Leaky bucket
Recruitment and retention challenges persist for operators

Lighter touch
Using data to transform the sector's negotiating position

HC-One
Provider acquires Ideal Carehomes

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CM UK CareMarkets

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INTELLIGENCE + INSIGHT

> THIS DATA TELLS A STORY OF A SECTOR UNDER ONGOING STRAIN AND PRESSURE WITH UNACCEPTABLY HIGH RATES OF TURNOVER...

Prof Vic Rayner
p11

Profitability

Costs, pressures, quality, reinvestment

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This month…

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

Workforce issues continue to cause problems for many providers, highlighted in reports by Skills for Care and Care Quality Commission, both covered in these pages. International recruitment is helping prop up the sector, but this comes with problems. As reported in these pages earlier this year exploitation of care workers has been, and continues to be, an increasing problem. Figures now released by charity Unseen show a 606% rise in care work-related modern slavery cases reported to a helpline in 2022, with more than 700 potential victims. In the first six months of this year, care workers indicated an average debt of £11,800, to pay for recruitment, visa and travel costs. It should not be forgotten most people coming from abroad to work in the sector will be treated very well. However, international recruitment, while having benefits, is not a long-term answer. Skills for Care's plan to develop a workforce strategy is a step in the right direction. Let's hope it can help lead to long-term change.

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Transforming the negotiating position

Reliable data remains the best route to getting a fair price for care. LaingBuisson founder and executive chair William Laing explains

As councils prepare their budgets for 2024/25, it is worth taking stock on where the sector stands on fair price for care, or 'fair cost of care', as the Department of Health and Social Care (DHSC) puts it.

Last year saw an expensive and time-consuming 'fair cost' exercise across England. It led to each of the 153 councils with adult social services responsibilities publishing a report with median 'fair costs' of care homes for older people, and homecare for all adults, at April 2022 prices. Each of them calculated fair costs within their own boundaries and should have also stated the fees they were currently paying – though not all of them did.

We may take issue with the calculations, but in principle it was possible for the first time to look at the gap between the median 'fair cost' and how much councils were willing and able to actually pay – and it was no surprise to find the gaps were substantial in most cases, though masked to some extent by methodological issues' particularly in the calculation of 'fair costs' for nursing care (see Figure for regional summary).

Some new government money was put on the table to go towards filling shortfalls, but it was inadequate, and councils had no option but to find additional money, if at all, from their own resources. In the event, many councils did uprate their fees significantly, but others did not.

In the meantime, the Ukraine war triggered the most rapid inflationary spiral in a generation, and the end of the era of low interest rates has ushered in big increases in borrowing costs. The result is the 'fair cost' markers for April 2022 are fading into history, and the sector is once again in dire need of more up-to-date benchmarks for the current cost of care.

A re-run of the mammoth 2022 fair cost exercise is not on the cards. Some other lighter touch solution is needed. I make no apology for promoting the lighter touch solution being offered by LaingBuisson, because I personally believe credible data can transform the negotiating position of the care home sector.

While it would be an exaggeration to say 'data is power', it is certainly true that successful negotiation relies on good data.

Fee gaps

LaingBuisson has two interlinked data projects which can harness that power. One is Care Cost Benchmarks, which has just been re-launched after a Covid-19-driven break.

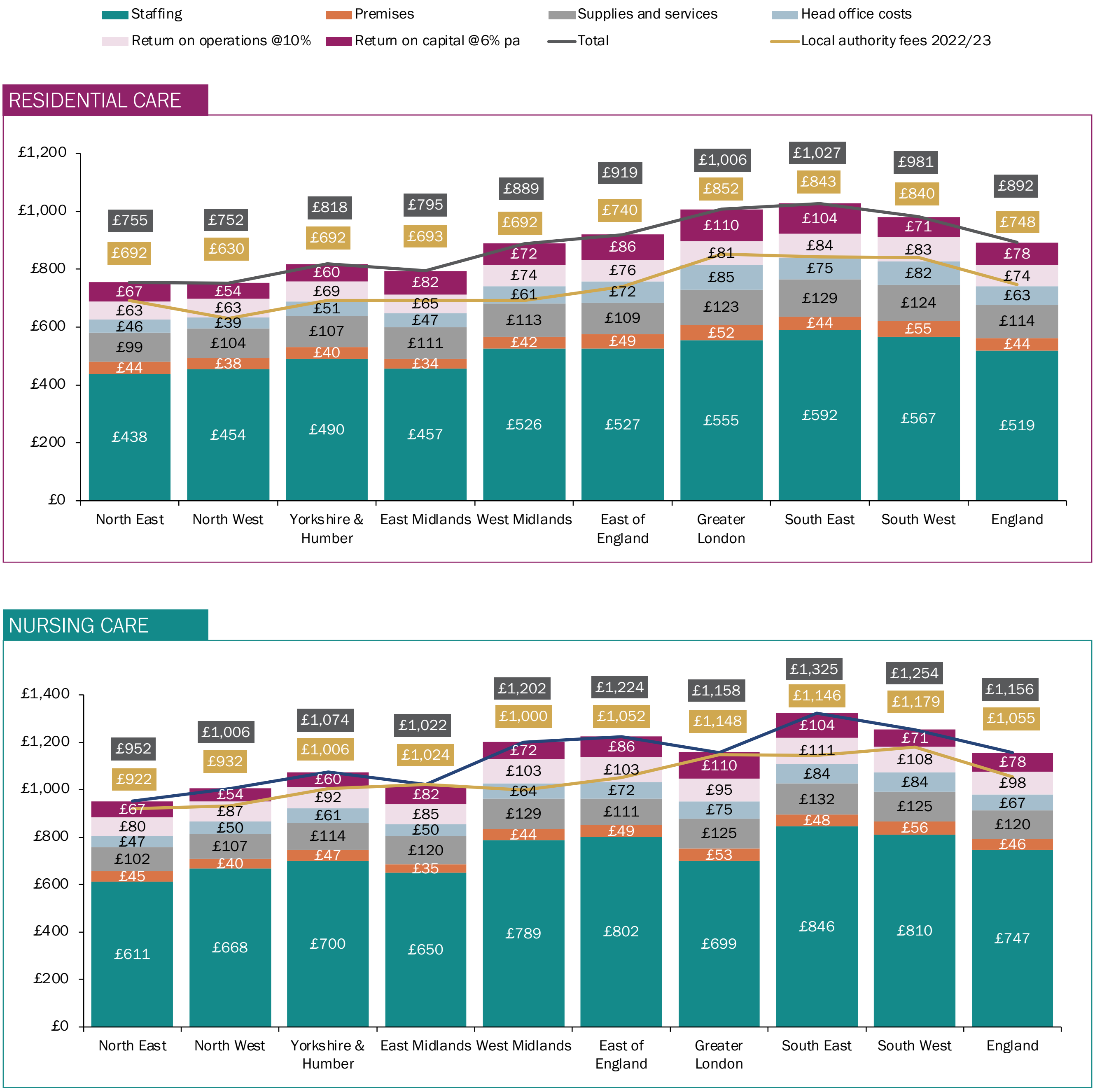
This is an interactive tool specifically targeted at assisting providers and commissioners to negotiate a fair price, making use of timely (2023/24) data on the main cost drivers (staff input, pay rates, etc.), derived from another, linked, LaingBuisson data project, the Care Home Benchmarking Service, about which more later.

Care Cost Benchmarks presents evidence-based 2023/24 'fair prices' for each individual council, for each of the four modalities of care for older people: nursing; nursing dementia; residential; and residential dementia.

'For the first time it has been possible to calculate the fee gaps in the current financial year because DHSC published provisional data in July on what individual councils are paying in 2023/24.'

William Laing,
founder and executive chair, LaingBuisson

CARE COST BENCHMARKS
WEIGHTED AVERAGE ‘FAIR COSTS’ CALCULATED BY COUNCILS AT APRIL 2022, COMPARED WITH 2022/23 FEES ACTUALLY PAID BY COUNCILS



SOURCE CARE COST BENCHMARKS - TWELFTH EDITION, LAINGBUISSON

Take for example Birmingham City Council, the largest authority in England, which effectively declared itself bankrupt earlier this year.

According to Care Cost Benchmarks, it has a fee gap of £177 per week for nursing care for older people in 2023/24, being the gap between the calculated ‘fair cost’ of £1,144 and the £967 the authority says it pays to nursing homes, after factoring in NHS funded nursing care (NHS FNC) (see Table).

For the first time it has been possible to calculate the fee gaps in the current financial year because DHSC, responding to lobbying by the care home trade bodies, published provisional data in July on what individual councils are paying in 2023/24.

That is a step forward, because usually we have to wait for improved Better Care Fund data published in October for the previous financial year. But the operational word is ‘provisional’, which might be better expressed for some councils by ‘in a hurry’.

On close inspection, it turns out some

CARE COST BENCHMARKS NURSING CARE FOR FRAIL OLDER PEOPLE, 2023–24	
County/unitary or district council	Birmingham City Council
Region	West Midlands
Summary	**£ per week**
Median care home costs per resident, including return on capital and operations	£1,144
Average local authority paid fee (plus NHS FNC) – provisional	£967
Fee gap (Median care home costs less average local authority paid fee)	£177

SOURCE CARE COST BENCHMARKS - TWELFTH EDITION, LAINGBUISSON

'Social care lags well behind in making use of the vast pool of information it has.'

of the provisional council fee rates for 2023/24 could not possibly be correct. There are several issues. One is to do with whether 'full cost' payers' fees, paid by councils on behalf of residents who have sufficient resources not to need the local authority's financial support, are or are not counted as council-supported residents. The distinction does make a difference.

But the main issue is that a minority of councils, maybe about 10%, seem to have included NHS FNC in their provisional fee rates submitted to DHSC, even though they were specifically asked not to. This means NHS FNC is at risk of being double counted. This is the probable explanation for why Care Cost Benchmarks shows anomalously low fee gaps, and even reverse gaps, for nursing care for some councils.

The conclusion is reinforced by the fact no such anomalies occur when comparing residential care 'fair prices' with the fees councils actually pay for this type of care.

Faced with doubts over the veracity of provisional data on what some councils are actually paying for nursing care, LaingBuisson has chosen to cite the provisional fees as reported by DHSC in Care Cost Benchmarks, and to post a 'health warning' next to the suspect results. LaingBuisson is also following up suspect numbers with Freedom of Information requests over the following weeks and months.

It does not need to be like this. The care home sector does not have to wait for six months after the end of the financial year to know what fees were on average last year and nor do care home providers have to rely on the, at best, partial intelligence from the baseline fee rates that many councils publish, knowing in reality fees actually paid can differ across any given locality.

Of course, each care home or group knows what fees it is receiving from its local authority and NHS customers. But it is rare for any one group to supply a substantial (say 25% plus) share of demand in any local care economy. Therefore, the great majority of care home operators have only a partial view of their local market patch(es) at present.

The alternative is for care home providers to pool the fee rates actually received from council (and integrated care boards) on a confidential basis so that their version of 'the truth' can be set down next to the commissioners' version of 'the truth'.

Benchmarking

This gets us to the second LaingBuisson data product, the Care Home Benchmarking Service.

Launched in April, it already has live, pooled data from some of Britain's leading care home groups. We are actively seeking foundation members, particularly among mid-sized and smaller groups, as well as independents.

With sufficient scale, provider interests can envisage being able to tell councils how their fee profile is distributed, rather than being reliant on what limited information councils (and ICBs) care to reveal.

'By the sector, for the sector' is the guiding principle of the service. Foundation members will have free access to the pooled data, aggregated to ensure confidentiality of individual participants' commercially sensitive information, throughout 2023/24, and they will benefit from discounted subscription rates thereafter.

Better information for fee negotiation is a major benefit for participants in the Care Home Benchmarking Service, but by no means the only one.

Most other sectors of the economy support similar benchmarking systems, enabling individual companies to compare key performance indicators with their peers, generating actionable information from which participants can derive a significant return on investment.

Moreover, benchmarking systems are generally not a zero-sum game. They have the capacity to enhance performance overall across a given sector. Social care lags well behind in making use of the vast pool of information it has.

To arrange a demonstration of the Care Home Benchmarking Service, with live data, email
benchmarking@laingbuisson.com

Care home profitability remains at 'historically low levels'

The profitability of care homes remained at 'historically low levels' in 2022/23, analysis from the regulator has revealed.

Using information from its market oversight scheme, it found continued financial pressures on providers, resulting from staff costs, gas and electricity price rises, as well as inflation in food and other costs, have led to financial constraint, impacting on people, both in the quality and consistency of care they receive and in providers' ability to re-invest in settings.

Also, analysis of its provider information return suggests smaller providers are experiencing additional sustainability issues during the rising cost of living. 'For example, one smaller provider explained losing out on care packages to larger companies that can deliver care at a lower price,' CQC's *The state of health care and adult social care in England 2022/23* said.

Care staff told the regulator packages of support were being cut, delayed or not delivered. The number of care hours delivered in the three months to March this year by operators covered by its market oversight scheme was nearly 15% lower than in the equivalent period to March 2021, with providers changing or limiting the hours delivered and the packages of care they offer.

Fifty-nine care providers are part of the oversight scheme, which are viewed as difficult to replace if they were to fail and one or more care services stopped.

As well as the ongoing problem of 'gridlocked' care, the annual assessment found local authority budgets had failed to keep pace with rising costs and the increase in the number of people needing support.

As local authority funded adult social care places are often less profitable, it said there was a risk people who live in more deprived areas and are more likely to receive council-funded support, may not be able to get the help they need.

The government's Autumn Statement last year announced up to £2.8bn in 2023/24 and £4.7bn in 2024/25 to help support adult social care and discharge from hospital.

However, CQC found people are being discharged too early without appropriate risk assessment or having a care package or intermediate support in place. 'Unsafe discharges are putting people at risk, potentially leading to poorer outcomes in their health and care, and being re-admitted to hospital,' the report said. 'During the 12 months to June 2023, on average around 9% of people had to go back to the emergency department within seven days of their previous attendance.'

Workforce

A CQC survey of adult social care providers in England, of over 1,900 respondents, found 54% were having challenges recruiting staff and 31% problems in retaining them. Over a quarter (26%) said staff shortages due to recruitment and retention issues were resulting in unused capacity. They cited low pay, high pressure, and staff burnout as causes of the many care workers leaving the sector for better paid jobs in less pressurised environments.


Ian Trenholm
CEO, CQC

On the workforce, Ian Trenholm, CQC chief executive, said: 'We continue to call for a national workforce strategy that raises the status of the adult social care workforce and ensures that career progression, pay and rewards attract and retain the right professional staff in the right numbers. It is encouraging that Skills for Care have made this an area of focus.'

Between March 2022 and March 2023, an estimated 70,000 people started care roles in the independent sector having arrived in the UK (*see pg 10–11*).

Professor Martin Green, Care England chief executive, said: 'The "gridlock" which characterised the health and social care system last year has been aggravated by new pressures for care, including inflation, the cost of living and ongoing challenges with the workforce.

'Despite 70,000 new international workers in the care sector across 2022–2023, resulting in a net reduction of 13,000 vacancies, we have lost 57,000 domestic workers. This is not sustainable. Without central government intervention, we may not be looking at gridlock next year, but a total impasse.'

Beverley Tarka, Association of Directors of Adult Social Services president, added: 'This report shows our health and social care system is caught in a vicious cycle. Decades of underfunding care for people at home means more pressure on the NHS and people are getting stuck in hospital or ending up there unnecessarily.'

A Department of Health and Social Care spokesperson said it was 'investing record sums' into health and social care services to improve access to care and cut waiting lists. 'This includes up to £8.1bn to put the adult social care system on a stronger footing including buying more care packages, helping people leave hospital on time and boosting the workforce.'

International recruitment trend continuing as vacancy rate falls

Early indications show the trend of rising international recruitment in the care sector will continue to play a part in the increase in filled posts and fall in vacant positions.

Information from Skills for Care's adult social care workforce data set (ASC-WDS) collected between April and August this year showed an estimated 30,000-40,000 people arrived in the UK and started direct care providing roles in the independent sector during that period.

Between March 2022 and March 2023, an estimated 70,000 people started care roles in the independent sector having arrived in the UK. The Skills for Care estimate includes people arriving in the UK via other routes such as in-country applications and family permits, in addition to the 58,000 receiving skilled worker out-of-country visas.

'This is a substantial increase in international recruitment on previous years (20,000 in 2021/22) and it has played a part in the increase in filled posts and reduction in vacant posts seen over the period,' Skills for Care's annual *The state of the adult social care sector and workforce in England* report said.

International recruitment helped the vacancy rate fall to 9.9% – around 152,000 vacancies on any given day – from 10.6% the previous year. Monthly tracking since March suggests the vacancy rate has continued to fall, and in August was 8.4% among independent sector care providers. In independent sector care homes, the vacancy rate fell to 5.1% in August, which was below pre-pandemic levels (5.5% in 2019/20).

Care workers were added to the shortage occupation list and the health and care worker visa route in February 2022.

However, Skills for Care has received varied feedback from employers about their experience of recruiting internationally. 'Whilst many have found success with international recruitment, others have told us they are still not recruiting internationally due to the perceived costs, risks and paperwork associated with doing so,' the report said.

It has also been made aware of non-ethical recruitment. As reported earlier this year, forced or compulsory labour was an 'emerging threat' in the care sector and one of the top priorities for investigators at the Gangmasters and Labour Abuse Authority. Data released in October by charity Unseen UK showed 712 potential care worker victims of modern slavery contacted a helpline last year.

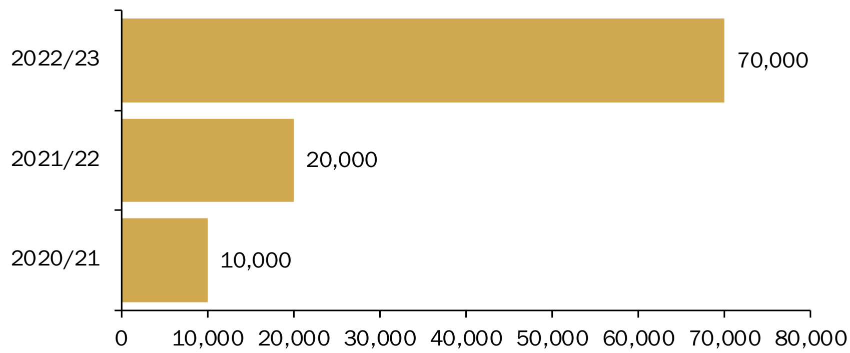
Leaky bucket

Skills for Care's report covers the year from April 2022 to March 2023, which saw some improvements in workforce capacity, largely driven by the rise in international recruitment – including more posts being filled, fewer vacancies and less turnover.

