBUTABLE TO SHAREHOLDERS OF THE COMPANY EXCLUDING INVESTMENT AND DEVELOPMENT PROPERTY REVALUATIONS, GAINS/LOSSES ON INVESTING AND TRADING PROPERTY DISPOSALS, CHANGES IN THE FAIR VALUE OF FINANCIAL INSTRUMENTS AND ASSOCIATED CLOSE-OUT COSTS AND THEIR RELATED TAXATION. **EPRA** IS THE EUROPEAN PUBLIC REAL ESTATE ASSOCIATION, THE INDUSTRY BODY FOR EUROPEAN REITS.  
**EPRA NET ASSET VALUE (EPRA NAV)** IS A PROPORTIONALLY CONSOLIDATED MEASURE, REPRESENTING THE IFRS NET ASSETS EXCLUDING THE MARKET-MARKET ON DERIVATIVES AND RELATED DEBT ADJUSTMENTS. THE MARKET-MARKET ON THE CONVERTIBLE BONDS AS WELL AS DEFERRED TAXATION ON PROPERTY AND DERIVATIVE VALUATIONS. IT INCLUDES THE VALUATION SURPLUS ON TRADING PROPERTIES AND IS ADJUSTED FOR THE DILUTIVE IMPACT OF SHARE OPTIONS. A RECONCILIATION BETWEEN IFRS NET ASSETS AND EPRA NAV IS INCLUDED IN TABLE B WITHIN THE SUPPLEMENTARY DISCLOSURES.  
**LOCAL CURRENCY** REFERS TO THE CURRENCY THAT THE STOCK IS LISTED IN  
**DATA CORRECT AS OF 13 SEPTEMBER 2020**

## Health and care indices compared to the FTSE on a TTM Basis October 2020



**CM** CareMarkets AMBEA, ATTENDO, HUMANA, KORIAN, LNA SANTE, MATERNUS-KLINIKEN, ORPEA, DIGNITY, MEARS, ACADIA HEALTHCARE, UNIVERSAL HEALTH SERVICES, CAPITA, MCCARTHY & STONE, CARETECH & SEROO  
**HM** HealthcareMarkets CVS GROUP, UDG HEALTHCARE, DEDICARE, CRANWARE, FEELGOOD SVENSKA, TERVEYSTALO, GHP SPECIALTY CARE, LIFE HEALTHCARE, MEDICAL PARK HOSPITALS, MEDICLINIC INTERNATIONAL, MEDICOVER, NMC HEALTH, PIHLAJALINNA, RAMSAY HEALTH CARE, RHÖN-KLINIKUM, SPIRE HEALTHCARE, HEALTH ITALIA, COMPUGROUP, EMIS, MEDICA, INTEGRATED DIAGNOSTICS & IHH HEALTHCARE (EXCL. FRESENIUS MEDICAL CARE & FRESENIUS SE & CO)  
**DATA CORRECT AS OF 13 SEPTEMBER 2020**

## Health and care indices commentary October 2020

### FTSE

The FTSE100 is still extremely volatile, with continued uncertainty and fears of a second wave being reflected in the index. The FTSE100 is 17% down YTD and the FTSE250 11% down over the same period. There was a difficult start to September, with Britain's main index closing the first week at just under 5,800 points. This was the lowest close since May, in addition to being over 10% down from June's highs. A disappointing period for major companies such as Royal Dutch Shell, BP and Lloyds attributed to the contraction. A well performing pound and a wobble in the tech heavy NASDAQ were further contributing factors.

### CareMarkets

The CM index has struggled to keep pace with the HM index, with it being 15% down YTD. Comparing this with HM's -4.5% indicates how much greater the ramifications from Covid-19 have been for the Social Care Market. McCarthy and Stone is trading at under half its February price, hovering around 70p. Capita is even worse off, trading at around -75% over the same period, currently priced at just over 29p. Dignity, however, witnessed a much-needed post lockdown boost. The funeral service had been heavily impacted with Covid-19 restrictions, but on 13 August witnessed its share price rise over 60%. Dignity is the UK's only listed funeral provider, allowing it to wholly benefit when the Competition and Markets Authority (CMA) postponed plans to put price caps on the funeral industry.

### HealthcareMarkets

The HM index is comfortably the best performer post-lockdown, being down only 4.5% YTD. The benchmark was able to see the strongest growth during the latter stages of July and into August. GHP Speciality Care has been a shining light for the HM index, with the Swedish small cap up nearly 100% since the middle of March. EMIS saw its share price rise on 9 September to £11.28, making it one of few companies with a positive YTD. This was on the back of a rise in first half profits, prompting the company to increase the dividend to 16p.

## UK independent homecare providers<sup>1</sup> by market share October 2020

Operator	Activity type	Sector	Latest annual revenue <sup>1</sup> , £m	Market share %	Cumulative market share %
City & County Healthcare (est. run rate in 2019/20 after acquisitions of Carewatch and Human Support Group)	Homecare	For-profit	295	3.2%	3.2%
Lifeways Group (est. excl. care home revenue)	Supported living	For-profit	218	2.4%	5.6%
Dimensions UK (est. excl. care home revenue)	Supported living	Not-for-profit	180	1.9%	7.5%
Bluebird Care (franchisor)	Homecare	For-profit	176	1.9%	9.4%
Home Instead Senior Care (franchisor)	Homecare	For-profit	151	1.6%	11.0%
Creative Support (est. excl. care home revenue)	Supported living	Not-for-profit	94	1.0%	12.1%
CareMark (Franchisor)	Homecare	For-profit	93	1.0%	13.1%
Community Integrated Care (est. excl. care home revenue)	Supported living	Not-for-profit	93	1.0%	14.1%
HCRG (excl. temporary staffing and forensic medical business)	Homecare	For-profit	90	1.0%	15.0%
MENCAP (est. for homecare/supported living, excl. care homes)	Supported living	Not-for-profit	90	1.0%	16.0%
Helping Hands (Midshires Care Holdings Ltd)	Homecare	For-profit	84	0.9%	16.9%
Voyage Group	Supported living	For-profit	82	0.9%	17.8%
Crossroads (aggregate of independently operating Crossroads branches)	Homecare	Not-for-profit	78	0.8%	18.7%
Sanctuary Group (Supported Living Division)	Supported living	Not-for-profit	73	0.8%	19.4%
Grosvenor Health & Social Care (formerly Sevacare)	Homecare	For-profit	69	0.7%	20.2%
Sodexo portfolio companies (Prestige Nursing + Care and The Good Care Group)	Homecare	For-profit	63	0.7%	20.9%
Turning Point (non-residential care only)	Supported living	Not-for-profit	61	0.7%	21.5%
Clece Care Services	Homecare	For-profit	60	0.6%	22.2%
Age UK	Homecare	Not-for-profit	56	0.6%	22.8%
Leonard Cheshire (est. excl. care home revenue)	Homecare	Not-for-profit	51	0.6%	23.3%
Alternative Futures Group (supported living only)	Supported Living	Not-for-profit	49	0.5%	23.9%
Marie Curie	Home nursing	Not-for-profit	46	0.5%	24.4%
Carewatch (CSN Care Group Ltd)	Homecare	For-profit	45	0.5%	24.9%
Hft (Home Farm Trust, incl. Self Unlimited) (est. excluding care home revenue)	Supported living	Not-for-profit	43	0.5%	25.3%
Affinity Trust (est. excl. care home revenue)	Supported living	Not-for-profit	43	0.5%	25.8%
Active Assistance (excl. residential care and case management revenue)	Complex care	For-profit	40	0.4%	26.2%
CareTech (est. excl. care home revenue)	Supported living	For-profit	40	0.4%	26.7%
Accord Housing Association	Homecare and supported living	Not-for-profit	40	0.4%	27.1%
Achieve Together (formerly Regard Group)	Homecare and supported living	For-profit	40	0.4%	27.5%
Apposite Capital portfolio companies (MiHomecare and Complete Care, inc. part Ark Home Healthcare)	Homecare	For-profit	39	0.4%	27.9%
Westminster Homecare	Homecare	For-profit	38	0.4%	28.4%
Cera Care (incl. Mears acquisition)	Homecare	For-profit	38	0.4%	28.8%
<b>REMAINDER</b>			<b>6,583</b>	<b>71.2%</b>	<b>100%</b>
<b>ESTIMATED TOTAL INDEPENDENT SECTOR MARKET SIZE 2018/19</b>			<b>9,242</b>	<b>100%</b>	