Despite the vacancy rate dropping, 390,000 people left their jobs in 2022/23, with around a third of them leaving the sector altogether. The turnover rate across the sector was 28.3% in 2022/23, down slightly from 28.9% the previous year.

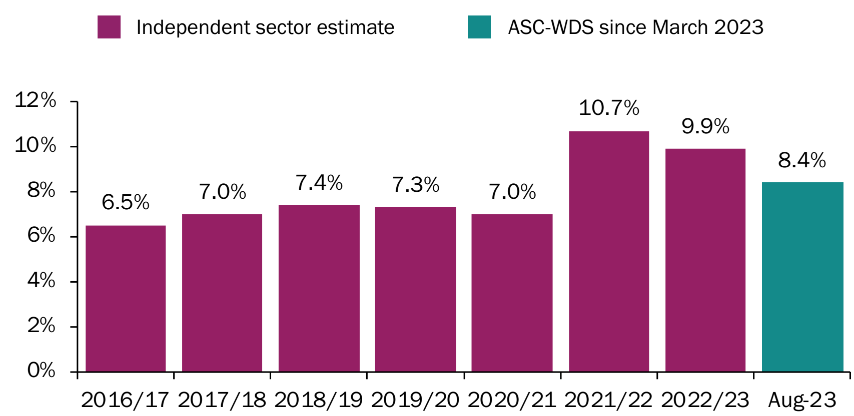
This year's report identified five factors key to retaining staff. These are being paid more than the minimum wage; not being on a zero-hours contract; being able to work full-time; being able to access training; and having a relevant qualifica-

FIGURE ONE
ESTIMATED NUMBER OF PEOPLE STARTING DIRECT CARE PROVIDING ROLES IN THE ADULT SOCIAL CARE INDEPENDENT SECTOR HAVING ARRIVED IN THE UK DURING EACH YEAR



SOURCE THE STATE OF THE ADULT SOCIAL CARE SECTOR AND WORKFORCE IN ENGLAND, SKILLS FOR CARE

FIGURE TWO
ADULT SOCIAL CARE VACANCY RATE TREND, INDEPENDENT SECTOR



SOURCE THE STATE OF THE ADULT SOCIAL CARE SECTOR AND WORKFORCE IN ENGLAND, SKILLS FOR CARE

FIGURE THREE
MAKE UP OF THE SOCIAL CARE WORKFORCE

18,000
Organisations

39,000
Establishments

1.79 million adult social care posts

1.636 million
Filled posts

152,000
Vacant posts

1.52 million people working in adult social care

SOURCE THE STATE OF THE ADULT SOCIAL CARE SECTOR AND WORKFORCE IN ENGLAND, SKILLS FOR CARE

tion.

Where none of these factors apply, care workers are more than twice as likely to leave their jobs than when all five factors apply – a 48.7% turnover rate compared with 20.6%.

Other findings include the workforce grew by 1% between April 2022 and March 2023 after shrinking for the first time on record the previous year.

'It's good to see green shoots for the sector and workforce in our latest report – which is testament to the hard work that's gone into tackling the recruitment and retention challenges we face. But the challenges haven't gone away,' said Skills for Care chief executive Oonagh Smyth.

'In particular, the fact that 390,000 people left their jobs in 2022/23 and around a third of them left the sector altogether shows that we have a leaky bucket that we urgently need to repair.

'We can't simply recruit our way out of our retention challenges.'

Going forward, Skills for Care will be working with organisations to develop a workforce strategy. It will identify the workforce needed over the next 15 years and set out a plan for making sure the sector has enough of the right people with the right skills.

How the sector responded

'Government must urgently heed the warnings in this report. International recruitment is currently propping up the sector. We must use this report to inform a renewed drive to recruit and retain domestically. A new approach is needed, and it has been for quite some time.'
Professor Martin Green, chief executive, Care England

'We look forward to working with Skills for Care and other stakeholders to shape and implement a workforce strategy. Our collective aim is to ensure a sustainable, diverse, and skilled social care workforce for the future.'
Dr Jane Townson, CEO, Homecare Association

'This data tells a story of a sector under ongoing strain and pressure with unacceptably high rates of turnover impacting those receiving care and support and the remaining workforce. The slight growth in workforce is underpinned by the increase in international workers, who bring desperately needed skills and expertise to the UK. This masks an ongoing reduction in the domestic workforce, creating a situation which feels less like a leaky bucket, and more like a burst pipe.'
Prof Vic Rayner, CEO, National Care Forum

'These latest figures from Skills for Care are once again horrific and lay bare the true crisis at the heart of social care which shames us as a country. We know that already some 1.6m people cannot get the care they need and if shortages of staff continue that figure is going to rocket, with no end in sight and no measures proposed to tackle the current shortages let alone meet future demand.'
Mike Padgham, chair, Independent Care Group

'The neglect of social care provision and the people it relies on is a growing risk to the health and wealth of our nation. So, it is very welcome to see a small increase in the size of the social care workforce over the last year, as well as a drop in the vacancy rate, which makes up for the decreases we saw in the year previous. But as the projections in the report suggest, we will need 25% more posts (440,000) by 2035 if the number of adult social care posts grow proportionally to the projected number of people aged 65 and over in the population.'
Danny Mortimer, CEO, NHS Employers

'This report shows good social care not only improves our lives; it also provides job opportunities in some of the poorest areas of the country. Social care is a growing (up 8.7% since last year) force in our economy (contributing £57bn) – and by improving pay and conditions for workers, we can all benefit. Taking action to attract more people to work and stay working in social care is an important opportunity to improve care and support for all of us who rely on it and to grow the wider economy.'
Beverley Tarka, president, ADASS

First-time buyers facing increasing challenges, data reveals

Care home buyers with little experience are facing increasing challenges both in terms of funding and regulation, analysis from Christie & Co has revealed.

Only 3% of the property adviser's deals in the first half of 2023 were to first-time buyers, around a third of the proportion in 2022, representing an 'ongoing decline' of new entrants into the sector.

The other trend it found was the volume of deals concluded by national providers in H1 accounted for around 36% of its completions (2022: 30%). Independent businesses remain an active buyer group, accounting for 36% of transactions (2022: 34%).

Transactional analysis also showed a rise in the number of larger care homes – 60 beds or more – going up for sale.

In 2022, 13% of Christie & Co completions were on a closed basis, and this has risen to 18% in H1 2023. 'The sector is facing an increased number of closures, primarily due to higher debt costs, eroding margins, and regulatory challenges,' its analysis said.

In the first half of this year, 45% of closed care home deals were sold to providers for ongoing use and 55% were purchased for residential conversion.

Launching its *Care Market Review 2023*, the report analysed topics relating to the UK healthcare business market, including capital markets, land and development, the transactions, operational costs, shifts in local authority fee rates, operator sentiment, the German healthcare market, and the finance and insurance landscapes.

'Positively, despite the macro-market challenges, there is good demand for care home opportunities, with investors attracted by the strong needs-driven underpin of the sector coupled with long-term index-linked cashflows,' it said.

Christie & Co is starting to see more domestic and international capital entering the market, attracted by the defensive characteristics of needs-driven operational real estate and strong ESG credentials new care homes offer to investors.


Michael Hodges, Christie & Co

Analysis also found average local authority residential fee increases for 2023/24 in England were 9.5% compared with 5.4% in 2022/23, with nursing rising 8.1% (2022/23: 6.8%). It said the burden on the self-funded client base was likely to rise, with many providers achieving private fee growth of 10% or more.

Michael Hodges, managing director – healthcare consultancy at Christie & Co, said: 'Despite the more challenging macro-economic environment, the healthcare property market continues to perform well. Operators have benefitted from encouraging fee rate rises whilst there are signs that agency challenges are easing. Transactionally, the market remains active with there being good demand for appropriately priced stock.'

Planning

Planning still presents a hurdle for care home applicants despite progress being made in cutting down timelines.

In 2022 there were 221 applications for new care homes across the UK. Under half (46%) of these have secured planning permission and on average it took 175 days to progress from application to permission. This is down from an average of 252 days in 2017.

A research document published by Savills found across the country around 300 new care homes have been completed since 2020, adding an additional 14,500 beds. Close to half of these beds are in London, south and east England.

Between 2020 and 2022, there were, on average, 89 new care homes developed each year, equating to 3,900 beds, with 2021 seeing a high of 100 settings and 4,300 beds. This was similar in 2022, with 4,000 beds completed across 96 homes. This year has seen 2,800 beds across 62 settings delivered during the first seven months.

The 3,900 beds per annum delivery is less than one-third of the 14,400 beds needed to maintain current ratios, given population growth (144,000 care home beds over the next 10 years), *Spotlight: UK Care Home Development* said.

There are 132 schemes under construction across the country. Among these, 65 are due to complete by the end of the year. This would result in 127 schemes and around 4,600 beds completed this year, which would be a high in recent years, it said.

A challenge facing development has been rising costs. During the 2010s, the average annual rate of build cost inflation was 2.3%, according to the Building Cost Information Service (BCIS) general building cost index. Through 2021 and 2022, it averaged 6.9% and 11.6% respectively, with a high of 15.5% annual growth in June 2022.

Construction firms accounted for 17% of all insolvencies in England and Wales in August this year, according to the Insolvency Service, with 395 registered construction businesses becoming insolvent.

Signature to install CCTV in care home settings following trial

Signature Senior Lifestyle plans to deploy CCTV technology across its care homes, with bedroom safety monitoring offered as an opt-in choice for families of a loved one living with dementia.

The decision follows a trial, which was launched at the beginning of the year, at Reigate Grange in Surrey that saw cameras installed throughout the home and, with family approval, in the bedrooms of residents living with dementia.

Signature has partnered with the Care Campaign for the Vulnerable (CCFTV), which is calling on the government to make safety monitoring technology mandatory in all care homes.

Having received support from families involved in the trial, the provider plans to deploy the cameras across its nine other homes.

Research by the Reigate home, via Savanta, showed 71% of people surveyed are in favour of the government making indoor CCTV mandatory in care homes. More than two-thirds (69%) would be more likely to choose a care home for them or their family member if it had CCTV in shared spaces.

When it comes to private areas, such as cameras in bedrooms, over half (51%) would be more likely choose a care home that offered this service, with 21% against, 23% neither agreeing nor disagreeing, and 5% replying 'don't know'.

Savanta interviewed 2,256 UK adults aged 18-plus online between 1 and 4 September as part of the survey.

'The data shows there is a clear desire amongst the public for care providers and the government to drive forward improvements across the sector. From improving training to using technology to keep older people safe, the public wants to see concerted action to transform social care,' said Kay Cox, Signature Senior Lifestyle chief executive.

'The Reigate Grange safety monitoring pilot has been game changing by allowing us to offer truly personalised care and

Signature at Caversham care home

employee coaching. The technology is especially valuable in supporting residents living with dementia given they are particularly vulnerable and less able to communicate their needs and experiences.'

Survey results also showed 76% agree that the government should introduce a professional register for care workers, while 79% back higher minimum training standards for staff. Almost half (46%) think staff are poorly trained and do not have the skills to provide high-quality care.

A quarter (25%) feel care workers are well paid based on their skills, while 51% do not. Almost half (47%) think working in social care provides few career development opportunities.

Finally, 37% of respondents think care homes are unsafe and would not want either themselves or a family member to live in one, while 28% disagreed with that statement, with 29% neither agreeing nor disagreeing and 5% replying 'don't know'.

Letter

Vulnerable older people are being failed in the way they are cared for in their final years of life, a coalition of health and social care organisations has said.

It is calling on government to tackle failings and improve core training in end-of-life care (EOLC) for the UK's three million generalist frontline health and social care workers.

The Coalition of Frontline Care for People Nearing the End of Life, which includes Care England, National Care Forum and The Gold Standards Framework Centre (GSF), want to see a change in approach from integrated care boards and heightened recognition of EOLC by CQC.

It has written to secretary of state for health and social care Steve Barclay MP and social care minister Helen Whately MP arguing existing NHS resources could be better used to help transform EOLC.

The letter said improvements in this area would lead to four areas of benefit: humanitarian; economic and practical; workforce; and helping attain national strategic policy aspirations.

Professor Keri Thomas, founder and chair of GSF, a training provider in EOLC, said patterns of dying were changing and that healthcare systems had to adapt to the age-related conditions causing deaths and long-term illnesses, such as dementia, by equipping frontline teams with the right skills.

'Research shows that given the choice, most people would prefer to die at home or in a care home yet almost half die in hospital,' she said. 'Unless more frontline health and care professionals receive specific end-of-life training

Prof Keri Thomas, chair, GSF

and support, we will see further increases in emergency admissions and hospital deaths, which is not what we or the public want.'

In*brief*

Rebrand

The Disabilities Trust has rebranded as Brainkind to coincide with its strategy to become the UK's leading charity for people with acquired brain injury and neurological conditions. The charity, which supports more than 850 people living with acquired brain injuries, autism, learning and physical disabilities, launched its new strategy in May last year. It has extended a number of existing services, including doubling its capacity in Glasgow and opening supported living services in Birmingham and Liverpool.

Partnership

Salutem Care and Education's children's division is partnering with community interest company Innovating Minds to deliver trauma-informed care. The collaboration aims to support the skill set of frontline staff to become trauma-informed practitioners using the Innovating Minds healing together programme. Through the programme, staff will receive training to understand the depth and breadth of childhood trauma.

Campaign

The government's 'Made with Care' campaign is returning for a third year in a bid to help grow the domestic workforce. A range of advertising will promote opportunities available to people across England to build a career in adult social care. Running until the end of March, campaign advertising will appear across video-on-demand platforms, radio and digital audio and social media and digital channels.

Young people not always supported when leaving care

Young people leaving residential or secure care are not always prepared for independent living or returning to live with family members.

Research by Care Inspectorate found almost a third of young people in its sample became homeless because intermediate care settings were not consistently available in or on the edges of secure care. At times, young people were placed with family members or in care settings that were unlikely to be sustainable because there were no other options available.

Its *Secure Care Pathway Review* found availability and access to the right kind of educational, legal, health and community support was needed in preventing young people going into or returning to a secure care setting.

Between July 2022 and July 2023, the Care Inspectorate followed the cases of 30 young people who were either experiencing or had previously experienced secure care, or who had been considered by their council for such a placement.

During the review inspectors spoke with more than 200 people, including young people, their families, staff and managers.

While the report highlighted positive examples of staff working together to provide support for young people to help them stay in – or return to – their local communities, it also pointed to areas for improvement.

Early and effective family support was not always available when families needed it; young people needed better support when leaving secure or residential care settings to prevent further breakdown in living arrangements and to prevent homelessness; and too often people in the review moved around the care system and many experienced changes in the staff working with them.

Jackie Irvine, CEO, Care Inspectorate

'Our work has highlighted significant factors that help promote young people's rights, safety and overall wellbeing. We encourage policymakers, corporate parents, managers and staff to reflect on the findings in this report and consider what more they can and should do to improve the lives and experiences of young people,' said Jackie Irvine, Care Inspectorate chief executive.

'We hope that the insights in this report can play a part in improving and strengthening the supports that are in place for young people in or on the edges of secure care.'

Intelligence

Cera is aiming to deliver five million homecare visits this winter via its AI-powered care model that aims to cut hospitalisations.

Its care solution, driven by a combination of AI and data analytics, helps frontline staff keep patients at home through predictive technology. Moving patient care from hospital to home, where appropriate, can help reduce the burden on overstretched healthcare services, it said.

Virtual wards, launched by the NHS in January, form part of the government's plans for more people to receive support at home.

During a visit from Cera's team of carers and nurses, a patient's symptoms and health data are collected via the Cera App, which AI uses to predict deterioration in conditions 30 times faster than traditional methods and can anticipate up to 80% of hospitalisations seven days in advance, it said.

This machine learning triggers earlier health interventions to prevent people from becoming unwell.

Cera is working with integrated care systems and local authorities to deliver care, nursing and telehealth services in patients' own homes.

Late payments leading to viability issues for homecare operators

Eight in ten homecare providers that hold contracts with the NHS and local authorities have experienced late payments.

Homecare Association research, based on responses from 225 providers representing just over 23,280 care workers supporting nearly 42,995 older and disabled people, also showed 47% of operators say almost all their invoices are paid late.

The definition of prompt payment for a small business supplier, contained in the voluntary prompt payment code, is to pay 95% of invoices within 30 days. Nearly a quarter of respondents (23%) said their average payment length was over 90 days from the NHS. Two-fifths (21%) said theirs was over 90 days from local authorities.

Some small providers are owed as much as £350,000 and have been waiting for over a year. Larger providers report local authority debts of over £1m

'Late payment of invoices by the NHS and local authorities is a serious issue, threatening the financial viability of many homecare providers. Some are having to spend months fighting for thousands of pounds owed for care delivered, being pushed from pillar to post without resolution,' said Homecare Association's chief executive Dr Jane Townson.

Survey results also showed 80% of respondents who are being commissioned by local authorities have experienced a cut in the number of hours available to them to provide. Nearly half (48%) said they had seen a 25% or above reduction.

With a lower volume of hours, care workers are more likely to have gaps in their rotas, leading to a cut in pay they receive each day. It can also lead to inefficient use of their time. For example, they may be out on the road for 40 hours but deliver only 20 hours of paid contact time. This can also lead to viability risks of homecare providers. In local authority areas, smaller providers are handing back packages or ceasing to trade.

Dr Jane Townson, CEO, Homecare Association

'Local authority commissioners need to appreciate the importance of the volume of hours available per provider, as the reduction of hours delivered severely impacts on financial sustainability of services,' said Dr Townson.

The Homecare Association is calling for council commissioners to understand the importance of volume of hours available per provider; health and local authority commissioners to abide by the prompt payment code; all commissioners to offer greater security of hours and income to trusted providers; and for central government to provide adequate funding for local authorities that encourages quality and sustainability of services.

Complaints

Care providers have been urged to offer 'well-run complaint functions' as part of their policies and procedures by the Local Government and Social Care Ombudsman (LGSCO).

Its annual review of adult social care, now in its tenth year, showed the ombudsman upheld three-quarters of investigations it carried out in detail. However, it said complaints received had levelled off in recent years and wants providers to include details about complaining to LGSCO in their processes. It has called for all adult care providers to be required by law to signpost clients to its service.

It also highlighted gaps in accountability. 'While we can look at complaints about adult care regardless of how that care is funded or provided, there are some care settings – those not required to be registered with the Care Quality Commission, such as day care centres – where we cannot investigate,' the report said.

The *Review of Adult Social Care Complaints 2022-23* showed there were 1,900 recommendations to councils and care providers to resolve 697 cases during the year. In 99.6% of cases, the ombudsman was satisfied the council or care provider had complied with recommendations.

Ombudsman Paul Najsarek urged leaders to scrutinise services provided to people who might otherwise be hidden in society to ensure they are performing well for those who may be unable to speak up for themselves.

The report highlighted cases from the past year, including more than 300 people in one North West borough being provided with care calls lasting less than 15 minutes.


Paul Najsarek, ombudsman

'I urge senior leaders to give voice to the voiceless: those who cannot complain for themselves because they are unsupported, isolated or simply lack the capacity to do so,' said Najsarek.

Tech fund

National Care Group (NCG) will receive £349,000 from a government fund that aims to support the use of digital technology in the sector.

The money, part of a £3m pot, will be used to improve the quality of medication management and recording, and promote independence in taking medicines. The provider will be rolling out eMAR with South Yorkshire Integrated Care Board (ICB) and its regional ICB partners, Guided Innovation and Care Research.

'The project will be a significant milestone towards enhancing the quality of our medication management and recording for the 1,230 people we support. The transformational new approach will empower our colleagues to not only reduce avoidable hospital admissions but also support more people to live independently,' said Karen Lewis, chief operating officer at NCG.

In total, four projects will receive money to drive independence for those in care. Funding will look to help identify care-focused technology solutions that have the potential for wider rollout.

As well as NCG, Shropshire Council will have access to £1.2m to embed technology in people's homes alongside a virtual care delivery service to help meet support needs digitally, while Reading Borough Council will use £1.1m to trial and understand the benefits of sensors technology.

Finally, Greater Manchester ICB will receive almost £380,000 to deliver a project to determine the effectiveness and cost-effectiveness of using a digital falls prevention programme for older people living the in the community who receive care and support at home.

Integrated care systems, care providers, local authorities, evaluation partners and technology suppliers were invited to apply for money from the adult social care technology fund, which is open for applications on a rolling basis.

Helen Whately MP, care minister

'These exciting projects will use technology to improve quality of care and help people live independently for longer. More care at home and more personalised care is what people want and helps reduce pressure on the NHS,' said minister for care Helen Whately.

Nobi plans to scale up following pilot

Nobi plans to scale up trails of its smart lamps following a four-month pilot that saw fewer falls in a care home.

The trial, which took place from May at Abbeyfield's Hartland House in Milnthorpe, Cumbria, saw eight rooms equipped with AI-powered lamps and resulted in an 84% reduction in the number of resident falls. Lamps helped both detect falls and offer preventative measures and have been rolled across the home's 32 bedrooms.

The pilot was funded by NHS Lancashire and South Cumbria Integrated Care Board (ICB). 'We have been very happy with preliminary results from the pilot programme with Hartland House and the Nobi lamps. Seeing the impact that this technology could have on our elderly population, and the health service in the region, is really exciting and we look forward to working with Nobi in the future to help our elderly population,' said Deborah Gent, adult social care digital lead at the ICB.

With the help of a sensor system and AI, the lamp detects a fall and ensures assistance is provided. It registers when a resident sits up in bed at night and automatically switches on soft lighting. This helps prevent disorientation when waking up and a fall when getting out of bed. Its AI enables Nobi to detect changes in behaviour, such as when someone has difficulty walking.

Should a fall happen the lamp sends care staff an abstract stick figure image of the resident's position in the room and captures the 15 seconds of footage before and following the fall.

'Results [from the pilot] are really interesting but requires a much bigger sample and a longer trial. Ideally, with ICBs, NHS and care professionals we can now scale up this pilot. That should be the next step,' Nobi chief executive Roeland Pelgrims told CM*UK*.

'The ambition here is to demonstrate that falls detection and prevention technology should have its place in the way we deal with elderly care because it has such a tremendous impact not only on quality of life of people but also on the burden of care staff.'

Roeland Pelgrims, CEO, Nobi

Nobi, which has offices in Belgium, Austria, the Netherlands, UK and US, is backed by investors including BNP Paribas Private Equity, EQT Life Sciences, EQT Dementia Fund, and Flemish investment company PMV.

It closed a €13m (£11.3m) investment round in January 2022. Capital has been used to develop partnerships with care settings, assisted living centres, hospitals and in people's homes. Nobi will also develop a suite of applications based on communication technology and AI integrated in the smart lamp.

'Data that can help give us a better view on mental and physical wellbeing of residents; that's where 80% of our revenues will go to… it will be mainly an AI and data journey,' Pelgrims added.

Falls prevention

Dormy Care Communities is rolling out Scandinavian falls prevention technology across it four homes following a trial.

The provider, which operates care homes across England and Wales, has partnered with Norway-based Sensio, to install RoomMate, a safety sensor.

It had been piloted at the group's Foxhunters Care Community in Abergavenny, South Wales, where its installation in the home's 70 rooms helped prevent falls and potential injuries, as well as freeing up care team time.

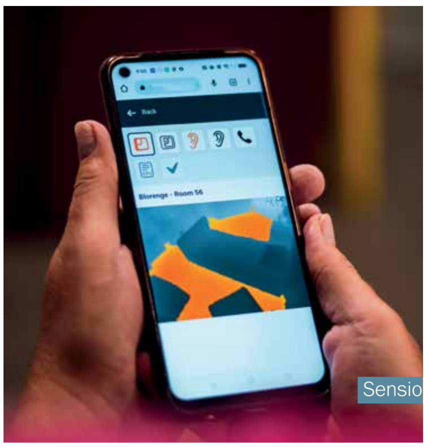
Dormy is investing £200,000 to roll-out the sensors in its settings, which support 271 people in its homes that provide residential, nursing and dementia care.

RoomMate sensors send out infrared light and scans the room anonymously. Should the sensor detect anything, it will send notifications to the home's alarm system and to devices held by the care team, who can complete an anonymised digital supervision of the room before taking action if need be.

Sensors also help reduce the need for carers to physically supervise people in their rooms, protecting sleep and rest times for residents.

'Falls can be one of the biggest challenges care teams face in offering care for the elderly, and a fall can sadly be the beginning of increased physical or mental challenges for residents,' said Dormy Care Communities chief executive officer Helen Davies-Parsons.'

Sven Seljom, UK country manager at Sensio, added: 'It has, for years, proven to be a success in Scandinavia, preventing falls, injuries, and ailments, and giving more time for personal care to the residents. I am looking forward to this exciting journey in the UK, together with Dormy.'


Sensio

Complexity of care

Professor Green explains the demands of being a care worker

Skills for Care has delivered its state of social care workforce report, and it is a very useful document that tells us a lot about what was going on, particularly the challenges of recruiting and retaining highly skilled and highly trained people.

What is often forgotten is just how complex health and social care is; it requires people with high levels of skills to do it well. Social care is so lucky in that it has some fantastic people who are tremendous professionals and who deliver outstanding care for the people we support.

The report got me thinking about what complex skills are needed to work in social care. When you start to outline them, you see how incredibly complex working in our sector is.

People who work in care need high-level communication skills. Effective communication is crucial in the care industry to understand and meet the needs of individuals' needs and collaborate with colleagues and other healthcare professionals.

Empathy and compassion are also at the centre of care work; care staff need to have a genuine concern for the wellbeing of others and be able to empathise with their experiences and emotions.

Problem-solving skills are also an important part of care, and staff often encounter complex situations and need to be able to think critically and find solutions to challenges that arise.

We often hear from colleagues that they always seem very pressed for time, and time management is a vital skill in care. The ability to prioritise tasks, manage time effectively, and work efficiently is essential in providing quality care and meeting the needs of multiple individuals.

We are also a sector that requires staff to be flexible and adaptable. The industry can be unpredictable, and care workers need to adapt to changing circumstances and be flexible in their approach to care. There is also a need for attention to detail. Paying close attention to details is important in providing accurate and safe care and documenting and reporting information.

Teamwork and collaboration are also essential. Care workers often work as part of a team, and the ability to collaborate effectively with colleagues and other healthcare professionals is essential in providing coordinated care.

Cultural competence is extremely important because of the increasing diversity within the population and because we all have our own cultures, which care workers need to understand to provide person-centred support.

A rewarding career

Over the years, technical skills have become much more important, and as we move towards more technology in the sector, this will take an even greater profile in the future. Depending on the specific role, care workers may need technical skills such as administering medication, operating medical equipment, or using electronic health records.

Care is a complex area of work, and our colleagues require a lot of emotional resilience. The industry can be emotionally demanding, and care workers need to be able to cope with stress, maintain their wellbeing, and support others.

When you see all the skills and requirements of working in the sector, you realise what an incredibly complex and professional career in social care is. Many of these skills could also be applied to highly paid, high-status roles such as airline pilot, doctor or nurse, yet sadly, social care staff do not get the same recognition as these professions. The challenge for us all is to make sure that people understand how complex and rewarding a career in care is.

Upping our game

Dr Jane Townson examines supply and demand issues in homecare

The winters of 2021 and 2022 were challenging. Councils and the NHS struggled to cope with demand. Care providers battled with workforce shortages. The backlog of assessments in the community grew. Delayed discharges increased. Waiting lists for planned treatment lengthened. Ambulances queued.

Councils wrote to homecare providers exhorting them to recruit. Despite spending fortunes on internet advertising, workforce numbers continued to decline from a peak in 2020/21 (see Figure).

On 24 December 2021, the government announced they would add care workers to the shortage occupation list.[1] This was a response to recruitment challenges and recommendations from the Migration Advisory Committee.

In January 2022, we surveyed Homecare Association members.[2] Two-thirds of respondents said they would not pursue recruitment from overseas. The reasons given included cost of sponsorship; complexity and length of process; uncertainty about how to do it; inability to meet minimum salary requirement; difficulty in finding affordable accommodation; possible language barriers; overseas workers not having a valid driving licence or car; and the temporary nature of visas.

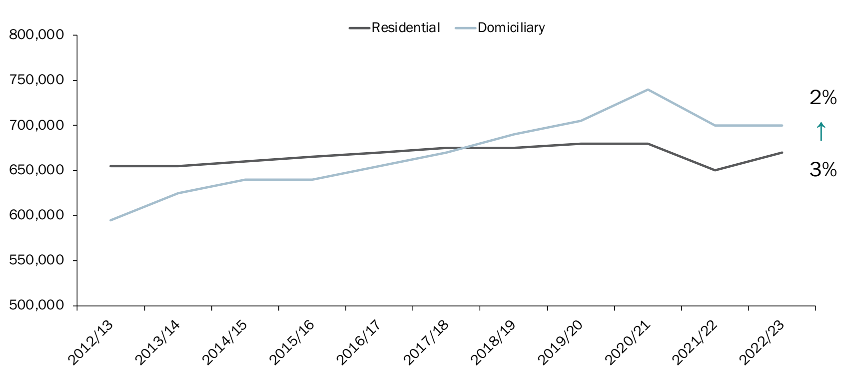
As spring turned to summer in 2022, providers faced a dilemma. Should they keep trying and failing with recruitment in the UK and watch their workforce numbers dwindle further? Or should they take a risk and start recruiting internationally? After all, local authorities said they desperately needed more capacity.

Many providers bit the bullet and embarked on the arduous and costly process of applying for a sponsorship licence. Once successful, they had to navigate the perils of overseas recruitment. First time round, this entire process takes at least nine months. What if it went wrong, and they hired unsuitable people? What if the workers arrived and then moved to another employer?

Meanwhile, local authorities panicked. Many opened their framework agreements to multiple new providers, regardless of their quality ratings. New homecare agencies sprung up everywhere. In some places, the number of providers on frameworks more than doubled.

Sponsored workers steadily arrived. In June 2023, UK Visas and Immigration reported granting 77,000 visas for care workers via the skilled worker route in the previous year.[3]

JOBS IN RESIDENTIAL AND DOMICILIARY CARE 2012/13–2022/23



SOURCE SKILLS FOR CARE, 2023

Cut in hours

By the summer just gone, providers were contacting our helpline about inadequate availability of work. We conducted a survey of Homecare Association members during July and August.[4] We found that eight in ten (80%) respondents commissioned by local authorities had experienced a reduction in the number of hours available to them. Nearly half (48%) said they had seen a 25% or above reduction in the number of hours available to them from their local authority.

The cost per hour of homecare delivery is highly sensitive to the volume of hours delivered. The more hours delivered per registered location, the greater the economies of scale and lower the operational costs per hour. Registered homecare providers have various overhead costs, including managers, training, insurance, and office expenses. The number of hours can also affect care worker experience.

With fewer hours available, care workers are more likely to have significant gaps in their rotas and this can reduce the salary they receive each day. It can also lead to inefficient use of their time; for example, care workers may be out on the road for 40 hours but deliver only 20 hours of paid contact time. It is difficult for them to use the time in the gaps productively. Employment conditions like this exacerbate staff turnover.

In some areas, the use of international recruits has enabled providers to increase their capacity to deliver. Providers must offer full-time contracts to sponsored workers, with a minimum annual salary of £20,960. International recruits are not receiving enough hours to meet the full-time requirement in some places. This breach of licence conditions is leading to substantial hardship for some sponsored workers.

Unseen UK is a charity which provides safe houses and support in the community for survivors of trafficking and modern slavery. They report a steep rise in calls to their helpline from overseas workers who came to the UK to help plug staffing gaps in the care sector.[5] The Homecare Association condemns exploitation of workers and abuse of the skilled visa route.

The issues experienced by sponsored workers also shine a light on the poor employment conditions of the domestic workforce. Overseas recruits are at even greater risk because of debt bondage, lack of support, and lack of access to our welfare system.

Compliance with salary thresholds for sponsored workers is a challenge in homecare. This is due to low fees, zero-hours commissioning, and local authority reliance on framework contracts. We are concerned by Skills for Care's data on the proportion of sponsored workers on zero-hours contracts.[6] This is like the rest of the homecare workforce, which has also long been a concern to us. They should all be on secure contracts.

Risks

Mismatch of supply and demand appears more acute in local authority areas that rely heavily on framework contracts. When local authorities select a few lead providers in geographic zones, the number of hours available per provider remains steady. In some areas, local authorities have allowed so many providers to join their frameworks that they cannot monitor quality of provision.

Framework contracts make it difficult for providers to plan effectively. There is no guarantee of hours or income. The more providers on a framework, the more difficult it is to secure a sustainable level of work. Providers who hired international recruits, without guaranteed income, now face financial and regulatory risks.

Losing 25% or more hours creates substantial risk to the viability of all homecare providers. In some local authority areas, many smaller providers are struggling to remain afloat. Local authorities must manage safeguarding risks and find alternatives if providers fail. Clearly, market failure has a negative impact on people drawing on services and care workers.

Some local authorities are now openly seeking to capitalise on over-supply by driving down prices. This encourages unscrupulous providers to bid for work at unviable rates and practise call-clipping. This means they charge the council for a 30-minute visit but deliver only 15 minutes. Their income and care worker wages benefit from this type of fraud. Meanwhile, quality of care declines. Neither CQC nor many councils are monitoring quality closely enough to detect this. Good-quality ethical providers suffer because they refuse to operate in this way and cannot compete at low fee rates.

This experience highlights that both under-capacity and over-capacity create risk in homecare.

Risks of inadequate capacity do not need to be rehearsed. Risks of excess capacity, spread across a myriad of providers, include higher staff turnover; a race to the bottom on price; poor quality; inefficient delivery; market instability; breach of sponsorship licence requirements; hardship for sponsored workers; and modern slavery.

Collectively, we need to up our game at managing supply and demand in homecare. This is even more important now, as we are reliant on international recruitment to maintain workforce capacity.

We need a coordinated approach to commissioning; CQC registration of services; and granting of skilled worker visas in homecare. We also need a coordinated mechanism for supporting sponsored workers who need to find another employer, for whatever reason. This needs to operate nationally.

In the longer-term we need a strategy and investment to grow and develop our domestic workforce.

NOTES

1 https://www.gov.uk/government/news/biggest-visa-boost-for-social-care-as-health-and-care-visa-scheme-expanded
2 https://www.homecareassociation.org.uk/resource/continuing-lack-of-homecare-workers.html
3 https://migrationobservatory.ox.ac.uk/press/visas-for-care-workers-have-driven-increase-in-work-migration-while-small-boats-only-account-for-1-3-of-asylum-backlog/
4 https://www.homecareassociation.org.uk/resource/the-impact-of-late-payment-of-invoices-by-the-nhs-and-local-authorities-and-a-reduction-in-volume-of-hours-available-per-provider.html
5 https://www.unseenuk.org/wp-content/uploads/2023/10/unseen-care-sector-report.pdf
6 https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

Maria Mallaband Care Group geared to open Bentley Grange in spring

CGI of Bentley Grange

Maria Mallaband Care Group (MMCG) plans to open three-storey Bentley Grange in Biddenham, Bedfordshire, in March.

Providing 60 en suite bedrooms, lounges, restaurants and communal areas, the property will also feature a cinema, wellness suite, beauty salon, rooftop bar and terrace. Its drawing room and garden lounge will offer access to gardens.

The private care home, designed for dementia, residential and nursing care, is being built by contractor Lawrence Baker Ltd. Interiors are being designed by Rebecca Hartley Interiors, who works exclusively with MMCG and worked on its care homes Chartwell Manor and Claremont Manor in Devon.

Bentley Grange is the latest home to be developed by the provider, which has over 80 care homes across the country.

'We are excited to become part of the Biddenham community and meet the demand for exceptional care in this area. The village is surrounded by many local amenities and close to a bustling market town.

'There are also several local schools nearby, which ties in well with our intergenerational activities programme,' said Annelli Chatfield, group commissioning manager at MMCG.

Hartford Care to open Cotswolds Rise

Hartford Care plans to open Cotswolds Rise, in Swindon, Wiltshire, this year.

The home, which is close to the town centre, will offer residential, dementia and respite care across 66 en suite bedrooms. It has several lounges and dining rooms, a kitchen, salon and a shop, as well as gardens with patio areas and terraces.

Cotswolds Rise has renewable energy elements, including solar panels, heat pumps and battery storage systems.

'We're looking forward to opening the doors and welcoming new residents to Cotswolds Rise – our second care home in Wiltshire. There will be plenty to keep everyone entertained with a full activity programme and our communal spaces have been designed so that they can be enjoyed whether taking part in a large group activity or a smaller gathering, with plenty of quiet and calm spaces to suit all residents' needs,' said Ben Chance, group commissioning manager at Hartford Care.