**NOTES 1** LATEST ANNUAL REVENUE FROM HOMECARE AND SUPPORTED LIVING SOME LARGE-SCALE HEALTHCARE STAFFING PROVIDERS MAY NOT BE INCLUDED IN THE ABSENCE OF SEGMENTAL INFORMATION FROM THEIR ACCOUNTS, FOR EXAMPLE INDEPENDENT CLINICAL SERVICES (ICS) WHICH IS BY FAR THE LARGEST HEALTHCARE TEMPORARY STAFFING BUREAU IN BRITAIN, WITH TURNOVER OF £595.9 MILLION REPORTED IN ITS LATEST STATUTORY ACCOUNTS FOR THE YEAR ENDING DECEMBER 2018 DERIVED MAINLY FROM SUPPLYING TEMPORARY STAFF TO THE NHS. ICS ALSO OFFERS HOMECARE THROUGH SEVERAL OF ITS BRANDS, INCLUDING THORNBURY COMMUNITY SERVICES, PULSE COMMUNITY HEALTHCARE AND PULSE NURSING AT HOME. ICS MAY BE ONE OF BRITAIN'S LARGEST HOMECARE PROVIDERS, THOUGH IN THE ABSENCE OF SEGMENTAL INFORMATION IN ITS ACCOUNTS, THERE IS NO WAY OF QUANTIFYING ITS SCALE.

**SOURCE** BASED ON LATEST MARKET INFORMATION COLLATED BY LAINGBUISSON FROM STATUTORY ACCOUNTS AND OTHER SOURCES

**DATA CORRECT AS OF 19 JUNE 2020**

# Audley forms joint venture with Royal London to develop village

**Audley Group has formed a joint venture with the Royal London Pension Property Fund to deliver a development in Buckinghamshire.**

Audley Wycliffe Park, which will provide 156 properties and facilities, will be the 21st village in the group's portfolio, with a gross development value of £80m.

The agreement marks Royal London's first investment into the retirement living sector and covers a 25-acre site at Horsleys Green, between Stokenchurch and High Wycombe.

Royal London will provide the capital for the development and retain freehold ownership when all properties are sold. Audley, owned by the Moorfield Audley Real Estate Fund, will then enter a 250-year lease.

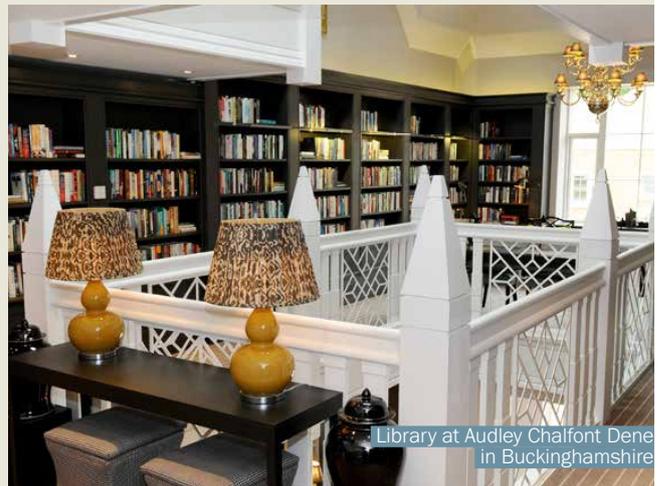
The deal follows Audley's joint venture with the real estate arms of Schroders and Octopus Group to fund the development of four retirement villages in August last year.

Nick Sanderson, Audley Group founder and chief executive, said: 'The retirement living sector has significant investment potential, one which is only set to grow as the government places more attention on fixing the broken social care model by increasing the supply of suitable housing that can provide care and wellbeing services and help preserve independence for as long as possible.'

'The demand for retirement village living continues to expand and we have no doubt that this is just the start of a fruitful working relationship with Royal London.'

Andrew Johnston, head of alternative property investment at Royal London Asset Management, said: 'The retirement living sector in the UK presents significant investment opportunities. Changing demographics with an ageing society and a significant under supply of modern, purpose-built age appropriate housing points to strong sector growth in the years ahead.'

'Addressing this under supply can have far reaching benefits such as a more efficient housing market, contributing to the fight against climate change, a more efficient use of energy



Library at Audley Chalfont Dene in Buckinghamshire

and supporting changes in social care. Investors have an opportunity to make a real difference and make a positive impact while securing attractive returns.'

In LaingBuisson's *Retirement Housing UK* market report, due to be published shortly, author Steve Secker says 2020 could see a record low number of new retirement housing sites delivered for more than half a century.

In 2019, 150 new older peoples housing sites were developed. This number has remained constant in recent years but is a fraction of the peak of 976 in 1989.

'The Brexit vote in 2016 saw a dip and we wait to see what impact coronavirus will have but with delays to construction and schemes paused there is every chance 2020 could see a record low number of new sites delivered at least since 1960s,' according to the report.

## Simply UK

**Glasgow-based real estate developer Simply UK has secured a €40m (£35.9m) funding package from a European investor, to expand and develop its care home and retirement living division.**

The funding, which is subject to a non-disclosure agreement, is in addition to £50m the business has received over the past two years.

The money will be used

to expand its Morar Living division further into Scotland and across the rest of the UK.