The main entrance to Cotswolds Rise

Established in 2003, Hartford Care operates 18 care homes.

Exemplar Health Care begins construction of home as it ratchets up growth plans

Exemplar Health Care has started construction of a £6.9m care home in Padiham, Lancashire.

Contractor Triton Construction is leading the development, with Watson Batty Architects designing the home. Designs have looked at how best to maximise natural light and have had input from Exemplar's service user council, a group of residents living in existing homes.

Once built, Wytham Lodge will support adults living with acquired brain injuries, complex mental health needs, and physical disabilities, providing long-term community care to those who would otherwise have a prolonged stay in hospital.

The home will be split into three communities and each of its planned 34 bedrooms will have their own en suite wet room. Each community will have dining and living spaces, and a sensory bathroom. The home will also feature an activities hub, a garden, and a therapy room offering holistic therapeutic care.

Wytham Lodge is set to open in summer next year and will create over 100 jobs.

The development is the latest from Exemplar, which has announced a £200m expansion plan to create over 4,000 jobs.

CGI of care home designed by Watson Batty Architects

Founded in 2000, the business operates 42 homes across the UK, supporting over 900 adults.

It intends to add 40 homes to its existing portfolio over the next five years, focusing on the North West, North East, and Midlands. Development sites have already been identified, with ten homes being built.

Elsewhere, the provider has officially opened £6m Adswood Lodge in Stockport, Greater Manchester.

As with its other developments, the home has 30 bedrooms, each with an en suite wet room, split into three 10-bed communities. It has created 100 jobs and will feature a multi-disciplinary healthcare team providing a range of clinical and holistic care. It is Exemplar's fourth care home in Greater Manchester.

It is also opening a unit at its Edgewater home in Wallasey, Merseyside. The 10-bed unit will support adults with complex mental health needs and expands on Edgewater's existing two units that support adults with a range of needs, including neuro-disabilities, brain injuries, and physical disabilities. The setting has already created 80 healthcare jobs, with a further 30 expected.

Adlington

Adlington Retirement Living has officially opened The Spindles in Menston, West Yorkshire.

Designed for those over the age of 60, the development has 72 apartments and communal facilities that include a hair salon, therapy suite, lounges, a cinema room, and restaurant. Its coffee lounge also houses a bar and there is a guest suite for visiting friends and family.

The Spindles, Menston, West Yorkshire

All apartments include fully fitted kitchens with integrated appliances, with many having en suite shower rooms as well as separate bathrooms, and a private patio or balconies overlooking the gardens.

There is also a 24-hour onsite support team and, if needed, optional personal care packages are available. In addition, there is an emergency call system and a security video entry system to manage access.

Hft

Hft and Lioncourt Homes have begun redevelopment to a site in Ironbridge, Shropshire, which will include 80 new homes.

Hft provides support for 33 learning disabled adults in a campus-style setting on the site where homes are clustered together in one place instead of being part of the local community.

The redevelopment will see 12 of the new homes becoming accessible and adaptable supported living dwellings for people assisted by the charity.

The redevelopment will include houses and bungalows, with shared communal spaces and kitchens, private gardens and parking.

The dwellings will have an EPC rating of A. They will feature technology on renewables such as waste water recovery systems, PV panels on roofs and air source heat pumps.

The first Hft supported living property will be completed in mid-2024 and the last one will be ready in February 2025.

LaingBuisson INTELLIGENCE • INSIGHT

Major UK providers of adult specialist care
November 2023

Adult specialist care home providers (by beds)[1]

Rank	Provider	# homes	# beds	Av. beds/home
1	Priory Group	203	2,101	10
2	Voyage Care	263	2,064	8
3	Achieve Together	176	1,405	8
4	Leonard Cheshire	61	1,164	19
5	Exemplar Health Care	35	991	28
6	ivolve Group	74	769	10
7	Accomplish	97	715	7
8	PrimeLife	29	646	22
9	Salutem	67	645	10
10	Elysium Healthcare	40	637	16

Learning disability care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	Voyage Care	231	1,714	7
2	Priory Group	159	1,493	9
3	Achieve Together	141	1,064	8
4	Cygnet	54	556	10
5	Consensus	60	495	8
6	Lifeways Group	46	456	10
7	ivolve Group	53	450	8
8	Choice Care	49	411	8
9	Salutem	49	376	8
10	Accomplish	45	327	7

Mental health care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	PrimeLife	17	428	25
2	Priory Group	25	345	14
3	Accomplish	32	216	7
4	Exemplar Health Care	6	164	27
5	Making Space	9	154	17
6	Meallmore Ltd	5	147	29
7	Enhance Healthcare Ltd	2	144	72
8	Choice Care	15	140	9
9	Rethink Mental Illness	15	139	9
10	Hatzfeld Care Ltd	3	137	46

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 23 OCTOBER 2023

INFOCUS

PARTNERSHIP WORKING

We speak to The Outstanding Society director Zoë Fry, who discusses her mental health journey and the need for more support networks within the sector. We provide coverage from LaingBuisson's Retirement Housing conference and examine the evolving area of health and care integration

CMUK meets... Zoë Fry

The Outstanding Society director discusses her mental health journey, the importance of encouraging a culture of openness and honesty, and why the news agenda needs to shift its focus to a more positive side of social care

CMUK How did you come to work in social care?

Zoë Fry (ZF) I started working in health and social care 35 years ago and this has seen me work across a number of roles.

My first role was as a nurse in the NHS. I quickly worked my way up to a ward sister, matron, and then general manager which gave me the opportunity to learn key business skills that have contributed to my successes working in social care.

Following my career in the NHS I made the decision to purchase Valerie Manor, a residential and nursing care home for the elderly in West Sussex. My time operating the care home from 2008 to 2021 saw me secure one of the first 'outstanding' ratings by the Care Quality Commission (CQC) in Sussex when the rating system first came into effect.

In 2021, I sold the care home and moved full-time to focus on expanding The Outstanding Society. In my current role, alongside my fellow directors, I work in partnership with multiple organisations, including Skills for Care and Care England, and provide trusted insight into both the challenges and innovative best practice that is emerging across the sector. I've also worked to expand The Outstanding Society's membership and reach different adult social care services across England.

You've suffered from panic attacks and anxiety in the past. As a leader how did you cope and where has that journey taken you to?

ZF I first started experiencing panic attacks and significant anxiety in 2015 following Valerie Manor receiving a safeguarding allegation.

I operated the 'outstanding'-rated care home at the time. An investigation by the police, local authority and CQC found that the allegation was malicious, however, the impact had already been profound on my mental health.

As a person who is naturally independent, I found the panic attacks difficult to accept which eventually led me to seeking different forms of help including cognitive behavioural therapy, psychotherapy, counselling and life coaching.

I did eventually make the very difficult decision to sell Valerie Manor in 2021 so that I could focus on my health. Although this was an extremely challenging time, it took me on a journey which saw me take a significant role in The Outstanding Society, which is going from strength to strength.

This also of course led to my being nominated for an Order of the British Empire medal, which I was awarded this year. That was a huge moment for me which proved that everything that happened has led me to where I am now.

I was also recently diagnosed with ADHD which was a huge moment to help me understand more about my anxiety and panic attacks. As a leader I think it's important to learn as much as you can about your mental health as this will inform your coping mechanisms, the decisions that you make in your career, and how you lead your team.

Are there enough support networks available within the sector for care leaders?

ZF Social care can be a very isolating industry, not just for leaders but for everyone who works in the sector, particularly for people who provide care in the community. It is of course an extremely rewarding career, however, I think more needs to be done when it comes to supporting people with their mental health.

Leaders in social care can often be isolated and I think it is crucial for care leaders to have a mentor, someone they trust who can coach them through difficult times in a safe space. I am lucky enough to have fantastic directors and colleagues across the sector at senior levels to turn to for support should I need it.

I believe that more support networks need to be established but, as a leader, support for the workforce often starts with us. This is where learning more about yourself is crucial as you can then pass on your knowledge and experience to the people that you manage. For example, we can encourage a culture of openness and honesty where people aren't afraid to speak up and reach out for support if they need it. This is also important as it can reduce the stigma that still surrounds mental health and encourage open conversations so that we're able to identify people's triggers and work out how we can best help them.

Is enough importance placed on the mental health of the wider care workforce?

ZF I think more needs to be done to place mental health as a priority on the agenda of social care providers and operators. The workforce is the lifeblood of our industry and we run the risk of further growing the skills gap and driving people away from their jobs if we don't put the right support systems in place to protect people and their mental health.

When I operated Valerie Manor, I integrated mental health support into my day job and the day-to-day running of the care home. I invested both emotionally and financially in the mental wellbeing of my team and did everything I could to make help and support as accessible as possible. For example, creating a culture of openness, funding therapy when it was required, and taking team members to appointments.

CMUK meets...

Zoë Fry

Director, The Outstanding Society

In 2014, I contacted a counsellor to seek their support to work with staff on a one-to-one or group basis for reflective practice. This helped staff talk about their relationships in and outside the care home and recognise how personal problems can have an impact on someone's day at work. We even had a relative attend one of these sessions as well.

One key aspect of the support that we provided was making sure that it was tailored to be responsive to each individual experience at the time rather than offering general advice or insight that might not directly correlate to that person's experiences.

Supporting my staff even saw me take one of my team members and their spouse to a hospital appointment after they'd been diagnosed with cancer. I think my background in nursing gives me a more detailed insight into experiences like this.

This belief has followed me through to my current role at The Outstanding Society. Working with the other directors, the mental health of our members and their staff continues to be a significant priority and is embedded in everything we do.

You've worked both in the NHS and in social care. Can true integration be achieved?

ZF Health and social care are reliant on each other and I believe integration can and should be achieved, but there is work to be done. Deborah Sturdy, chief nurse for adult social care, is a prime example of a leading figure using their position to transform the sector.

The amazing work that she's been involved with since being in post is a sign of the results that we can achieve when we work together and support each other. For example, the development of the social care nursing advisory councils is a significant step for the sector and I look forward to watching these evolve over the next year.

Having figureheads to guide us, such as Deborah, can be really beneficial in bringing people together, encouraging conversations and showing us that we're all working to achieve the same thing; outstanding care for people who use our services.

How would you describe the quality of the care sector?

ZF Overall I would say the quality of the care sector is good, although as with anything, there is always room for improvement and hurdles along the way that we must learn from. The people that work in the care sector are incredibly caring and contribute so much to the lives of a huge number of people across the UK. Only focusing on the negatives can make it easy to forget the high-quality work that is being done by people across the care sector on a daily basis.

When it comes to my area of expertise at The Outstanding Society, everyday I have the opportunity to communicate with a group of incredibly inspiring people across a range of job roles, from frontline care workers to care home operators. I am regularly astounded by the level of innovation that is being demonstrated and implemented daily, which makes me incredibly hopeful for the future of the sector and the level of care that we're able to provide.

What will the aims of the Outstanding Diversity Forum be?

ZF The Outstanding Diversity Forum will work to foster inclusion for all diverse, socially mobile, and under-represented talent and service users working and using the adult social care sector. The aim is to promote collaborative practices and knowledge sharing to create environments where the best talent can succeed. A more diverse and inclusive workforce is absolutely only a good thing that will have direct benefits on our workforce and the people we care for.

The focus at inception of the forum is to work on the support and inclusion of LGBTQ+ staff team and service users, and eventually to encompass all strands of diversity and inclusion, including race and ethnicity, disability, gender, and social mobility, with a particular focus on cultural change in the workplace.

It is our idea to create a space where we can celebrate and promote diversity in the adult social care sector, creating opportunities to work together, support each other and learn from each other to enhance the sector and our services.

Is it more difficult to achieve 'outstanding' care today considering the economic environment providers are working in?

ZF Care homes across the board are proving that with the right approach and tools, 'outstanding' care can be achieved without breaking the bank. I'm seeing this every day in my work at The Outstanding Society where we provide a space for care providers to learn from each other and share suggestions of how 'outstanding' care can be achieved.

We often find that care home operators who've achieved 'outstanding' care prioritise low-cost innovation that creates a positive and open culture within their organisation. This can be relatively straightforward to implement, without requiring significant investment.

Do you miss the day-to-day running of a care business?

ZF While working at The Outstanding Society is incredibly rewarding, there are many aspects of the day-to-day running of a care business that I miss. It was a dream come true for me to own and manage Valerie Manor and have a direct positive impact on our residents.

I was also privileged to work alongside an incredible team and colleagues with a huge range of experience across health and social care. I learned so much from them during my time operating the care home.

However, the responsibility of operating a care home which of course requires non-stop focus, was not healthy for me. On reflection, if I had been aware of my diagnosis of ADHD and been on the right medication with the right support, I may have been better placed to cope with the pressures. My psychiatrist described me as a 'Ferrari without any fuel'. My mum has also said I live my life the way I was born. People who know me well often tell me to 'slow down'.

If you could change one thing about the sector, what would it be?

ZF In terms of the sector, there isn't one specific thing that I would change. However, I would love to see the news agenda shift to focus more on showcasing the positive side of social care to highlight what a diverse and rewarding sector it is to be a part of.

There is so much to celebrate and yet news outlets still seem to focus on the minority of negative stories that are out there which can of course create a negative, and incorrect perception of our sector and the work that we do.

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CARE HOMES FOR OLDER PEOPLE
UK MARKET REPORT
THIRTY-THIRD EDITION

Social care charging reforms – what does this mean for care home modernisation?

The thirty-third edition of LaingBuisson's Care Homes for Older People UK market report is indispensable reading for advisors, investors, commissioners, policymakers and service providers involved in this dynamic and changing market. Read together with Homecare and Supported Living UK market report and Retirement Housing UK market report, Care Homes for Older People completes the series to give anyone with an interest in the care and support of the over-65s a comprehensive market picture not found anywhere else.

The major challenge for the sector on the horizon is 'social care charging reform', in particular the implementation of Clause 18(3) of the Care Act 2014 and the Fair Cost of Care. The government's intention is to raise council-paid fees sufficiently to counterbalance loss of private pay premiums, and so maintain incentives for care home operators and investors. But there are concerns that the government will miscalculate. While popular politically, these reforms are likely to be highly disruptive to the care home market. Finding the balance between the state and the individual will be delicate.

When combined with higher interest rates, there may be a negative impact on investor sentiment. Consequently, this could prove detrimental to care home modernisation, which has been driven by private sector investors over the last two decades.

The report also suggests a strategy for 'benefit loss tapering' in the care sector, which could make a real contribution to the social care workforce shortages which are having a knock-on impact on the NHS as well. Further details of this can be found in the report.

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Collaboration, customer-centric environments, social isolation and sales rates were some of the topics discussed at LaingBuisson's Retirement Housing conference. However, confusion and lack of clarity persist when it comes to the market. **Deven Pamben** provides coverage from the event

Partnership working

An overarching regulatory framework related to consumer protection for older people's retirement housing is one of the interim recommendations under review by a taskforce. Rules representing different areas of the market within the framework could include a 'high-level' national statement of expectations on standards.

It was one of five interim recommendations outlined by Professor Julienne Meyer at LaingBuisson's Retirement Housing conference and follows on from two she announced in July. Prof Meyer, who chairs the Older People's Housing Taskforce, told delegates that while recommendations were still under review, the group felt 'quite strongly' certain areas needed to be addressed.

As well as the regulatory framework, she said there was a need for agreed terminology across the whole market. 'There's too much confusion about what we're talking about,' she said.

The other three proposals were the need to transform the availability of 'sound objective information and advice' and how it is delivered; that every local planning authority produces an older person's housing strategy; and to consider fiscal measures which will boost the supply of age-inclusive housing and stimulate demand.

'This is very much where our thinking is at and I wanted to share that with you today to provoke debate and further discussion,' she told the audience.

In July, Prof Meyer said one of the taskforce's recommendations was for government to implement measures to protect consumers from hidden event fees and that older people's housing is given 'due consideration and prominence' in revisions to the National Planning Policy Framework.

The taskforce, which was due to report its interim findings at the end of October, consists of 19 people working across three workstreams covering people, products and places.

'I think this is a once-in-a-lifetime opportunity to influence...,' Prof Meyer said. 'We want to think about what can support people to stay in their own homes if that's what they want. Also, how can we incentivise people to right-size and release their family home if that's what they want. And how can we expand the quality and quantity of specialist housing.

'We're not looking at social housing, and we're not looking at the top end. We're looking at the far bigger middle-income sector, which has been previously largely ignored.'

Prof Meyer said while health and social care was better integrated, the focus was on the NHS talking to local authorities and not necessarily to the private sector, with housing 'largely absent' from discussions. She added: 'So, we need to integrate much more; much more partnership working across the system.'

During visits to retirement housing developments, Prof Meyer said while she had seen modern, state-of-the-art buildings, with gyms and swimming pools, the ones that impressed her the most were sites with 'a real sense of community' and 'buzz about the place'.

She said: 'I don't think this is just about bricks and mortar, it's far more than that. It's about how we create a sense of community to enable people to actually live for longer in all sorts of different forms of housing.'

The taskforce's final recommendations will be shared with ministers in May and published in July.

Infancy

Following on from her keynote, Prof Meyer was joined by three members of the taskforce to answer audience questions. One of the points raised by Kathryn Smith, co-chair of the people workstream and CEO of Social Care Institute for Excellence, was the lack of information and advice around pricing structures when it comes to costs associated with retirement housing, touching on the lack of clarity and confusion that was spoken about by Prof Meyer.

Recalling one visit to a scheme, Smith said: 'I spoke to a lady who would like to seriously consider [an] integrated retirement community but can't afford it. She can't afford it, despite having a bungalow that she owns that she's able to sell.

'I didn't obviously get into the detail of her own personal finances to know whether she was mistaken or not, but I do think that there is a real lack of information and advice out there particularly around the pricing structures, benefits that might be available, and other ways to support with the costs.'

On a separate panel later in the day, Tony Watts, Age Action Alliance co-founder, argued that while some businesses were doing the right thing, others were 'patently not'. Watts, who has been writing on the sector for 35 years, said: 'When I started writing, the sector was really in its infancy. I say 35 years later it is still in its infancy, which is highly frustrating for all of us, not least for older people who want to move into somewhere.'

He said the market had not always done its research or engaged with older people. Much more work, for instance, was needed when it comes to supporting minority groups. 'The demographic is not homogeneous, and more work is needed to make these [places] inclusive to LGBTQ+ and Black, Asian and ethnic minority communities,' he told the conference. 'This is not happening. Look at your profile and you must be able to see that.'

Changing demographics was covered during an opening presentation by LaingBuisson consultant Steve Secker. Latest census data illustrated the growth in minority groups, not just in major cities but across the country. 'Every part of England and Wales – we don't have the data yet and Scotland – has seen an over doubling of the [minority] population. So, it's not just a city centre, London issue.'

Covering the market, which is split into three core areas – integrated retirement communities, retirement living and age-exclusive downsizer – Secker said it was facing several headwinds, including economic, social, legal, and political.

He said growth in both care homes and integrated retirement communities was not keeping pace with that of the population. 'There's definitely still a big opportunity to go at and we need more provision, I would stress, of all types in the sector,' he said.

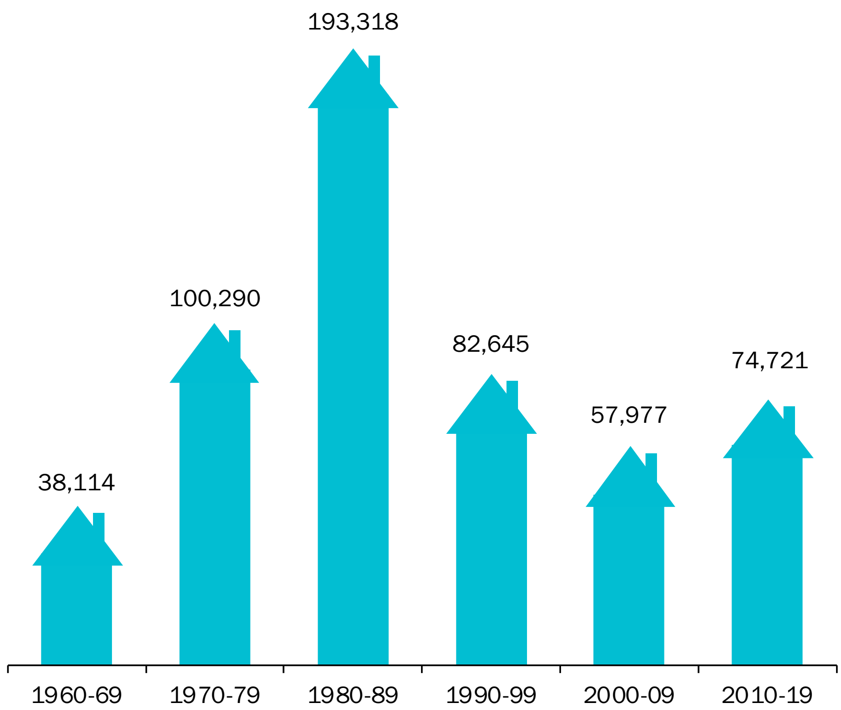
However, that opportunity may not be realised unless there is a greater collaboration among different parties and agencies.


Kathryn Smith, CEO, Social Care Institute for Excellence

Cathy Page, deputy director at the Department for Levelling Up, Housing and Communities, who sat on a panel discussing collaboration, told the audience that homes would not get built unless there are conversations between the NHS, social care, housing and planning authorities. 'When you bring that together then you may get more of what we need,' she said.

As well as the taskforce, she said the Supported Housing (Regulatory Oversight) Act 2023 will require local authorities to carry out a supported housing strategy. 'That strategy is going to be about assessing the needs of older people and others

RETIREMENT HOUSING BUILDING LEVELS
UNITS, 1960–2019



SOURCE RETIREMENT HOUSING - SECOND EDITION, LAINGBUISSON

Cathy Page, deputy director,
Department for Levelling Up, Housing and Communities

with a care or support need, and planning for demand for future supply,' she said. 'They will need [to publish] a strategy, a needs assessment and a plan for how they're going to meet demand…'

Sales rates

In 2018, Associated Retirement Community Operators (ARCO) launched its Vision 2030 goal, to have 250,000 people living in retirement communities. Five years ago, there were 75,000 people living in a retirement village, leaving 175,000 more needed at the time.

Presenting an outlook of the market, Anthony Oldfield, director of healthcare – capital markets at JLL, told delegates that data from the Elderly Accommodation Council showed there were 9,287 units built in the UK in 2015. In 2022, this fell to 7,054, with the projection for this year at 9,240. 'So basically, we are building the exact same number in 2015 as we are going to build in 2023,' he said.

There was a need to crack the mid-market, which was 'largely uncatered for', Oldfield argued. Referring to the likes of ExtraCare, St Monica Trust, Adlington and Platinum Skies, he said they were selling between four and six units each month, while top-end developments were finding buyers for one or two units each month. 'It's a huge difference,' he said. 'So, the ARCO 2030 goal, in my view, we have to concentrate on the mid-market if we're going to get anywhere close in achieving that.'

Sales needed to happen at a quicker rate, he said. 'We've got to be honest, it's not easy and no one's claiming that selling to older people is easy. It's much more difficult to make a downsizing move than it is when you're moving up the ladder [where] every move is positive.

'I'm not trying to pretend that it's easy at all, but I think it's something we really need to focus on as a sector because the main competition really is people [who choose] to stay in their own home.'

IT DOES FEEL LIKE WE'RE ENTERING A PERFECT STORM… I THINK WE WILL BE CAUTIOUS OVER THE NEXT 18 MONTHS [AND] SUPPLY WILL GO DOWN

Sharing the stage with Oldfield was Shane Paull, McCarthy Stone chief operating officer, who told the audience that while leads and visitor numbers remained 'robust', it was 'incredibly tough' from a sales point of view.

'The issue is people having to go on and sell their own property,' he said. 'I expect like most people in this room, everyone knows what their house was worth in August 2022, which will be seen as the peak of the housing market. They're less excited by what it is currently being valued at or what it could be valued at in the future. There's a lot of nervousness around actually making that move, and particularly when it becomes more of a family decision as well.'

He later added: 'It does feel like we're entering a bit of a period of a perfect storm… I think we will be cautious over the next 18 months. I think supply will no doubt go down year on year for a couple of years because we've got to think declining house prices, these big, huge build cost movements, and ultimately unless you need to sell your site, you probably feel you're selling your land at the bottom end of the market.'

Anthony Oldfield,
director of healthcare – capital markets, JLL

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RETIREMENT HOUSING
UK MARKET REPORT

SECOND EDITION

What makes UK retirement housing so investible?

LaingBuisson has published the second edition of *Retirement Housing* UK market report. This report looks specifically at specialist, purpose-designed, self-contained accommodation for over 55-year-olds and covers the breadth of the UK's retirement housing market. The segments covered include age-exclusive 'downsizer' housing, retirement living and housing with care. Read together with the latest *Care Homes for Older People* UK market report, published in March 2022, it offers a complete overview of the accommodation and care options open to older people in the UK.

The retirement housing market has, anecdotally, experienced a strong rebound following the slump of the pandemic. It is highly attractive for investors looking for long-term yields. Several segments of the market look set to expand as individuals and commissioners look to alternative models for those with less acute care needs. Furthermore, there are opportunities both at the exclusive and more mass market ends of the market, with town centre developments being a possibility as retailers leave the high street.

Retirement housing, nevertheless, faces challenges. Image is one of them and to reach its full potential, this needs to change so that people view moving to purpose-built, age-appropriate accommodation as a positive choice, rather than a matter of last resort. The environment, social and governance (ESG) agenda is another, and while retirement housing enjoys good ESG credentials, and by that dint attracts investors, investment is also needed to update older stock to meet net zero. The key to growth appears to be diversity of choice to serve the wide range of needs and aspirations in its target market.

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As a precursor to the LaingBuisson Innovation in Care conference, consultant **Daniel Casson** sought the views of four people in the care community on the evolving area of integration

Direction of travel

The intersection between health and care is one of the most important hotspots for integration. Exploring how both family and professional carers, artificial intelligence (AI) and wider tech provision can contribute to this evolving area of focus, I singled out four leaders in social care to gain their views. These were **Alex Knapp**, director of learning and experience at Tribe Project; **Rachael Crook**, founder and chief executive of Lifted Talent; **Tandeep Gill**, head of business development at PainChek; and **Ronan Smith**, commercial manager, assistive technology at the Access Group.

Crisis point

Tribe Project was set up to face the reality that people reach out for care and support only when they are at crisis point. When they do reach out, the options are too complicated, and so they get lost in the system. At the top of Tribe's priorities is connecting people to resources in their community, so they don't reach that crisis point.

By linking people to community, quality of life is enhanced, and they are far less likely to require acute interventions engaging their GP, ambulance service or an acute hospital. The technology developed by Tribe allows community providers and voluntary groups to list their services on its platform so people can access the information and engage.

Quoting Social Care Future's report *Whose Social Care is it Anyway?,*[1] Knapp said: 'We should all be supported to live in our own homes, with the necessary adaptations, technology and flexible personal support directed by us.'

By joining up community in this way, we can join the dots between community and health. This has been quoted in a government policy initiative on empowering people in the community, so it will be interesting to see how the Tribe Project develops.

Early stage

It's important to understand how people can be engaged to receive health interventions at an early stage in their own homes. Gill offered insight into how this can be achieved. As a pharmacist his instinct is to guide people to live healthily and prevent their condition deteriorating.

PainChek is a solution that can support people to live longer in their own homes. A camera powered by AI reads micro-movements in the person's facial expressions which express pain: this information can then guide carers to facilitate better assessment and treatment of pain. This is a simple way to enhance pain management and better care for the person, helping them stay as independent as possible at home for as long as possible.

'The next 10–20 years will see a fundamental shift in the ageing population. Within this population, 80% have chronic pain, and many of these people will be living with dementia and not be able to verbalise their pain levels or needs, coherently. PainChek aims to support this vulnerable group to have a better quality of life and better health outcomes in a social context,' Gill said.

This type of technology helps level the playing field so everyone, whatever their cognitive ability, can have their pain, and ultimately their health needs, recognised as early as possible.

Gill made a powerful observation that pain is the fifth vital sign. Remote monitoring of healthcare is based on an initial analysis of the four vital signs: pulse rate; temperature; respiration rate; and blood pressure. To enable better care at home, why not recognise pain as the fifth?

Healthcare at home

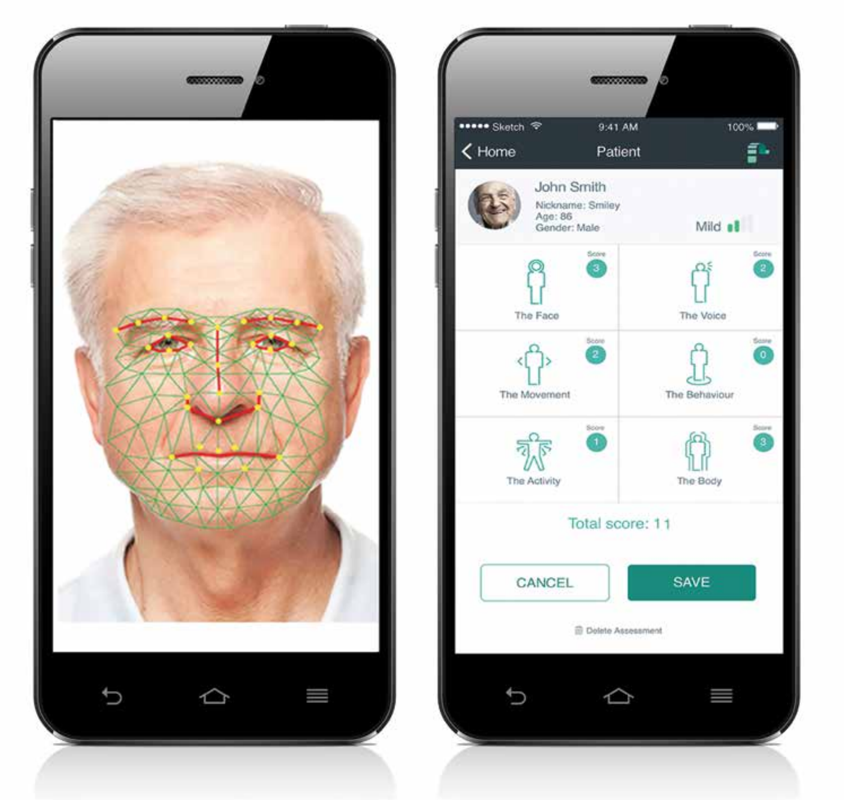
While PainChek gives carers the tools to care, Crook, who founded Lifted Talent as a route to help people attract carers both locally and internationally, is keen to focus on the evolving role of professional carers in a home setting.

Due to demographic changes in the UK over the next 15–20 years (the number of people aged over 80 is expected to triple), there will need to be an increase in the number of individuals providing care and support for people in their own homes. The fact that resources of the health system are stretched means care workers in people's homes will have to develop greater capacity to work with organisations and clinical staff to deliver healthcare at home.

The key is healthcare should focus not on sickness but on wellbeing and quality of life. Care workers more involved with delivery can help unlock the path to focus on wellbeing and quality of life as part of the healthcare system. Moreover, they can help combat loneliness which is one of the biggest predictors of ill health, and they can be a link to community as highlighted by Knapp.

If care workers are seen, understood and empowered to be an integral part of the health and care continuum, then there will be less call on the acute, reactive services. If this happens, then there will be more recognition of the essential role of care workers, which could act to attract people to work in the sector in greater numbers.

To facilitate greater involvement of care workers in healthcare, the systems to share information about a person



PainChek's AI facial monitoring software

between pharmacy, GP, care agency, community and primary and secondary care need to improve. The technology needs to develop to service the health and care outcomes of individuals more efficiently.

There are pockets of good practice that need to become the norm for the system to function. If this path is followed, the care worker of the future will potentially have greater clinical experience, input and have a greater impact on individuals' health outcomes.

Ecosystem

So, how can technology be used to co-ordinate healthcare around a person in their own home? Smith's view is the world of health, support and care is fast moving towards a participatory ecosystem: one that puts people at the centre of their own care journey.

He is helping to shift the health, support and care location to an anywhere, anytime model with a focus on preventive, personalised and participatory.

To meet growing demand, health support and care systems must invest in technology-enabled, integrated models of home healthcare. This will require alarm solutions that combine traditional reactive alarm functionality with proactive monitoring of the activities of daily living and remote patient monitoring for telehealth management. This will lead to a greater focus on improved care outcomes using refined data analysis.

By providing people with the tools, skills, knowledge, support and confidence they need to live independently, we have the potential to be able to facilitate people living healthily at home, giving them and their families greater peace of mind. Smith recognised good care and support isn't just about services but is about helping people 'have a life'.

There are five key measures to evaluate in the implementation of health and care pathways:

- **Service-user experience**
- **Harm reduction**
- **Quality of life**
- **Systemic support for vulnerable people**
- **Financial**

We need to find ways to measure these outcomes to help people stay healthy as long as possible in the place they want to reside. This is a large growing area of development, and I realise that I have only scratched the surface. This article has focused on care providers and tech solutions: there is much more to explore on community, workforce and technology, not to mention healthy discharge and prevention measures and ongoing work in integrated care boards.

My aim was to highlight certain areas for development, as integrated care becomes the direction of travel. I look forward to engaging with many people in health and social care on how we build a system that maximises the resources we have.

NOTES

1 https://socialcarefuture.org.uk/from-permanent-lockdown-to-an-equal-life/

Keynote at LaingBuisson's Innovation in Care conference on 31 January 2024 in Birmingham will be Steve Brine MP, chair of the health and care select committee and presenter of the podcast *Prevention is the new cure*. For more information go to
www.laingbuissonevents.com/innovation-in-care-conference-2024/

What is the CQC's approach to regulating services for people with learning disabilities and autism? **Anna Hart**, partner, and **Bena Brown**, legal director, at DAC Beachcroft LLP take a closer look

MAXIMISING opportunities

The ever-increasing demand for specialist community-based support for people with learning disabilities or autism is well recognised, but the issue of how and where such services are provided is a real challenge, with no obvious or immediate solutions.

The impact of this is that many individuals in need of support are unable to access the care and help that would benefit them the most. This creates increased risk because they remain in settings which are not best placed to meet their needs, which, in turn, could mean remaining in informal care, non-specialist community services which are unable to meet complex needs or, on occasion, remaining in hospital for an extended period of time.

The approach to tackling this challenge needs to be multi-faceted, taking into account commissioning arrangements, funding and staffing resources, as well as availability and regulation of the specialist community-based services that are needed. To this end, the Care Quality Commission (CQC) approach to registration and regulation of services for people with learning disabilities and autism is an important piece of the jigsaw, and one that providers of these services – and those considering providing these services – need to understand and be able to navigate.

CQC approach to registration

In May 2022, the CQC re-issued guidance on provision of services for people with learning disabilities and autism. This guidance, *Right Support, Right Care, Right Culture*, continues to be used by the CQC in considering registration of new services and changes to registration for existing services, as well as often being cited in inspection reports.[1]

The guidance seeks to make clear the key factors that the CQC will consider in making decisions, both on registration and rating of services, to support providers in achieving good and outstanding ratings. The key factors that appear consistently in CQC considerations are:

- **Is there an established need for this service and has it been agreed by commissioners?**
- **Does the size, setting and design of the service meet people's expectations and align with current best practice?**
- **Would people using the service have access to the community?**

Within the guidance, the CQC encourages providers to discuss their proposals or development ideas with the CQC before submitting their application to register or make changes to an existing service.

This is invariably a sensible approach as early feedback from the regulator can avoid providers embarking on plans that are fundamentally flawed and may avoid difficult legal challenges or practical alteration to services later in the process.