Simply UK is targeting more than 1,000 beds across the UK by the end of 2022, with 350 coming to market in 2021 and a further 500 the following year.

Morar Living operates more than 200 beds in three care homes in Scotland – Castlehill in Inverness, which opened earlier this year, and Harbour House in Musselburgh and Bridge of

Weir in Renfrewshire, both scheduled to open soon. A further three care homes are being built in Perth, Stirling and Helensburgh.

Gary Sharp, Simply UK managing director, said: 'With the backdrop of Brexit, securing overseas investment is an enormous shot of confidence in the Scottish healthcare and senior living market.'

'This additional funding highlights the continued confidence that investors have in our business. It

will provide the necessary finance to enable Simply to launch, sustain and develop high quality care homes through Morar Living. We aim to secure further funding in the region of £100m over the next two years.'

Linda Meston, director of care at Morar Living, added: 'We are excited about our future development plans and the launch of the Morar Living brand, which will bring a much-needed supply of fully-compliant beds to the sector.'

## Schroders and Civitas raise £100m for specialist homes

**Schroder Real Estate in partnership with Civitas Investment Management (CIM) have reached a second closing on their private social supported housing fund, raising £100m to date.**

The fund, which launched in 2019, is being used to develop specialist supported housing in the UK for adults with severe disabilities and mental health conditions.

Almost £50m has already been allocated and CIM, which acts as investment adviser to Civitas Social Housing REIT, is overseeing the development of the properties.

Housing units already have planning consent and are pre-let on long-term leases to not-for-profit organisations. Rental obligations are 100% funded by local authorities. Projects comprise 6-22 units depending on the requirements of the local authority.

Andrew Dawber, CIM group director, said: 'This second closing is a major milestone for CIM's partnership

with Schroders. The £100m raised will have a significant social impact creating brand-new, specially designed properties which will provide lifelong homes for the most vulnerable in our society, whilst producing an attractive return for investors.

'The fact that we have been able to close this latest fundraising successfully during the Covid-19 pandemic and resultant lockdowns is a demonstration of the attractiveness of this specialist asset class to institutional investors. CIM and Schroders are firm believers in the power of private capital to effect beneficial changes in society.'

Robin Hubbard, head of real estate capital at Schroders, said: 'The first project completed in July this year and further completions are now taking place each month. The strategy has proven highly resilient to Covid-19 and the government-backed, strong cash yield on the long-term leases, as well as the clear social impact, are proving



Andrew Dawber,  
group director, CIM

popular with institutional investors.'

A report by Mencap, *Funding Supported Housing for All*, found specialist supported properties were a 'cost-effective way of providing homes in the community for those with complex needs.'

### Impact

**Impact Healthcare REIT has exchanged contracts on a property for £7.4m in Suffolk and received regulatory approval for its deal for nine care homes in Scotland.**

St Peters House in Bury St Edmunds is a period property that has been extended and is largely purpose-built, providing 62 single en-suite bedrooms.

It is close to the town centre and rated as 'outstanding' by the Care Quality Commission.

Impact has appointed Welford Healthcare Ltd as the tenant of the home. Welford operates six homes for Impact with a total of 305 beds.

Initial rent on the care home will be £555,000, reflecting a yield of 7.5%. Terms of the repairing and insuring lease are



Sharifa Lakhani,  
md, Holmes Care Group

for 25 years with annual upward-only rent reviews linked to RPI.

As reported in March, Impact exchanged contracts on nine Holmes Care Group properties subject to regulatory approval from the Care Inspectorate in Scotland. This has now been received and the deal completed last month.

Sharifa Lakhani, Holmes Care managing director, said: 'Providing excellent care to everyone who makes

their home with us is our absolute priority. We are very pleased to have concluded this deal, which will allow us to continuously invest in our homes across Scotland whilst maintaining our proud tradition as a family-run business.

Impact paused acquisitions in March but is now in discussions about deals, some of which 'are at an advanced stage', it said in a statement.

### Apposite

**Apposite Capital-backed MC Care Holdings subsidiary Complete Care has bought Amegreen Complex Homecare Ltd for an undisclosed sum.**

Amegreen provides a home nursing services to adults and children with long-term spinal injury, ac-

quired brain injury, respiratory and other neurological conditions.

Complete Care has operations in the Midlands, North West and Wales and the acquisition will expand its reach into the home counties and London.

MC Care chief executive Jonathan Vellacott said: 'I am delighted to have completed the acquisition of Amegreen Complex Homecare, the fifth acquisition by MC Care Holdings. It further underpins our position as one of the largest UK providers of nurse led complex care at home in partnership with clinical commissioning groups and the individuals we care for.'

Amegreen was advised by MSNI Consultancy and Spratt Endicott Solicitors. Complete Care was advised by Anthony Collins Solicitors.

# Allegra Care and Moorfield Group launch partnership

**Allegra Care and Moorfield Group have partnered to create an initial £125m portfolio of nursing and dementia care homes.**

Moorfield, a UK specialist real estate fund manager, will be investing on behalf of Moorfield Real Estate Fund IV.

Allegra Care will be responsible for operating the assets and will also invest in the partnership, which is targeting a portfolio of 15-20 homes across central and southern England.

The partnership will look to buy both operational assets and newly-developed homes and is in advanced discussions on acquisition opportunities.

Founded in 2018, Allegra Care is owned by Seniors Living Group Ltd. Its chief executive Helen Jones has a track record operating in the sector, primarily in Australia, where she developed and operated more than 90 care homes.

Moorfield invests in retirement

living (Audley Group), build-to-rent and student accommodation sectors. Earlier this year, it entered in the family home for rent sector.

Marc Gilbard, Moorfield Group chief executive, said: 'The nursing home sector is a logical extension to our demographically driven investment strategy, as we look to build on our successful track record of investing at the early stages across the "beds" sectors.

'The fundamentals for the UK's elderly healthcare sector remain strong, and we expect the impact of the Covid-19 pandemic to be profound, accelerating the much needed delivery of fit-for-purpose homes, of which there is a chronic undersupply in the UK.'

Jones added: 'With our model based on the core principles of the household model, resident and staff wellbeing, service quality and staff development, we are focused on delivering on our ac-



quisition plan with Moorfield Group, and adding value to the homes and teams that become part of Allegra Care.'

Allegra Care was advised by CBRE and Farrer & Co, while Moorfield was represented by Connell Consulting and Shoosmiths on the deal.

## Contract wins

**Grosvenor Health and Social Care has grown its revenue by 4.1%, as the provider was awarded several contracts, extended existing deals and gained a foothold in Scotland.**

During the year ended 31 August 2019, the domiciliary care provider achieved a 79% win rate on local authority contracts it tendered for and 100% on all existing agreements.

Weekly hours of care delivered at the end of the period was 92,475.

Turnover grew to £71.4m (2018: £68.6m), while EBITDA for the year rose to £2.4m, up from £1.9m in 2018. Losses after tax increased to £487,705 (2018: £437,715).