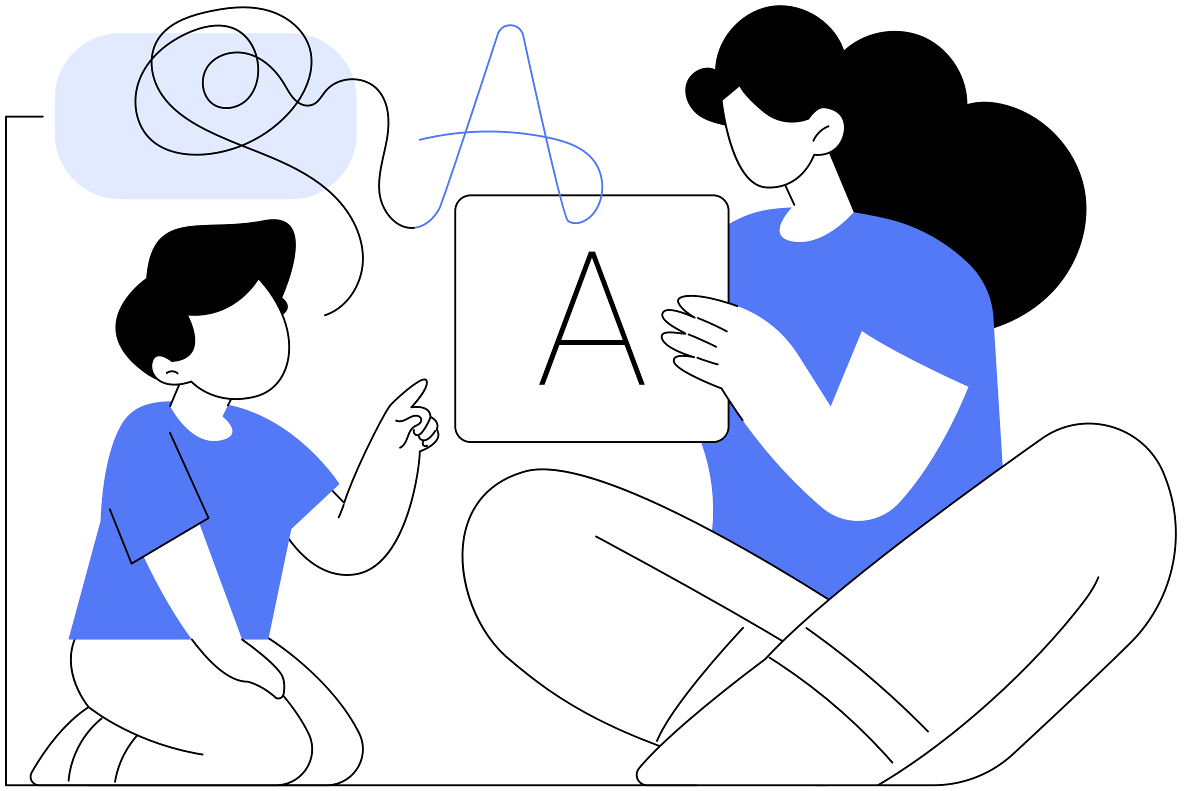
That said, providers should also understand the limits of the feedback which is likely to be provided, often being no more than a restating of the guidance document with the onus remaining on operators to demonstrate, with evidence, the reasons why the proposed service should be deemed acceptable.

Service inspection

Looking beyond registration of new services, we also see frequent reference to CQC guidance – and compliance with it – in inspection reports, including for services that have been operating for many years, often pre-dating this iteration of the CQC's guidance. Increasingly, inspection reports identify where the new guidance is not being fully met and expectations in relation to quality of services for people with learning disabilities and autism are increasing.

This is undoubtedly a good thing, at least in principle. However, it can be extremely challenging for providers who are operating in older premises, or in more remote locations, where changes needed to comply with the new guidance can be expensive, difficult to implement (for example extensive building works within operational services for people who may be impacted by changes to routine) or practically difficult to deliver in current circumstances (for example, where access to community-based activities is dependent on high staff availability in services which are already stretched to meet safe minimum staffing numbers).

A second significant issue we see within CQC service inspection relates to management of capacity, consent and deprivation of liberty, with the regulator focused on ensuring that providers understand the legal requirements relating to mental capacity



and that any deprivation of liberty is correctly authorised. However, this is set against a backdrop of a longstanding expectation that the current Deprivation of Liberty Safeguards (DoLS) process would be replaced with Liberty Protection Safeguards (LPS).

We now know this is no longer likely to happen, at least not in the foreseeable future, which means providers must go back to considering their compliance with the DoLS system and ensuring authorisations are properly obtained and recorded. There are many examples of the CQC picking up on this in inspection reports and noting improvement actions or even breaches, in response to concerns. This, in turn, can impact on service ratings and confidence in quality as perceived by individuals receiving care and support, their families and also commissioners.

The way forward

There is good reason for the CQC to focus on ensuring quality and safety of services for people with learning disabilities and autism, not least in the face of recent concerning headlines focusing on allegations of abuse or poor care being provided – and this will undoubtedly (and correctly) remain a focus in future CQC regulatory strategy.

The question remains as to how the CQC can remain robust in its approach to overseeing these services, while also supporting efforts to increase capacity in the system and maximise the availability of these much-needed specialist services.

There is a clear need for flexibility, perhaps more so than we have seen so far. There can be no 'one-size-fits-all' approach to registration and rating decisions, and the CQC needs to be open minded in considering innovative approaches adopted by providers in addressing perceived risks, particularly in relation to accessing local communities and activities.

There are also steps that providers can take in helping the CQC to recognise how services will be delivered in a safe way. It is important to address each of the points included within the guidance explicitly, tackling potential problem areas head on at an early stage. Where necessary, expert reports can be provided to demonstrate how the provider intends to address potential concerns and the impact the proposed solution will have on a clinical and practical level. There is also, of course, a route to challenge CQC decisions if a provider feels errors have been made, whether that is through the First-tier Tribunal in relation to registration decisions or use of conditions on registration, or as factual accuracy challenges as part of the inspection reporting process.

It is clear that demand for specialist community-based services for people with learning disabilities and autism will remain over the long term. There is no indication that the CQC intends to make any further fundamental changes to its policy approach and, as such, providers, commissioners and the CQC itself, should be encouraged to work together in a collaborative and creative way to maximise opportunities to increase availability of placements in a way that is focused on improving the lives of the individuals who will benefit from accessing them.

NOTES

1 https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture_v5_0.pdf

INBUSINESS

THIS DEAL MARKS OUR FOURTH ACQUISITION OF 2023 AND TOTALS OUR EIGHTH DEAL IN THE LAST 12 MONTHS

Ben Hales,
p43

HC-One grows portfolio with deal for Ideal Carehomes


Hepworth House, Wakefield, West Yorkshire

HC-One has acquired Ideal Carehomes from Warwick Capital Partners and LNT Group. The deal includes 36 care homes (more than 2,200 beds) in England, with a further setting expected to open in Cheltenham in September next year.

Founded in 2009, Ideal Carehomes was until April 2019 part of the privately owned LNT Group Ltd. Warwick Capital acquired 75% of LNT's care home operations, with LNT retaining a 25% interest. Ideal Carehomes operates settings throughout England, offering 24-hr residential and dementia care.

As reported in May, HC-One plans to offload 19 care homes in addition to the 52 properties it said it would be selling two years ago. The deal will see it operate more than 300 homes and over 18,700 beds ahead of any disposals that need to complete.

HC-One said the deal offers a complementary geographic reach as it looks to enhance its portfolio and expand its offer and choice to people.

'We are really pleased that Ideal Carehomes has chosen to work with us, and we are proud to welcome them to the HC-One family,' said James Tugendhat, HC-One chief executive. 'Ideal Carehomes is an excellent care provider, and shares HC-One's values and commitment to providing high quality kind care.

'We look forward to building on this and learning from each other to offer more care choices for people across Britain, and to make all homes in the HC-One family the best they can be.'

Stacey Linn, Ideal Carehomes managing director, said: 'Ideal Carehomes has grown and developed substantially over the last few years, with quality and person-centred care always being our priority.

'We are in an enviable position of being at the forefront of our industry and it has been a pleasure to bring the business to this point alongside our professional, dedicated and hardworking team.

'It is now time for Ideal Carehomes to take the next step and continue this exciting journey as part of the HC-One family.'

Financial results for Ideal Carehomes Topco Ltd for the year ended 31 March 2022, showed revenue reached £48.2m, while adjusted EBITDA was £2.2m. Average fee for March 2022 was £1,060.

As part of a £92m refurbishment and upgrade programme, HC-One is investing in 200 homes across its portfolio of properties.

Results for HC-One Holdco 3 Ltd, which acts as the holding company for the company and its subsidiaries, for the year ended 30 September 2022, showed revenue was £652.8m, with underlying EBITDA posted at £63.5m. LaingBuisson data showed EBITDAR grew to £89.2m in 2022, up from £86.9m, the year previous.

Ideal Carehomes was supported by Connell Consulting (vendor commercial due diligence) and Freeths (legal) on the deal, while HC-One was represented by Squire Patton Boggs LLP (legal) and Deloitte (tax and financial due diligence).

Athena

Athena Care Homes has completed the purchase of its sixth and seventh settings – Alex Wood House and Langdon House in Cambridgeshire.

The homes have been transferred from CHS Group and the deal strengthens Athena's presence in East Anglia.

Langdon House in Chesterton is a purpose-built residential care home that can accommodate 51 older frail residents who may have a diagnosis of or are living with dementia. Alex Wood House in Arbury can accommodate 36 older people with higher needs and advanced dementia.

'We're excited to be able to bring our passion for exceptional care to the Cambridge community and to build on the great work of CHS Group,' said Mala Agarwal, Athena Care Homes managing director.

Athena is retaining all existing team members at the homes.

Stephen Hills, CHS Group chief executive, said: 'The decision to sell Alex Wood House and Langdon House has been extremely difficult but will allow CHS Group to focus its efforts on its core offering of social housing and services for people in need in our community.'


Athena Care team

CHS was represented by agent Christie & Co, with legal provided by Devonshires. Athena's valuers were Knight Frank, with legal provided by Morgan LaRoche and the purchase supported by Barclays.

Accel funding to support Lottie's next stage of growth

Online marketplace Lottie has raised $21m (£16.4m) in a Series A funding round led by Accel, with support from previous investor General Catalyst.

The latest round will be invested in technology products to help improve the care seeker experience and to expand Lottie's 50-strong team in London, with the aim of doubling headcount in 2024. The investment brings the total raised by the company to $31m (£25m).

Lottie, which was founded in 2021 by Will and Chris Donnelly, is a free online marketplace that connects care seekers and retirees to UK care homes, homecare services, and retirement living communities. Care seekers can find, compare and enquire with more than 4,000 services.

'Our goal for Lottie is to become the trusted adviser to care seekers throughout the world – helping families best understand, find and fund later life care,' said Will Donnelly, co-founder and co-chief executive of Lottie. 'Over 500,000 Britons now visit Lottie every month, and we're incredibly excited to have Accel join General Catalyst and Kindred on our journey, helping to fuel our next stage of growth and continue in our mission to elevate later life for everybody.'

Beyond its core marketplace, the business has developed Found by Lottie, a suite of technology tools it acquired last year, designed to upgrade outdated services offered within care homes. Found offers care providers tools to manage enquiries, customer relationships, networking, occupancy, finance and billing, and to show real-time bed availability.

By working towards 'instant bed bookings', Found has the potential to help relieve winter pressures on the NHS, where discharge nurses and social workers have to manually find care settings for patients ready to be discharged.

Lottie recently added homecare as a category to its marketplace, including its Direct to Carer solution, which allows families to find and book a carer without having to go through an agency.


Sonali De Rycker, partner, Accel

Funding will also be used to invest in artificial intelligence, to develop a data insight tool aimed at helping industry stakeholders make better informed decisions.

Sonali De Rycker, partner at Accel, said: 'Digital marketplaces have transformed our lives. We expect glossy, transparent, low-touch experiences when booking holidays, buying groceries and doing everything in-between. For some reason, eldercare has been left behind. Will and Chris are on a mission to level up an industry stuck in the dark ages.'

Chris Bischoff, General Catalyst managing director, added: 'We believe the Lottie team has made great strides in their mission to provide transparency and support for families searching for quality care. They have demonstrated the ability to collaborate with care partners who share their commitment to modernising home care with sustainability, safety, and quality of life in mind.'

Assets

AlphaReal has created 250 places at nurseries and special educational needs facilities across three sites in the South East through its social long income fund (SLIF).

Through the fund, which is targeting pension schemes and other institutional investors, the specialist manager of secure income real assets, supported the repurposing of existing real estate in the first half of this year to create extra educational facilities.

The £8m SLIF investment has also improved environmental performance through better EPC ratings and embodied carbon savings equivalent of up to 11 years of energy use.

'We're delighted to have deployed our clients' capital in these assets. These are high quality real estate assets that should provide long-term inflation-linked returns, alongside providing much needed educational capacity in the UK,' said James Murray, co-head of social infrastructure at AlphaReal.

Stuart Hanson, associate director of client solutions at AlphaReal, added: 'The shortage of fit-for-purpose social infrastructure assets in the UK is estimated to be more than £50bn, and education in the UK represents a £10bn investable opportunity. By helping connect private institutional investment with social infrastructure projects, we can help to fill that gap while delivering long-term, resilient, inflation-linked income streams for investors.'

AlphaReal's social infrastructure offering focuses on three pillars – health, housing and education. It has deployed over £1.2bn into assets to date.


James Murray, AlphaReal

CareMarketsUK **Index**
November 2023

Company	Sub Sector	HQ	Local currency: Share price	Local currency: Market cap (m)	Technical: % of 52-week high	Technical: YTD (%)	TTM Fundamentals (GBP £m): Market cap	Net debt	EV	Sales	EBITDA	EBITDA margin	Net debt/ EBITDA	TTM Valuation: EV/Sales	EV/EBITDA	PE ratio
Ambea	Elderly Care	Sweden	SEK 38.8	SEK 3,668	75%	-4.5%	273	798	1,071	941	71	8%	11.2x	1.1x	15.1x	9.8x
Attendo	Elderly Care	Sweden	SEK 29.8	SEK 4,787	80%	33%	356	1,097	1,453	1,079	164	15.2%	6.7x	1.3x	8.8x	330.6x
Humana	Elderly Care	Sweden	SEK 26.0	SEK 1,244	57%	-40.4%	93	315	407	685	64	9%	4.9x	0.6x	6.3x	5.4x
Korian	Elderly Care	France	€ 0.0	€ 0	0%	-100%	0	3,264	3,264	3,839	786	20%	4.2x	0.9x	4.2x	0.0x
LNA Sante	Elderly Care	France	€ 22.0	€ 231	66%	-20.3%	200	310	510	596	115	19%	2.7x	0.9x	4.5x	9.2x
Maternus-Kliniken	Elderly Care	Germany	€ 4.1	€ 85	104%	99%	74	76	149	96	13.1	13.6%	5.8x	1.6x	11.4x	N/A
Orpea	Elderly Care	France	€ 1.1	€ 73	8%	-92.0%	63	7,216	7,279	3,775	791	21%	9.1x	1.9x	9.2x	N/M
Dignity	Funeral Services	UK	£0.0	£0	0%	0.0%	0	8	8	354	94	27%	0.1x	0.0x	0.1x	0.0x
Acadia Healthcare	Mental Health	USA	$76.3	$6,934	86%	-8%	5,709	1,060	6,770	2,149	462	22%	2.3x	3.1x	14.6x	25.3x
Universal Health Services	Mental Health	USA	$124.0	$8,151	79%	29.7%	6,712	3,874	10,586	11,033	1,293	12%	3.0x	1.0x	8.2x	13.2x
Capita	Outsourcing	UK	$0.2	$281	39%	-34%	281	110	391	3,015	244	8%	0.5x	0.1x	1.6x	334.2x
Serco	Outsourcing	UK	£1.4	£2,606	83%	-10%	2,606	859	3,465	4,534	392	8.6%	2.2x	0.8x	8.8x	1,106.2x
MEDIAN					**70%**	**-8.8%**	**237**	**829**	**1,262**	**1,614**	**204**	**14.4%**	**3.6x**	**0.9x**	**8.5x**	**9.8x**
MEAN					**56%**	**-12.3%**	**1,364**	**1,582**	**2,946**	**2,675**	**374**	**15.2%**	**4.4x**	**1.1x**	**7.7x**	**166.7x**
TOTAL							**13,863**		**32,577**							

REITS	Sub Sector	HQ	Local Currency: Share Price	Local Currency: Market Cap (m)	Technical: % of 52-Week High	Technical: YTD (%)	TTM Fundamentals (GBP £m): Market Cap	Net Debt	EV	Sales	Yield	EBITDA Margin	Net Debt/ EBITDA	Valuation: EPRA NTA per share	Premium or Discount to NTA
Aedifica	Elderly Real Estate	Belgium	€ 50.1	€ 1,995	59%	-57%	1,725	2,137	3,863	234	4.1%	85%	0.0x	€ 70.65	-29%
Impact Healthcare REIT	Elderly Real Estate	UK	£0.82	£331	76%	-13.1%	331	Cash	445	42	7.7%	45%	6.0x	£1.11	-26%
Target Healthcare REIT	Elderly Real Estate	UK	£0.76	£470	85%	-3.1%	470	219	689	69	8.9%	80%	3.9x	£1.10	-31%
Civitas Social Housing	Social Housing	UK	£1.13	£684	101%	94.0%	684	299	982	52	5.1%	87%	0.0x	£1.08	4%
Triple Point	Social Housing	UK	£0.51	£206	72%	-19%	206	234	440	35,337	10.2%	0%	0.0x	£1.06	-52%
MEDIAN							**470**	**266**	**689**	**69**	**7.7%**	**80.3%**	**0.00**		
MEAN							**683**	**722**	**1,284**	**7,147**	**7.2%**	**59.3%**	**1.99**		
MARKET INDEX															
FTSE 250		**^FTmc**	**17,454**		**85%**	**1.2%**									
FTSE 100		**^FTSE**	**7,600**		**95%**	**10%**									

NOTES
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** IS THE EUROPEAN PUBLIC REAL ESTATE ASSOCIATION, THE INDUSTRY BODY FOR EUROPEAN REITS **EPRA NTA** EPRA NET TANGIBLE ASSETS **LOCAL CURRENCY** REFERS TO THE CURRENCY THAT THE STOCK IS LISTED IN **DATA CORRECT AS OF 23 OCTOBER 2023**

Birchgrove expands footprint with £36m Mill Hill development

Birchgrove has strengthened its London footprint with the acquisition of its ninth development.

The 60-apartment community in Mill Hill, which has been built on the site of a former medical research institute, provides self-contained, one-, two- and three-bed homes.

Ayrton House, which has views of Totteridge Common, provides a restaurant, club room, bar, wellness suite, and gardens, to its residents. The building is part of 'Ridgeway Views' residential scheme, a 47 acre, 528-home project in a conservation area.

The £36m acquisition is Birchgrove's third development in the capital and comes weeks after the completion on a 78-apartment project in Hampton Court, with a 50-apartment site in Chiswick having been acquired in 2022.

Ayrton House units will be delivered in 2024 and is supported by £10.2m of equity funding from Bridges Fund Management and a development facility from Octopus Real Estate.

The acquisition comes as two of Birchgrove's communities reach capacity, with Queensgate Apartments in Sidcup at over 98% and Woodbank Apartments in Woking at over 96%.

Birchgrove operates a trio of retirement communities across the South East, with three under construction, and its three London sites acquired.

'Ever since Birchgrove's mid-market rental concept was launched in 2017 the model has gone from strength to strength, enabling over 65s to live flexibly without the burden of home ownership,' said Honor Barratt, Birchgrove chief executive.