During the financial year, Grosvenor entered Scotland buying Braes Homecare in October 2018, followed by Rainbow Services in May 2019, which was funded

with a combination of bank support and reserves.

Darren Stapelberg, chief operating officer, told *CM* the business was always looking at diversification as part of its risk strategy in terms of both regionalisation and types of services.

It has focused on moving into extra care, whilst also offering add-on services to existing local authority contracts, such as hospital discharge.

'We have recently made

the internal investment to provide live-in services on a larger scale too,' he said.

Stapelberg said long-term concerns remained about the financial sustainability of some contracts.

'The obvious concern going forward operationally is winter and we are already assessing staffing numbers, PPE stock levels, compliance checks, to name a few elements of our contingency checks,' he said.

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## Major UK providers of residential care - third sector October 2020

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
Anchor Hanover	114	5,841	2018	389.1	11.5	93.4	24.0	335.2
Sanctuary	117	5,206	2019	735.4	76.9	251.2	34.2	1,037.7
MHA	91	4,846	2019	245.8	9.8	34.1	13.9	286.9
Orders of St John Care Trust	67	3,512	2019	130.5	0.9	9.6	7.4	49.2
Abbeyfield Society	61	1,785	2019	54.9	(0.7)	2.7	4.9	143.2
Quantum Care	25	1,584	2018	58.1	0.4	7.1	12.2	2.6
Somerset Care	28	1,511	2019	71.7	1.9	5.3	7.3	16.2
Leonard Cheshire	76	1,364	2019	162.2	(5.5)	(10.3)	(6.3)	119.6
Community Integrated Care	63	1,132	2019	127.2	(7.9)	2.1	1.6	39.4
RMBI Care Co	18	1,125	2019	52.3	(1.1)	(7.7)	(14.7)	122.9
Greensleeves Home Trust	25	1,038	2019	39.6	(0.2)	(0.3)	(0.8)	33.4
Care South	16	927	2019	44.4	3.8	6.5	14.5	43.9
Nazareth Care Charitable Trust	14	813	2019	28.7	0.0	(0.4)	(1.3)	9.8
The Fremantle Trust	16	774	2019	54.7	2.3	6.0	11.0	(17.7)
Coverage Care Services	13	715	2019	27.4	(0.1)	4.8	17.3	11.3
Hica	16	711	2019	31.0	(0.2)	0.4	1.3	17.9
Cornwall Care	16	662	2018	32.6	0.0	1.6	4.9	15.8
Avante Care & Support	10	648	2019	26.6	2.0	3.4	12.9	48.2
CrossReach (Church of Scotland Social Care)	25	633	-	-	-	-	-	-
Jewish Care	10	626	2019	63.1	6.8	(15.7)	(24.8)	130.8
WCS Care	13	552	2019	17.6	1.4	3.5	19.8	16.5
Elizabeth Finn Homes	10	550	2019	28.6	2.0	5.6	19.5	0.0
Leicestershire County Care	13	522	2018	17.5	(0.1)	0.7	4.2	8.9
Hafod Care Association	10	501	-	-	-	-	-	-
Belong	7	500	2015	30.7	7.9	6.5	21.1	9.7
Borough Care	11	480	-	-	-	-	-	-
The Royal British Legion	6	477	-	-	-	-	-	-
Sheffcare	10	472	2019	11.4	0.2	1.0	8.5	2.2
Mencap	63	468	2019	209.5	0.7	(22.4)	(10.7)	82.5
Heritage Care	20	455	2019	38.6	0.0	2.2	5.7	9.4
Salvation Army Social Services	13	455	-	-	-	-	-	-
The Disabilities Trust	35	437	2019	52.4	1.3	2.1	3.9	93.9
Friends of the Elderly	9	414	2019	23.6	(0.2)	(0.4)	(1.5)	39.1
One Housing	7	406	2019	213.3	20.1	68.7	32.2	412.2
Little Sisters of the Poor	9	399	-	-	-	-	-	-
Brunelcare	6	382	2019	33.3	1.2	3.4	10.3	22.6
St Monica Trust	4	380	2018	40.4	(2.4)	(1.7)	(4.3)	289.4
Hft	34	363	2019	83.5	0.6	1.4	1.7	76.7
Milestones Trust	37	358	2019	32.7	0.7	(1.4)	(4.2)	18.8
Brendoncare Foundation	9	351	2019	22.0	0.0	1.7	7.7	19.6
Accord	16	343	-	-	-	-	-	-
Livability	31	340	2019	46.5	(5.4)	(3.3)	(7.1)	42.5
Erskine	4	339	-	-	-	-	-	-
Presbyterian Board of Social Witness	10	291	-	-	-	-	-	-
Rapport Housing & Care	5	277	-	-	-	-	-	-
Lilian Faithfull Homes	5	267	-	-	-	-	-	-
St Anne's Community Services	32	263	-	-	-	-	-	-
Pilgrims' Friend Society	10	262	-	-	-	-	-	-
Christadelphian Care Homes	8	256	-	-	-	-	-	-
Sense	40	256	2018	88.5	1.4	8	9.1	42.6

DATA CORRECT AS OF 19 JUNE 2020

# Mears Group sells homecare business to Cera Care for £2m

## Mears Group has completed its exit from domiciliary care with the disposal of its Scotland operations.

Cera Care, which also acquired Mears's England and Wales homecare business, has bought the Scotland operation for £2m, with a further £500,000 due 12 months after completion.

Mears sold its homecare business in England and Wales in January for an initial £4m.

In the full year to 31 December 2019, the homecare business in Scotland generated revenues of £21.7m. Interim results to 30 June this year showed revenues of £10.9m.

David Miles, chief executive officer Mears, said: 'This disposal marks our exit from domiciliary care, in line with the group's strategy to purely focus on its core housing solutions activities. This

disposal to Cera Care provides continuity for our customers and employees, at the same time as enabling us to focus our efforts where we can deliver greater value for shareholders.'

Cera, a technology-enabled care provider, will be creating 500 jobs in Scotland, part of a wider drive to recruit 10,000 members of staff across the UK.

The company provided almost two million homecare visits across its users in the first half of the year, and was selected as the Department of Health and Social Care's recruitment technology partner.

Since its inception in 2016, Cera has raised more than \$90m (£70m) in debt and equity funding to support the company's expansion.

Ranpreet Grewal, Cera Care finance director, said: 'The first half of this year

has reaffirmed how vital social care is across the UK as a whole. Ultimately, we want to provide as many people as possible with access to our technology.

'This deal means we are able to create hundreds of roles across Scotland to help put people back to work, provide best in class support to the country's elderly community and further support on the NHS during a time of unprecedented pressure.

'We had set ourselves the aim of establishing a national footprint in Scotland earlier this year, and this acquisition marks a huge achievement for everyone at Cera Care.