'The acquisition of our ninth site in just six years, including three major developments across London, is testament to how transformative our model has been to later living; now, we look forward to extending our portfolio even further across London, the home counties and beyond.'


Ayrton House, Mill Hill, London

Jack Copley, partner in the seniors housing team at Knight Frank, said: 'This forward funding deal ensures our client can expedite the final phase of their residential masterplan, while Birchgrove has added another impressive site to its expanding Grade A portfolio. Birchgrove are at the forefront of the UK's senior's rental market.'

For over 80 years the Art Deco National Institute for Medical Research, designed by the original Wembley Stadium architect Max Ayrton, was located on the site.

Optimo

Optimo Care Group has continued its expansion with the acquisition of supported living and specialist care provider Abbey Care and Nursing @ Home Ltd.

Financial details of the transaction have not been disclosed.

Sheffield-based Abbey Care was established in 2007 by Mick and Mandy Abbey and specialises in supported living for individuals with complex care needs.

The deal includes a portfolio of supported living properties across the Sheffield area. All 110 staff will remain with the business and Optimo said it plans to increase the size of the team through further service expansion.

The move is the latest in a series of acquisitions by Optimo in line with its growth and diversification strategy. It has completed seven deals in the last 12 months, including the acquisitions of Safehands Support Services Ltd, Keymen Associates Ltd, My Choice Ltd, Stepping Stone Ltd, Local Care Services and Allcare Community Care Services (Southport) Ltd.

Co-founded by Mark Hales and Richard Walker in 2010, the group is made up of a number of subsidiaries operating across the north of England and employs more than 1,100 people.

'This deal marks our fourth acquisition of 2023 and totals our eighth deal in the last 12 months. The addition of Abbey Care further develops and supports our strategy of expanding our supported living and specialist care services across the UK,' said Optimo group projects director and head of M&A Ben Hales.


Ben Hales, Optimo

The sale was facilitated by Redwoods Dowling Kerr. Optimo was advised by Bevan Brittan LLP (legal), Hazlewoods LLP (financial and tax), and Eddisons Commercial (property). Abbey Care was advised by Freeths LLP (legal) and Royston Parkin LLP (tax).

LaingBuisson
INTELLIGENCE + INSIGHT

Company results round up

A summary of the latest results available in the care sector, revenues over £1m

Organisation	Year end	Revenue £m	%Δ	EBITDAR £m	%Δ	EBITDAR margin	Net debt £m[1]
Amcare Ltd	2022	47.1	-9%	0.6	137%	1%	0.0
Cleveland Healthcare Group Ltd	2022	47.8	9%	1.4	-70%	3%	-5.9
Cognatum Estates Ltd	2022	1.4	20%	0.1	185%	4%	0.5
Creative Care Options Ltd	2023	9.3	22%	0.7	-24%	8%	4.0
Eden Futures Topco Ltd[2]	2023	44.0	90%	5.0	71%	11%	47.5
Emh Care And Support Ltd (nfp)	2023	18.0	0%	-1.2	-913%	-6%	-6.9
The Healthcare Management Trust	2022	45.6	17%	1.4	18%	3%	8.8
Helping Hands	2022	128.2	-2%	6.9	-50%	5%	159.2
Kedleston Group Ltd	2022	43.7	13%	8.5	18%	19%	55.0
Newco A 13 Ltd	2022	40.4	8%	5.7	-18%	14%	42.5
Partnerships In Children's Services Ltd	2022	201.8	9%	47.1	12%	23%	120.8
Retirement Security Ltd	2023	1.6	7%	0.3	174%	19%	-0.3
Richmond Care Villages Holdings Ltd	2022	11.0	-40%	1.7	188%	15%	72.9
Salutem Ld Topco Ltd	2022	42.8	6%	4.1	-38%	9%	27.7
Sentinel Health Care Ltd	2022	17.3	39%	2.5	-11%	15%	-2.0
Springdene Nursing And Care Homes Ltd	2022	8.3	18%	0.1	-67%	1%	-3.9

NOTES Δ CHANGE FROM PREVIOUS YEAR **1** NET DEBT = INTEREST BEARING DEBT + FINANCIAL LEASES - CASH. % IN **2** PREVIOUS YEAR IS 9 MONTH FINANCIAL YEAR
(-) DENOTES DECREASE, NET DEBT IN (-) DENOTES CASH **N/A** NOT AVAILABLE **nfp** NON-FOR-PROFIT ORGANISATIONS WHERE REVENUE INCLUDES INCOME FROM TRADING ACTIVITIES ONLY

Target Healthcare REIT tenants shun ‘fill at any cost’ approach

Target Healthcare REIT has reported a reversal of fortunes between care homes focused on private clients versus those with more local authority-funded residents.

The investor said profitability among care homes with private residents was now at levels ahead of where they were before the pandemic, reflected in its own portfolio performance.

‘Tellingly, we have seen a focus from tenants on admitting new residents at an appropriate fee level, as opposed to a “fill at any cost” approach. This has seen operator profitability improve to levels ahead of where they were prior to the Covid-19 pandemic and at resident occupancies around 5% lower (85% vs. 90%). This data is very encouraging and is consistent with the positivity on trading we hear from our tenants,’ its annual results said.

Its portfolio at the end of June comprised 97 assets let to 32 tenants with a value of £868.7m (2022: £911.6m).

Average weekly fees across its portfolio grew 13%, reflecting the inflationary environment and the cost of care. Operators’ staff costs increased 6% due to wage uplifts, but tenants reported a fall in agency costs.

For the year ended 30 June 2023, 97% of rent was collected, with contractual rent rising 2% to £56.6m per annum (2022: £55.5m), including a like-for-like increase of 3.8%, driven by reviews.

Target disposed of assets worth £27m to shift out older, non-core properties, highlighted through the sale of a four-property portfolio in Northern Ireland.

‘Our portfolio is performing strongly, benefitting from our initiatives to dispose of non-core assets, from further capex to refresh or enhance our real estate, from our active engagement with tenants, and from the more favourable trading environment. Our vacancy rate remains at nil with rent collection, rent cover and underlying resident occupancy all improving. Asset valuations remain stable, and our financing costs are well-protected from higher interest rates,’ said Alison Fyfe, Target Healthcare REIT chair.

‘This improvement in portfolio performance, when combined with our effective management of interest rate exposure, gives us confidence in the group’s earnings outlook, allowing us to increase our dividend in line with rental growth.’


Alison Fyfe, chair, Target Healthcare

Revenue grew to £67.7m (2022: £63.9m) but losses of £54m from revaluation of investment properties resulted in the investor posting a loss of £6.6m (2022: £49.1m profit).

Its largest tenant was unchanged from 2022, being Ideal Carehomes, which operates 18 of Target’s homes and accounts for 16% of contracted rent. Overall, its top five tenants account for 41% and top ten 63% of contracted rents.

Geographically, Yorkshire and the Humber remains its largest region by asset value at 25%.

Eden Futures

Service openings helped drive up revenue and EBITDA at Eden Futures, latest results show.

Openings of services included accommodation in Coventry in the West Midlands and Stanningley in West Yorkshire, helping grow occupancy during the year to 31 March 2023, to 659 (2022: 649).

In 2022 the group invested in 49 units and has continued to grow this year, supporting over 675 service users across 156 sites as of May, post-reporting period.

In an interview with CM*UK* in May, chief executive Helen Stokes said its growth strategy revolves around developing new properties and services, working with local authorities, commissioners, developers, landlords, and health professionals to create sustainable, person-centred support.

‘For the next 18 months, our growth plans include expanding our presence in areas including Stoke and Nuneaton and we’ve identified further opportunities for growth in existing regions, to develop new services within these communities,’ she said.

During the reporting period, average weekly fee grew to £1,239, a £129 rise on the previous year. This was driven by local authority rises of around 5% and a ‘positive churn’ where service users who leave are replaced with people that have a higher average weekly fee.

Results showed revenue grew to £44m (10-month period 2022: £23.1m), while losses before tax rose to £3.4m, from £1.7m. LaingBuisson data showed EBITDA grew to £5m, from £2.9m in the 10-month period in 2022.


Helen Stokes, CEO, Eden Futures

‘The group’s strategy is to grow, increase the number of units by about 10% each year whilst ensuring that we maintain high quality levels of care and support,’ its report said.

Inbrief

HICA Group

Hull-based HICA Group has purchased Hampden House in Harrogate, North Yorkshire, from Elizabeth Finn Homes for an undisclosed sum. Hampden House is a 66-bed purpose-built nursing home within the Duchy Estate. It provides facilities and services from personal and nursing support, to short-stays and end-of-life care. Employment of all 70-plus staff has been secured in the handover and general manager Jane Hooren continues to lead the team. Brabners and Healthcare Property Consultants worked on the deal.

Boutique

Boutique Care Homes has grown its presence in Kent after acquiring Connors House in Canterbury. The off-market acquisition, completed in partnership with Rapport Housing & Care, will see Connors House redeveloped to feature 78 bedrooms across two storeys and create over 80 full-time jobs. The regeneration will complement Boutique's existing presence in Kent, with Chartwell House in Broadstairs, and upcoming Martello Manor in Hythe, forming a cluster of care homes in the county.

SpringCare

SpringCare Ltd has bought The Chace Care Home in Great Malvern, Worcestershire, taking its portfolio of homes to more than 15. The business has been owned by Anthony Reeley and his family for over 40 years and was sold by Christie & Co. The Chace, which is in a semi-rural area, is a residential and dementia care home that is registered for up to 41 residents.

Nourish expands with deal for CarePlanner

Nourish has grown its operations with the acquisition of CarePlanner – software used by more than 2,000 domiciliary care agencies.

Nourish works with more than 3,500 residential care providers with its digital care management software and aims to adopt a more holistic approach by delivering support in the community, following the deal.

CarePlanner delivers software that covers aspects of care worker management including availability, visit requests and monitoring of visits, rates, rosters and payroll.

'People who are being discharged into the community from hospital need to be supported on a platform that is used by both care workers and hospital care teams,' said Nourish chief executive and founder Nuno Almeida.

'When it is done well, social care helps to weave a web of relationships in local communities that add meaning, connection and purpose to our lives. A powerful digital tool keeps everyone informed and coordinated. It also gives the person being cared for a voice. CarePlanner is an ideal partner for us because it enables us to deliver the best possible person-centred care experience in the community.'

Homecare agencies that use CarePlanner will still have access to all functions and integrations. Nourish will offer clients the choice of using a combination of products that suit their needs.

'We will do more than simply maintain those integrations, we'll evolve them so that partners integrated with CarePlanner can deliver even more value in the future,' said Almeida.

Nuno Almeida, CEO, Nourish Care

Careplanner CEO and founder Matthew Sharp said: 'Nourish and CarePlanner are market leaders and this partnership will revolutionise adult social care and drive improvement across the sector.'

Funding for the acquisition was facilitated by NatWest. Kit Maclaren, head of venture and growth finance at the bank, said: 'We are delighted to have structured this expanded debt facility for Nourish, supporting the management team and Livingbridge as they continue to champion digital solutions that are at the heart of modern care provision.

'This financing was delivered through the venture and growth finance team, which reflects our firm's wide dedication to support scale-up companies at each stage of their innovation lifecycle.'

WCL

We Change Lives (WCL) has bought acquired brain injury (ABI) care business 3L Care Group for an undisclosed sum.

Specialising in adult residential care for people with complex health needs who require nurse-led care, 3L has two homes in Cheshire and Greater Manchester.

It reported turnover of more than £3.8m in its 2023 year-end results.

Established in 1991 as Warrington Community Living, WCL rebranded to We Change Lives earlier this year under chief executive Phil Sermon.

It is one of the largest not-for-profit care providers in Cheshire, supporting people with dementia, autism, learning disabilities and mental health issues.

The deal will increase its portfolio to 13 properties with a staff team of 275. It said its expansion into ABI provision comes against a backdrop of medical advances which means greater numbers are living with brain injuries

Funding for the acquisition was provided by Unity Trust Bank and brokered by MAF Finance Group. Legal advice for We Change Lives was provided by Bevan Brittan.

Staff availability hampers trading at Roseberry Care Centres

Availability of nursing and care staff impacted performance at Roseberry Care Centres despite it posting growing revenue.

Staffing costs as a percentage of fee income grew to 66% last year (2021: £64%), with the operator's parent company posting employee costs at £34.9m, up 16.7% from £29.9m in 2021. Last year, saw the number of care, administration and support staff fall to 1,543 (2021: 1,599).

Financial results for parent company Cleveland Healthcare Group Ltd for the year ended 31 December 2022 showed the biggest issue faced by the group was staff availability, partly caused by Brexit, it said.

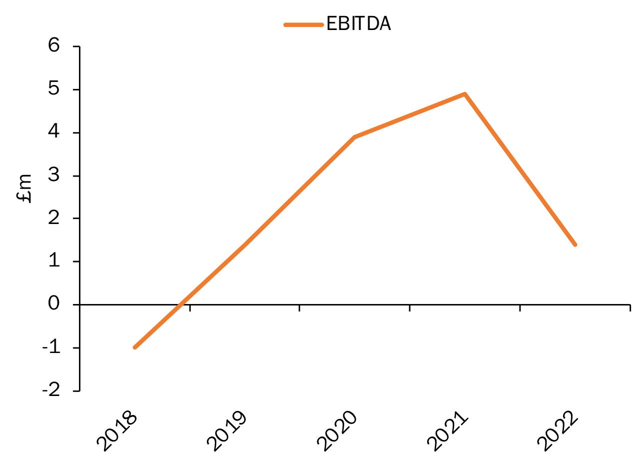
'This has resulted in a higher reliance on agency staff which has increased our staffing costs,' its financial report said. 'This challenge continued into 2023 but since the acquisition by AcalisCare, measures introduced by the new owners have led to a significant reduction in agency costs and as a result the trading performance of the company has greatly improved.'

Belgium-based AcalisCare acquired Cleveland Healthcare Group Ltd in May this year.

Cleveland Healthcare Group Ltd operates two main trading subsidiaries – Roseberry Care Centres GB Ltd and Roseberry Care Centres (England) Ltd. Accounts for both show they supported more than 1,100 people in 26 care settings. In addition, Cleveland trades two other care homes – Roseberry Care Centres (Yorkshire) Ltd and Roseberry Care Centres Wakefield Ltd. These two services care for around 80 residents.

Across the homes occupancy remained at 86%, while average weekly fee grew to £778, from £748. Cleveland posted revenues of £47.8m, up from £44m in 2021. However, due to increased costs, pre-tax profit fell to £671,905 (2021: £4.3m). Results showed EBITDA as a percentage of fee income remained at 20%, while

CLEVELAND HEALTHCARE GROUP LTD
EBITDA, 2018–2022



SOURCE LAINGBUISSON DATABASE

LaingBuisson data showed EBITDA fell to £1.4m, down from £4.9m.

AcalisCare, which acquired Balhousie Care Group in September last year, has almost two decades of experience in operating and developing care homes in Belgium, Chile, Colombia, Uruguay and Turkey.

In April this year, it partnered with investment firm Milltrust International to launch Milltrust AcalisCare UK Residential Care Investments, a healthcare real-estate fund focused on income-generating care assets.

Its strategy is to improve homes through renovation and new builds that meet care standards and ESG measures, including metrics such as energy efficiency and water usage.

Credit facility

Hartford Care has agreed a £45m credit facility with NatWest to help support its growth strategy over the next three years.

The operator manages 20 homes across the south of England and provides nursing, residential, dementia, day support, respite breaks and end-of-life care to more than 1,000 residents.

Established in 2003, Hartford Care has made four acquisitions in the past year and the facility will help with its aim to double in size by 2026.

'Our philosophy is completely focused on providing a safe and comfortable lifestyle for our residents, and creating a high quality "home from home" setting; this agreement facilitates our plans to grow the Hartford Care brand and offer care, comfort and companionship to more people,' said Amanda Smith, chief financial officer at the provider.

Ian Burroughs, NatWest relationship director, said: 'NatWest has a long-standing and positive relationship with Hartford Care and we are delighted to extend that partnership over the next three years with the extension of its credit facility.'


Amanda Smith, CFO, Hartford Care

CareLineLive acquires CareFor IT and Ulysses platforms

Homecare management software company CareLineLive has acquired CareFor IT and Ulysses.

The deal for the care management and rostering platforms, for an undisclosed sum, will see CareLineLive's customers grow to 600, managing over 15,000 carers in the UK, Ireland, Jersey and Australia. Its customers range from small agencies to large-scale enterprises and include local authorities and NHS trusts.

CareLineLive provides operators an all-in-one cloud-based homecare management system. Its platform aims to lead to increased efficiency, capacity, and compliance through digitising workflows, automating procedures, and cutting overheads.

In January the business secured funding from Oakglen, which set the pathway towards the deal.

'This acquisition will ultimately help to create one of the strongest all-in-one homecare management platforms in Europe which aims for the highest customer service and satisfaction,' said Josh Hough, CareLineLive founder and managing director. 'We look forward to the journey ahead, as we continue to drive quality standards in homecare in the UK and beyond.'


Josh Hough, founder and MD, CareLineLive

CareLineLive is NHSX certified as a digital social care record assured supplier, in addition to achieving accreditations such as NHS data security protection toolkit, cyber essentials and ISOs.

Richard Bedford, CareFor IT MD, will remain with the acquired business as sales director. 'For CareFor IT and Ulysses customers it is very much business as usual on the platforms they are familiar with, with access to the wider range of tools and resources that CareLineLive offers if and when they would like to switch over,' he said.

'CareLineLive's comprehensive and intuitive platform, and its accreditations with NHSX, NHS Digital, cyber essentials and ISOs will bring innovation, compliance and many more benefits to our customers. These new tools and capabilities will further support our existing customers, and we look forward to the opportunities it brings.'

CareLineLive was advised by Polestar Corporate Finance and CMS.

Adding capacity

Expansion projects and new developments helped grow revenue and EBITDA at education and care provider Kedleston Group.