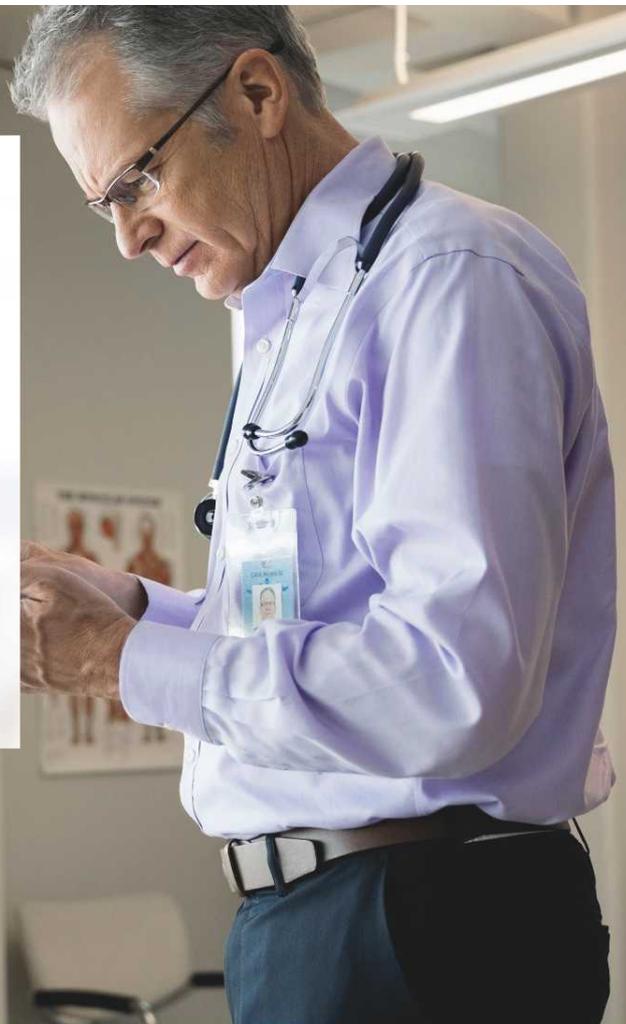
'The infrastructure and talent we have been able to bring in as a result of this deal provides us with an ideal platform from which to continue our growth in Scotland and the rest of the UK.'

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 **BARCLAYS**



## Care Monitor, England October 2020

### CQC ratings of care home providers for older people including dementia (by beds)

Rank	Δ August 2019	Provider	# homes	% good or outstanding	% not inspected	
1	▲	2	Anchor Hanover	114	93%	0%
2	-	0	Orders of St John Care Trust	67	91%	0%
3	▲	1	Sunrise Senior Living	25	88%	4%
4	▼	-3	MHA	83	88%	0%
5	▲	3	Barchester Healthcare	181	83%	3%
6	▲	1	Avery Healthcare	56	82%	5%
7	-	0	Excelcare	33	82%	0%
8	▼	1	Bupa Care Homes	118	81%	0%
9	▼	-4	Care UK	115	80%	7%
10	▲	3	Minster Care	64	80%	3%
11	-	New entry	Healthcare Homes	43	79%	9%
12	-	0	HC-One	264	76%	0%
13	▼	-7	Sanctuary	81	74%	15%
14	▲	3	Maria Mallaband & Countrywide	75	73%	0%
15	▼	-4	Caring Homes	54	72%	4%
16	▼	-1	Runwood Homes	61	72%	5%
17	-	New entry	Shaw Healthcare	42	67%	5%
18	▲	1	Bondcare	47	64%	4%
19	▼	-3	Four Seasons Health Care	156	63%	0%
20	-	0	Advinia Health Care	22	55%	0%

### CQC ratings of nursing care home providers for older people including dementia (by beds)

Rank	Δ August 2019	Provider	# homes	% good or outstanding	% not inspected	
1	▲	2	Gracewell Healthcare	20	95%	0%
2	▲	7	Orders of St John Care Trust	26	92%	0%
3	▼	-1	MHA	30	87%	0%
4	▼	-3	Sunrise Senior Living	14	86%	7%
5	▲	3	Barchester Healthcare	149	85%	0%
6	▼	-2	Bupa Care Homes	110	80%	0%
7	▲	9	Akari Care	23	78%	4%
8	▲	3	Avery Healthcare	27	78%	4%
9	▼	-4	Care UK	96	76%	8%
10	▲	3	Healthcare Homes	26	73%	15%
11	▼	-4	Caring Homes	44	73%	5%
12	▼	-2	Excelcare	18	72%	0%
13	▲	2	Maria Mallaband & Countrywide	61	72%	0%
14	▲	3	Priory	24	71%	0%
15	▼	-3	HC-One	181	67%	1%
16	▼	-2	Four Seasons Health Care	124	65%	0%
17	-	New entry	Shaw Healthcare	25	64%	8%
18	▼	-12	Sanctuary	35	63%	20%
19	▼	-1	Bondcare	37	59%	5%
20	-	0	Advinia Health Care	14	50%	0%

### CQC ratings of residential care home providers for older people including dementia (by beds)

Rank	Δ August 2019	Provider	# homes	% good or outstanding	% not inspected	
1	▲	3	Care UK	19	100%	0%
2	▲	6	HC-One	83	94%	0%
3	▲	7	Anchor Hanover	113	93%	0%
4	▲	11	Sunrise Senior Living	11	91%	0%
5	-	0	Orders of St John Care Trust	41	90%	0%
6	▲	1	MHA	53	89%	0%
7	▼	-6	Avery Healthcare	29	86%	7%
8	▼	-5	Somerset Care	21	86%	0%
9	-	0	B & M Care	26	85%	4%
10	▼	-8	NorseCare	19	84%	0%
11	▲	1	Quantum Care	24	83%	0%
12	▲	2	Abbeyfield Society	47	83%	0%
13	▼	-2	Sanctuary	46	83%	11%
14	-	New entry	Greensleeves Home Trust	22	82%	5%
15	▲	2	Minster Care	43	79%	5%
16	▼	0	Runwood Homes	52	79%	4%
17	▼	-11	Barchester Healthcare	32	75%	19%
18	-	0	Ideal Care Homes	20	75%	15%
19	▼	-6	Larchwood Care	22	73%	0%
20	▼	-1	Four Seasons Health Care	32	59%	0%

## Care Monitor, England October 2020

### CQC ratings of adult specialist care home providers (by beds)<sup>1</sup>

Rank	Δ August 2019	Provider	# homes	% good or outstanding	% not inspected	
1	▲	3	Voyage Care	244	95%	1%
2	▲	1	Choice Care	60	93%	2%
3	▼	-2	Caring Homes	55	93%	0%
4	▲	2	Mencap	63	92%	0%
5	▲	12	Leonard Cheshire	57	91%	0%
6	▼	-1	The Disabilities Trust	33	91%	0%
7	▲	3	Achieve Together2	136	90%	2%
8	▼	-6	CareTech	137	89%	2%
9	▲	4	Priory	189	89%	0%
10	▲	4	Allied Care	35	89%	0%
11	-	0	Cygnets Health Care	51	86%	8%
12	▼	-5	Elysium Healthcare	35	86%	6%
13	▼	-5	Exemplar Health Care	27	85%	4%
14	▲	1	Salutem	70	84%	1%
15	▼	-3	PrimeLife	29	83%	3%
16	▲	3	Hft	34	82%	0%
17	▲	1	Lifeways	64	78%	0%
18	▼	-2	Heathcotes	58	76%	3%
19	-	New entry	Valorum Care	17	53%	0%
20	-	0	Sussex Health Care	12	0%	0%

### CQC ratings of homecare providers (by number of services)

Rank	Provider	% good or outstanding	% not inspected
1	Alina Homecare Services	99%	4%
2	Home Instead Senior Care	99%	1%
3	Voyage Care	98%	6%
4	Carers Trust	98%	0%
=	Right at Home UK	97%	3%
=	Achieve Together	97%	0%
7	Bluebird Care	97%	1%
8	Midshires Care	97%	19%
9	Your Life Management Services	94%	18%
10	Mencap	94%	2%
11	Accord	93%	2%
12	Housing 21	93%	0%
13	Caremark	92%	3%
14	Carewatch	89%	3%
15	Prestige Nursing + Care	89%	19%
16	MHA	87%	0%
17	Creative Support	86%	2%
18	Lifeways	85%	0%
19	Agincare	70%	1%
20	City & County Healthcare	62%	4%

**NOTES 1** INCLUDES ADULTS UNDER 65, BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICAL DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE **2** FORMERLY CARE MANAGEMENT GROUP AND REGARD

**SOURCE** LAINGBUISSON'S CARE MONITOR

**DATA CORRECT AS OF 19 JUNE 2020**



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A major refresh of LaingBuisson's care quality portal tool...

## Major transactions in UK social care October 2020

Date	Target (owner)	Sub Sector	Acquirer (owner / country)	EV (£M)	Valuation				Transaction type	Comments
					EV/Revenue	EV/EBITDAR	EV/EBITDA	EV/NAV		
<b>Significant Transactions</b>										
Nov-19	24 brighterkind care homes (Terra Firma)	Care Homes	Barchester Healthcare	165	-	-	-	-	Property	The 24 homes that have been bought will add 1,570 beds (17 freehold and seven leasehold properties) to the Barchester portfolio which already has 200 care homes and private hospitals. The properties were originally built by Avery Healthcare and bought by Terra Firma in 2013.
Aug-19	Outcomes First Group (Sovereign Capital)	Adult Specialist Care/ Children's Services/ Mental Health Services	National Fostering Agency	250	-	-	12x	-	M&A	In 2013, Sovereign Capital bought Outcomes First Group at an enterprise value (EV) of around £80m. The National Fostering Agency (NFA) has shown optimism in the synergies between NFA and Outcomes First's adult special care and social emotional and mental health specialisms.
Aug-19	16 residential services owned by Leonard Cheshire Disability	Care Homes	Valorum Care Group	-	-	-	-	-	Property	The 16 residential services that have been sold to Valorum Care are Aine Hall, Beechwood, Champion House, Douglas House, Freshfields, Green Gables, Holme Lodge, James Burns House, John Masefield House, Kenmore, Marske Hall, Mickley Hall, Oaklands, St. Anthony's, The Grange and Westmead with a further service, White Windows, also set to transfer to Valorum after re-inspection by the Care Quality Commission takes place.
Jul-19	Five Manor House homes (Hadrian Healthcare)	Care Homes	Aviva Insurance	100+	-	-	-	-	Property	The transaction marks a new record within the care industry, with the highest rate ever paid per bed. The five homes - in Wetherby, Knaresborough, Oulton, Barnard Castle and Harrogate - have been bought by Aviva Insurance in the deal who are now bringing in non-profit organisation Anchor care to run them, with more than 300 employees transferring to the new owners.
Jun-19	Partnership in Children's Services (PICS) and Boston HoldCo B	Children's services	Core Assets Group (CapVest)	100	1.8x	10.8x	11.9x	-	M&A	The network brings together CAG's Core Assets Children's Services, Foster Care Associates, Fostering People, Active Care Solutions, Adopters for Adoption and LCS (Leaving Care Solutions), alongside PICS' Clifford House, FosterPlus, ISP and Orange Grove. Sovereign Capital, advised by Clearwater International, sold PICS to CAG, which had been acquired by CapVest.
Apr-19	The Good Care Group	Care Homes	Sodexo	25	-	-	-	-	M&A	The Good Care Group is a provider of live-in home care services to people who require assistance to live independently, or have complex care needs. It employs 1,050 people.
Jan-19	93 care home properties across the UK	Care Home Property	Aedifica (Belgium)	450	-	-	-	-	Property	The portfolio of 93 care home properties across the UK is tenanted by operators such as Burlington Care, Maria Mallaband, Renaissance Care and Care UK. The contractual value of the purchase was £450m and the portfolio has a tenant base of 14 operators in 91 locations. Initial gross rental yields are approximately 7%.
Dec-18	Care Management Group (CMG)	Adults and Children Specialist Care	AMP Capital	~200	2.9x	14.9x	18.4x	-	-	CMG provides a range of services for people with learning difficulties and associated complex needs, including supported living services, outreach and home support, respite care and day care services.
<b>Other Transactions</b>										
Sep-20	Property in Buckingham	Care Homes	Elevation Healthcare Properties	UD					Property	The property, in Buckingham, Buckinghamshire, will be let to Maria Mallaband Care Group (MMCG) once it is built. The care home, which will have en suite wetrooms and latest infection control technology, will be let on a long-term lease. The home will be part of a wider 70-acre development that will include residential, commercial, education and healthcare facilities.
Aug-20	Montana Healthcare Ltd	Adult Specialist Care	Achieve together	UD					M&A	Founded in 2007 and based in Caerphilly and Cardiff in Wales, Montana Healthcare supports people with learning disabilities, mental health issues, acquired brain injuries and autism. Its 73-strong team supports 21 people across six services, in addition to providing outreach to 26 individuals living with their families or in their homes.
Aug-20	Luxury care home by Hamberley Development (Patron Capital)	Care Homes	Aedifica	16.5					Property	The property includes en suite bedrooms, a cinema, a café, a bar, a hair and beauty salon (with a nail bar), lounges and landscaped gardens. It has a Covid-secure visitation suite, in-built thermal imaging technology in the lobby and a ventilation system that ensures air in public spaces is replaced four times an hour.
Aug-20	16 properties across the country	Care Homes	Tripe Point Social Housing REIT	9.6					Property	The properties, in the West Midlands (64 units), the East of England (four) and Yorkshire (two), are specialist homes for individuals with mental health and other support and care needs. They have been leased with specialist care providers and housing associations, including Blue Square Residential, Inclusion Housing, Keys Group and Sandwell Community Caring Trust.
Jul-20	Care Home in Cheshire	Care Homes	Aedifica	13					Property	The property, which is due to open in the first quarter of 2021, will be operated by Handsale Care Homes on a 30-year lease. Net rental yield will be approximately 6%.
Jul-20	Care Home in Bicester	Care Homes	Target Healthcare REIT	15.0	-	-	-	-	Property	The 66-bed property in Bicester, Oxfordshire, has been let to Ideal, its largest existing tenant, on a 35-year lease that includes annual, upwards-only RPI-linked increases, subject to a cap and collar.

NOTES INCLUDES TRANSACTIONS OVER £10M



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Major UK providers of long term care<sup>1</sup>  
October 2020

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
HC-One	343	20,623	-	-	-	-	-	-
Four Seasons Health Care	293	15,078	2018	634.5	(229.3)	76.4	12.0	(887.6)
Barchester Healthcare	211	13,618	2018	621.3	17.3	186.5	30.0	134.4
Care UK	123	8,336	2019	352.7	(20.9)	78.4	22.2	(20.2)
Bupa Care Homes	128	7,784	-	-	-	-	-	-
Anchor Hanover	114	5,841	2018	389.1	11.5	93.4	24.0	335.2
Sanctuary	117	5,206	2019	735.4	76.9	251.2	34.2	1,037.7
Runwood Homes	81	4,928	2019	141.4	15.0	19.5	13.8	203.0
MHA	91	4,846	2019	245.8	9.8	34.1	13.9	286.9
Maria Mallaband & Countrywide	82	4,685	-	-	-	-	-	-
Priority <sup>2</sup>	257	4,372	2018	830.4	(553.5)	169.0	20.3	21.5
Avery Healthcare	56	4,254	2019	168.7	(5.8)	55.7	33.0	(65.4)
Caring Homes	124	3,887	2019	197.8	(12.6)	31.3	15.8	105.7
Orders of St John Care Trust	67	3,512	2019	130.5	0.9	9.6	7.4	49.2
Minster Care	68	3,307	2019	79.5	0.4	17.0	21.4	2.5
Advinia Health Care	36	3,197	-	-	-	-	-	-
Bondcare	58	3,164	-	-	-	-	-	-
Sunrise Senior Living	26	2,652	-	-	-	-	-	-
Shaw Healthcare	54	2,266	2019	99.6	4.4	12.7	12.8	23.8
Healthcare Homes	44	2,257	2018	88.3	(0.9)	16.3	18.5	10.0
Larchwood Care	42	2,243	2018	74.6	0.2	0.6	0.9	0.3
Excelcare	33	2,183	2019	23.8	1.0	1.2	5.0	(0.1)
PrimeLife	55	2,056	2019	61.3	7.0	16.5	26.9	14.3
Voyage Care	250	2,002	2019	249.8	(15.8)	40.4	16.2	(83.0)
Hill Care	37	1,992	2019	6.7	1.9	3.3	49.2	(0.7)
Akari Care	37	1,951	2018	53.5	(0.9)	8.0	15.0	9.5
Abbeyfield Society	61	1,785	2019	54.9	(0.7)	2.7	4.9	143.2
Orchard Care Homes	31	1,723	2019	62.1	(17.1)	(1.8)	(3.0)	13.3
Country Court Care Homes	33	1,666	2019	14	1.3	1.9	13.4	9.4
Quantum Care	25	1,584	2018	58.1	0.4	7.1	12.2	2.6
Gracewell Healthcare	22	1,522	-	-	-	-	-	-
Somerset Care	28	1,511	2019	71.7	1.9	5.3	7.3	16.2
Hallmark Care Homes	19	1,439	2019	73.9	12.9	18.8	25.5	60.7
Burlington Care	24	1,419	2019	23	1.3	1.5	6.5	4.4
B & M Care	26	1,416	2018	53.2	14.6	15.9	29.9	79.8
Roseberry Care Centres	28	1,397	-	-	-	-	-	-
Leonard Cheshire	76	1,364	2019	162.2	(5.5)	(10.3)	(6.3)	119.6
CareTech	149	1,330	2019	395	24.3	80.0	20.2	335.4
Abbey Healthcare	16	1,307	-	-	-	-	-	-
Signature Senior Lifestyle	13	1,258	2018	61.5	(5.9)	16.7	27.2	11.6
Gold Care Homes	21	1,242	2017	30.5	0.7	8.2	26.9	43.6
Select Healthcare	33	1,213	2019	48.2	7.7	10.6	22.0	28.5
Ideal Care Homes	20	1,206	2019	29.7	0.1	6.0	20.3	9.4
Achieve Together	148	1,187	2019	102.6	(9.2)	24.3	23.7	140.2
Colten Care	21	1,177	2019	64.3	5.1	7.5	11.7	106.7
Meallmore	22	1,164	2019	52.5	6.0	10.1	19.2	23.3
Future Care	19	1,163	2018	12.9	1.7	2.6	20.1	3.5
Community Integrated Care	63	1,132	2019	127.2	(7.9)	2.1	1.6	39.4
RMBI Care Co	18	1,125	2019	52.3	(1.1)	(7.7)	(14.7)	122.9
Kingsley Healthcare	30	1,114	2018	12.9	0.9	3.0	23.6	8.8

NOTES 1 NUMBER OF REGISTERED CARE HOMES AND BEDS OWNED/LEASED BY INDEPENDENT SECTOR 2 INCLUDES AMORE AND CRAEGMOOR

DATA CORRECT AS OF 19 JUNE 2020

# Castleoak recruits executives

## Later living and care development specialist Castleoak has made two board-level appointments.

Kate Still has been recruited as the company's chief operating officer, while Lisa Gledhill joins as managing director, developments.

Still will be focusing on the business's performance and organisational development, and be responsible for all non-financial aspects, including people; customer satisfaction; communications; supply chain management; and health, safety and environmental management.

She has joined from Citizen Housing where she was COO with responsibility for 850 staff, 30,000 properties and revenue of more than £150m. She has worked

with some of the UK's largest social housing companies and was previously national housing director at Sanctuary Group, and is a fellow of the Chartered Institute of Housing.

Gledhill will be responsible for Castleoak's development business and joint ventures.

She has over 25 years' experience as a development and construction leader and a background in real estate, infrastructure and property development, investment, construction and consultancy.

Gledhill started her career with Arup, spending her first ten years in technical, digital and project management roles. After gaining financial qualifications, she moved to Laing O'Rourke and then to Lendlease.



Kate Still, chief operating officer, Castleoak



Deborah Cotton-Soares has joined Consensus

## Consensus

Consensus, a provider of support and accommodation for individuals with learning disabilities, autism and complex needs, has appointed Deborah Cotton-Soares as its quality and compliance director.

Cotton-Soares brings more than 35 years' of health and social care experience to the Consensus senior management team and has

been appointed to support the provider in building on the practice and record of compliance already in place and further improving performance and practice.

Cotton-Soares joins Consensus from the Care Quality Commission (CQC) where she was head of registration for the last six years.

## Key

Equity release advisory firm Key has strengthened its estate planning team with the hire of Andrew Parkinson in the brand new role as head of sales and operations.

Parkinson joins with 20 years' experience in the legal services sector in roles such as group operations director at Legal Hub Group, director at Integral Solutions and head of legal services at two national accident management companies.

In his new role, Parkinson will be responsible for grow-

ing the internal culture as well as developing customer service, operational processes and systems to meet the growing need for estate planning amongst the over-55s.

## EY

Sylvester Opong has joined the London office of EY as head of healthcare services corporate finance and M&A, where he will lead on transactions across the sector both in the UK and internationally.

Previously with Smith Square Partners, where he held various roles including head of healthcare M&A, Opong has experience in corporate finance.

In his new role, Opong will work with EY life sciences and healthcare partner, corporate finance, David Scourfield and the healthcare M&A team to develop and grow the company's healthcare services practice.

## Westacre

Westacre Nursing Home in Hampshire has welcomed Lynne Seymour as its general manager.

Seymour was previously matron at Peartree House Rehabilitation Centre in Southampton, which is under the same ownership as Westacre Nursing Home.

She trained to become a mental health nurse at Southampton University School of Nursing and Midwifery.



Lynne Seymour, Westacre

# Bourke standing down from Bupa

**Evelyn Bourke is stepping down as CEO of global healthcare company Bupa Group.**

Bourke, who has headed up the Group since 2016, will leave at the end of this year and will be succeeded by Iñaki Ereño, CEO of Bupa Europe and Latin America (ELA), who will take up the post on 1 January.

Bupa chairman Roger Davis said Bourke, who had been chief financial officer at the Group prior to taking over as CEO in 2016, left the organisation in 'excellent shape'.

'The hallmark of her leadership has been her systematic focus on Bupa's customers, putting them front and centre

right across the organisation. She has also transformed many of the fundamentals across the Group, investing in technology and operational resilience, and strengthening internal controls and risk management,' said Davis.

Bourke said her decision to quit the company had 'not been easy' and that she had been privileged to lead the Group through a time of 'significant transformation, challenge and change'.

'I know that Bupa will go from strength to strength under Iñaki's leadership, and I'm looking forward to working with him over the coming months as we make the transition,' she added.



Evelyn Bourke, is stepping down



Carol-Anne Foote, Meallmore

## Meallmore

**Scottish care provider Meallmore Ltd has promoted Carol-Anne Foote to a newly created role of commissioning and business development manager.**

The position will see Foote working with the operations team to develop the company's portfolio of facilities providing care and support.

Foote started her career as a registered mental health nurse and has over 20 years' experience in the private care sector. She joined Meallmore

in 2005 as care home manager for Forthland Lodge in Edinburgh, before becoming area lead for the central east region of Scotland in 2008. During this time, she gained an SVQ in Management and has completed a Master's degree in MBS in Innovation and Leadership at Letterkenny Institute of Technology in Donegal, Ireland.

Her first task is to oversee Meallmore's latest care home, Greenan Manor in Ayr. The purpose-built home is due to open in winter.

## CPA

**The Care Provider Alliance (CPA) has appointed Kathy Roberts, chief executive of the Association of Mental Health Providers (AMHP), as its chair for the next year.**

Roberts has more than 25 years of cross-sector senior leadership experience, having led AMHP, a representative body for voluntary, community and social enterprise mental health service provid-

ers, since April 2012.

She replaces Lisa Lenton, England director at the Association for Real Change, who served as the CPA's chair for the past 12 months.

Roberts said: 'Over the coming months, we will be looking to address the long-standing issues such as funding, recruitment, continuity of services, and workforce wellbeing – ensuring the sector voice is heard and represented and it receives the recognition it deserves in the provision of healthcare.'

## Capstone

**Peter Battle has been appointed chief executive of Capstone Foster Care, taking over from Richard Compton-Burnett, who had led the group for more than 13 years.**

Battle, who has held chief executive roles at Accomplish Group and Oakdale Care Group, said: 'I'm really excited about working with the experienced teams we have across the country to make a

genuine difference to children and young people's lives.

'I've worked in the social care sector for many years and my passion lies in providing fulfilment to some of the most vulnerable people in society.'

Founded in 2007, Capstone operates from offices throughout England, covering the South East, South West, the Midlands and the North, and supports more than 600 foster carers.



Peter Battle, Capstone Foster Care

## Fully revised UK Healthcare Market *Review* in its thirty-second edition

The 32nd edition of LaingBuisson's UK Healthcare Market *Review* is vital reading for independent providers, commissioners, advisors and investors active in the UK's independent healthcare and social care sectors.

Published in September 2020, against the backdrop of Covid-19, the *Review* offers the first all-round view of how the pandemic and the resulting lockdown has affected different sectors of the independent healthcare and social care market in the UK.

The report shows the extent of the impact on care homes for older people. However, there has been less impact on, and certainly no existential threat to, providers of care to adults under 65, homecare and housing with care. Many independent hospitals and healthcare facilities were signed over to the NHS throughout the spring and summer of 2020.

The new edition also includes a completely revised and updated politics and regulation section. This outlines current Government policy and NHS England's strategy of moving towards integrated care. This creates new opportunities for the independent sector to work with the NHS, though the tendering of services foreseen by the Lansley reforms looks likely to end on the legislative scrapheap.

The 32nd edition also has, for the first time, a section on Clinical Homecare. Little remarked upon, this sector accounts for almost 30% of NHS private sector outsourcing and has demonstrated the greatest growth of any NHS outsourcer. The new UK Healthcare Market *Review* looks at the drivers for this exponential growth.

Subscribers to the *Review* will also get access to a fully searchable, cloud-based curated *Care Directory*, through our iLaingBuisson portal. This enables online, real-time searches of independent healthcare and social care providers across all segments of the market, including details of their management team, locations and five year financials with full adjusted profit and loss, balance sheet and cash flow. This database is updated in real time and is an invaluable business development tool.

### Who is the report for

- C-suite professionals from right across the independent healthcare and social care environment
- CCG and local authority commissioners
- Directors of Adult Social Services
- Directors of Children's Services
- NHS Foundation Trusts
- Independent hospitals/hospital groups
- Care home providers/care home provider groups
- Banks and other financial institutions
- Local and national government
- Healthcare and social care trade bodies
- Policy writers
- Think tanks

### What the report covers

UK Healthcare Expenditure  
International Healthcare Expenditure  
Private Acute Medical Care  
Health Cover  
Care Homes for Older People  
Adult Specialist Care  
Homecare and Supported Living  
Mental Health Hospitals  
Children's Residential Care  
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