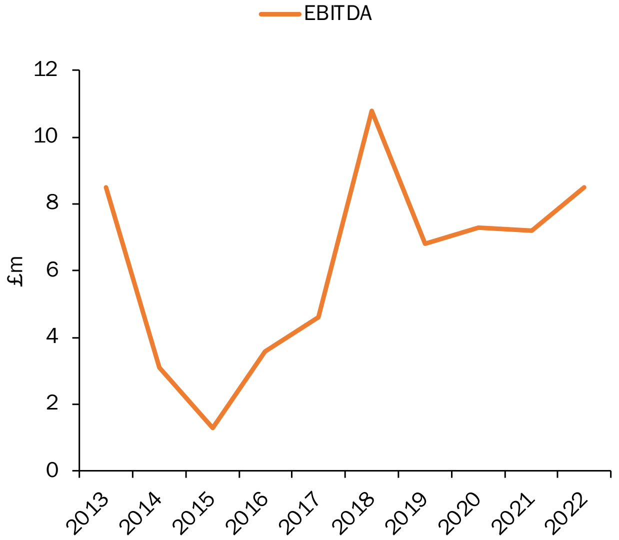
The business, which operates residential and day schools as well as children's homes for young people with social, emotional and mental health needs and those with autism, has invested in its provision, either completing or committing to developing new and existing sites.

Supported by £10m of bank borrowing, the provider is bringing unused facilities and land back into use. 'The expansions have been a variety of increasing capacity, widening age range, meeting additional needs or to improve the environment of the setting,' said its financial report for the year ended 31 December 2022.

During the period, the group operated 121 residential and 654 day school places.

Additional capacity resulted in revenue growing 13.2% to £43.7m (2021: £38.6m), while it posted a pre-tax loss of £32,260, following a profit of £316,292 in 2021. EBITDA was posted at £8.5m, up from £7.2m.

KEDLESTON GROUP
EBITDA, 2013–2022



SOURCE LAINGBUISSON DATABASE

Polaris reports growing profitability as it expands portfolio

Acquisitions helped revenue and profitability growth at Polaris as the business looks to invest in the development of its residential and education services.

The group, which comprises fostering and adoption agencies, residential children's homes, schools and leaving care services, grew its provision with the additions of Bramley Care Ltd and Bay View Child Care Holdings Ltd and its subsidiaries, results for Nutrius UK Bidco Ltd said.

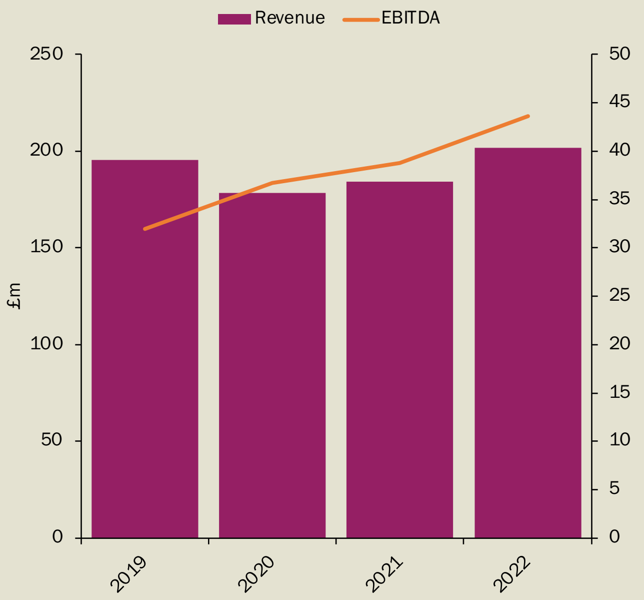
The acquisitions, in April last year, helped the provider report growing revenues and profitability. For the year ended 31 December 2022, revenue broke the £200m mark, posting in at £201.8m (2021: £184.4m), with pre-tax profit rising to £12.6m, from £9m. Data from LaingBuisson showed EBITDA continued to grow reaching £43.6m (2021: £38.8m).

During the reporting period, Polaris, which operates 69 registered settings, established an advisory committee to provide feedback, advice and guidance to the board. Members of the committee are foster parents, young people and social workers.

The financial report said the group would continue to invest in recruitment, training and retention of foster parents and social workers, as well as making a commitment to social value through the launch of a social value and ESG framework.

It added: 'The group will also seek to invest in the development of its residential and education services.'

NUTRIUS UK BIDCO LTD
REVENUE AND EBITDA, 2019–2022



SOURCE LAINGBUISSON DATABASE

Forest

Peak occupancy of 93% helped grow revenue at residential and nursing care home operator Forest Healthcare.

Results showed at the mid-year point in 2022, occupancy peaked before easing back to 91% at the close of the year (2021: 87%). The group, which operates 13 care homes in the South East, also achieved fee rises of 4.7%, helping grow its income by 8.8%.

Forest's specialisms include acquired brain injury, end-of-life support, neurological care, rehabilitation, and young, disabled care services.

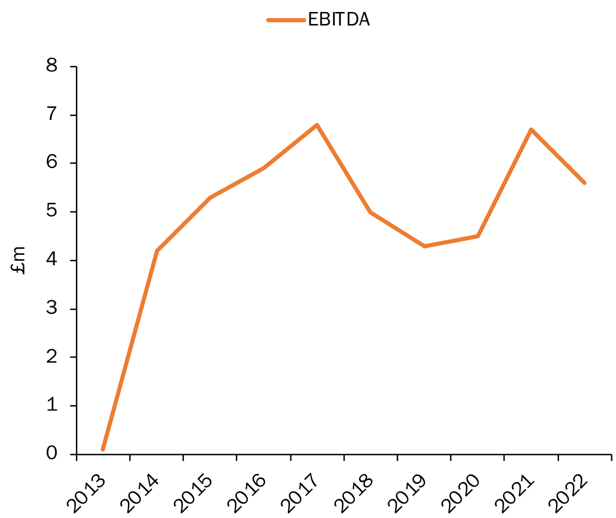
Financial results for its parent, Newco A 13 Ltd, for the year ended 31 December 2022, showed revenue reached £40.3m (2021: £37.2m). However, pre-tax profit fell to £2.8m, from £4.5m and LaingBuisson data showed EBITDA slipped to £5.6m, from £6.7m.

As with the wider sector, the operator reported problems with recruiting and retaining staff. 'In such a competitive environment, it became necessary to use a significantly higher number of agency staff to maintain safe staffing levels,' its financial report said. 'The increasing demand for agency staff across the care sector resulted in higher hourly rates, which, together with increased volumes, equated to 11% of the total payroll cost and pushed the ratio-to-income up to 65% (2021: 64%).'

As a result, it has implemented a strategy to recruit from overseas, which is already having a 'noticeable impact'.

The report added its strategy would be to improve commercial and operational performance to attract investment to replace its existing bank facility and provide capital for growing bed capacity.

NEWCO A 13 LTD
EBITDA, 2013–2022



SOURCE LAINGBUISSON DATABASE

LaingBuisson INTELLIGENCE • INSIGHT

Major UK providers of residential care – third sector
November 2023

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
Anchor	121	6,445	2022	526	24	115	22	572
Sanctuary Housing Association	125	5,638	2022	813	59	260	32	1,214
MHA	89	4,796	2022	251	18	48	19	346
Orders of St John Care Trust	61	3,243	2023	147	-4	6	4	50
Abbeyfield Society Ltd	50	1,612	2022	47	-15	-14	-29	119
Quantum Care Ltd	22	1,454	2021	63	0	8	13	9
Somerset Care Limited	26	1,430	2022	72	2	6	9	25
Greensleeves Home Trust	28	1,310	2022	54	-5	4	7	44
Leonard Cheshire	61	1,164	2022	158	-5	2	1	92
RMBI Care Co	17	1,055	2022	54	-5	-1	-1	118
Care South	15	887	2022	47	6	9	20	57
Hica Group	17	830	2021	34	0	2	6	18
Nazareth Care Charitable Trust	14	815	2022	29	-5	-3	-10	3
The Fremantle Trust	14	685	2022	43	0	6	15	5
Avante Care & Support Ltd	10	653	2022	31	2	3	11	57
Coverage Care Services Ltd	11	629	2022	31	2	4	12	14
WCS Care Group Ltd	13	587	2022	25	2	4	18	21
Belong Limited	8	575	2021	32	-	5	15	30
Borough Care Ltd	12	571	2019	14	0	1	7	4
Jewish Care	9	551	2022	83	25	30	36	173
CrossReach (Church of Scotland Social Care)	21	515	–	–	–	–	–	–
Leicestershire County Care	12	490	2021	14	-1	2	11	25
The Royal British Legion	6	487	–	–	–	–	–	–
Salvation Army Social Services	13	462	–	–	–	–	–	–
Sheffcare Ltd	9	458	2022	12	0	0	4	5
Hafod Housing Association Limited	8	433	2021	64	3	9	15	78
Elizabeth Finn Homes Limited	8	427	2022	29	2	6	21	0
Riverside	7	417	–	–	–	–	–	–
Friends of the Elderly	9	414	2022	20	-1	0	-2	40
Little Sisters of the Poor	9	407	–	–	–	–	–	–
Brunelcare	7	382	2022	40	2	3	7	30
St Monica Trust	4	380	2021	45	-2	2	4	332
Ambient Support Limited	19	377	2022	40	-1	2	5	10
The Disabilities Trust	18	342	2022	53	-4	-1	-3	96
Nightingale Hammerson	2	331	–	–	–	–	–	–
Lilian Faithfull Homes	6	326	2021	12	0	1	10	10
Mencap	45	315	2022	240	6	18	8	112
Brendoncare Foundation	7	313	2022	24	-2	0	-2	19
Pilgrims' Friend Society	10	308	–	–	–	–	–	–
Erskine	4	300	–	–	–	–	–	–
Presbyterian Board of Social Witness	9	288	–	–	–	–	–	–
Livability	19	287	2022	54	3	5	10	47
Hft	29	278	2022	90	1	4	4	74
Community Integrated Care	47	274	2022	143	1	4	3	36
Milestones Trust	30	266	2022	30	0	0	1	21
Radius Housing	8	264	–	–	–	–	–	–
Christadelphian Care Homes	7	259	–	–	–	–	–	–
St Anne's Community Services	31	251	2022	44	0	1	3	15
Sense	39	249	2018	88	1	8	9	43
Turning Point	23	246	2022	144	2	5	4	-3
David Lewis	9	245	–	–	–	–	–	–

DATA CORRECT AS OF 23 OCTOBER 2023

Triple Point Social Housing begins pilot project to upgrade properties

Triple Point Social Housing REIT has started a pilot phase of an energy efficiency improvement programme to upgrade its properties.

By 2030 all socially rented properties need to have an energy performance certificate (EPC) rating of C or above. Currently, 28.8% of Triple Point's 497 properties have an EPC rating of lower than C.

Over the next 12 months it will carry out works on 11 properties that previously had EPC ratings ranging from D to E and look to upgrade these to C or above.

'The pilot project will enable us to learn how to conduct the works efficiently, cost-effectively and in a way that causes minimum disruption to tenants. It will enable us to form strong relationships with our key contractors and help ensure the successful rollout of the wider project,' it said in its results for the six months ended 30 June 2023.

Results showed its portfolio was valued at £675.1m, up from £669.1m as at 31 December 2022, against invested funds of £601.9m.

The fair value gain on investment properties amounted to £5.9m (30 June 2022: £17.1m), impacting its net profit for the half-year period, which fell to £14.6m (30 June 2022: £24.9m).

Annualised contracted rental income was £40.5m at the end of June (31 Dec 2022: £39m). In total, 88.1% of rent due was collected during the period, and 25 out of the group's 27 lessees had no material arrears.

'As previously reported, rent receipts were lower than expected for two of the group's lessees, My Space and Parasol,' it said.

There is now a creditor agreement in place with Parasol regarding rental payments. Similarly, a creditor agreement is being negotiated with My Space together with a payment plan for arrears. Also, in the case of My Space, a transfer of properties to alternative registered providers is being considered.

Chris Phillips, chair, Triple Point

Chris Phillips, Triple Point Social Housing REIT chair, said: 'The company has continued to demonstrate strong rental growth and valuation resilience during the first half of 2023, despite the uncertain macro-economic backdrop. We were pleased to announce the recent portfolio sale of properties principally in line with book value, demonstrating continued liquidity and the resilience of valuations in the sector.

'Our proactive approach to asset management, paired with the inflation protection offered through our rental income, and the growing demand for specialised supported housing, means that we are well positioned to ensure the sustainability of our investments over the long-term.'

Triple Point's properties are in 11 regions and 153 local authority areas. It has 394 leases, working with 27 approved housing providers and 123 care operators.

emh Care and Support reports rising deficit

Balancing quality services with financial viability continues to be a key area of focus for emh Care and Support Ltd.

Its financial results showed revenue slipped and deficit grow. Income in the year ended 31 March 2023, fell £300,000 to £18.2m (2022: £18.5m), while expenditure grew to £19.6m (£19.1m). 'This includes significant additional costs in relation to the high level of care provided,' its report said. 'A resource shortage in the care sector has led to increased staffing costs.'

The charity posted a deficit for the second year, as it rose to £1.5m, from £539,000 in 2022. LaingBuisson data showed EBITDA worsened to -£1.2m, from -£114,000.

While the strength of its financial position had been 'eroded', the charity was still in a healthy position with fixed assets of £8.8m (2022: £9.5m), net current assets of £6.7m (2022: £7.5m) and funds of £14m (2022: £15.5m).

'Challenges in the coming year have been acknowledged and plans are in place to move the services forward and improve the financial position where possible,' its report said.

It will be developing its financial management culture and closely monitoring performance against its budget, exploring opportunities to grow services where possible.

emh manages 250 supported housing units for adults with learning or physical disabilities and mental health issues. Its supported living division, which offers packages of care, supports 140 service users, providing more than 9,200 hours of help each week.

LaingBuisson INTELLIGENCE • INSIGHT

Care Monitor, England
November 2023

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

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Sanctuary Housing Association	103	94	0
2	Aria Care	45	91	0
3	Care UK	156	91	1
4	MHA	93	89	0
5	Excelcare	36	89	0
6	Avery	108	87	10
7	Ideal Carehomes	39	86	26
8	Orders of St John Care Trust	63	86	0
9	Barchester Healthcare Ltd	245	85	5
10	Anchor	131	83	5
11	Bupa UK Care Services	128	83	0
12	HC-One	232	82	0
13	Healthcare Homes	59	80	0
14	Minster Care Group Ltd	66	77	0
15	Bondcare Group	63	72	3
16	Maria Mallaband & Countrywide Group	82	72	1
17	Runwood Homes Ltd	67	69	0
18	Four Seasons Health Care	108	57	0
19	Advinia Health Care Ltd	31	55	0
20	Burlington Care Ltd	36	53	0

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

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Sanctuary Housing Association	46	91	0
2	Aria Care	39	90	0
3	Care UK	131	89	1
4	Barchester Healthcare Ltd	168	86	0
5	Excelcare	19	84	0
6	Orders of St John Care Trust	24	83	0
7	Avery	47	82	4
8	Bupa UK Care Services	122	82	0
9	MHA	36	81	0
10	Porthaven Care Homes	27	80	7
11	HC-One	150	77	0
12	Care Concern Group	23	72	22
13	Healthcare Homes	38	71	0
14	Maria Mallaband & Countrywide Group	69	71	1
15	Gold Care Homes	19	68	0
16	Minster Care Group Ltd	22	68	0
17	Bondcare Group	50	65	2
18	Four Seasons Health Care	93	56	0
19	Advinia Health Care Ltd	23	52	0
20	Hill Care	28	50	0

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

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Quantum Care Ltd	21	100	10
2	The Cinnamon Care Collection	17	100	29
3	Care UK	25	100	4
4	Sanctuary Housing Association	57	96	0
5	Agincare	24	96	4
6	MHA	57	95	0
7	Greensleeves Home Trust	25	92	4
8	Avery	61	90	15
9	HC-One	82	90	0
10	Orders of St John Care Trust	39	87	0
11	Ideal Carehomes	39	86	26
12	Barchester Healthcare Ltd	77	83	16
13	Anchor	130	83	5
14	Minster Care Group Ltd	44	82	0
15	Abbeyfield Society Ltd	42	79	0
16	B & M Care Group	28	78	4
17	Lancashire County Council	30	76	3
18	Runwood Homes Ltd	57	67	0
19	PrimeLife	26	54	0
20	Burlington Care Ltd	21	52	0

LaingBuisson INTELLIGENCE + INSIGHT

Care Monitor, England
November 2023

CQC ratings of adult specialist care home providers (by beds), top 20 largest[1]

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Mencap	45	96	0
2	Salutem	66	94	0
3	Consensus	56	91	0
4	Choice Care	67	91	0
5	Voyage Care	255	91	1
6	Priory Group	174	90	0
7	Cygnet	60	89	5
8	Allied Care Ltd	34	88	0
9	Exemplar Health Care	34	87	9
10	Accomplish	53	87	0
11	Elysium Healthcare	39	84	5
12	Leonard Cheshire	43	84	0
13	PrimeLife	29	83	0
14	Active Care Group	27	81	0
15	Select Healthcare Ltd	16	81	0
16	ivolve Group	66	80	0
17	Lifeways Group	50	78	0
18	National Care Group	22	73	0
19	Achieve Together	162	67	2
20	Valorum Care Group	17	59	0

CQC ratings of homecare providers (by number of services)

Rank		% good or outstanding
1	Home Instead Senior Care	100
2	Right at Home UK	98
3	Alina Homecare Services	97
4	MHA	97
5	Sanctuary Housing Association	97
6	YourLife Management Services Ltd	97
7	Helping Hands	96
8	Creative Support Ltd	96
9	Bluebird Care	96
10	Carers Trust	95
11	SureCare	94
12	Housing 21	94
13	Caremark Ltd	93
14	Clece Care Services	89
15	Radis Community Care	89
16	Mencap	87
17	City & County Healthcare Group	87
18	Lifeways Group	86
19	Achieve Together	83
20	Cera Care Ltd	81

NOTES LAINGBUISSON HAS UPDATED THE CALCULATION OF ITS CQC RATINGS TABLES TO COMPENSATE FOR SERVICES THAT ARE YET TO BE INSPECTED. WE BELIEVE THIS TO BE A MORE ACCURATE AND FAIRER REPRESENTATION OF HOW PROVIDERS ARE PERFORMING **1** INCLUDES ADULTS UNDER 65, BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICAL DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE ; TO KEEP IT TO A MANAGEABLE SIZE, THIS TABLE IS LIMITED TO THE LARGEST 20 ADULT SPECIALIST CARE PROVIDERS BY BED CAPACITY

SOURCE LAINGBUISSON'S CARE MONITOR **DATA CORRECT AS OF 23 OCTOBER 2023**

LaingBuisson INTELLIGENCE • INSIGHT

Major transactions in UK social care
November 2023

Date	Target (owner)	Sub sector	Acquirer (owner / country)	Deal value (£m)	EV (£m)	Transaction type
Significant transactions						
Oct-23	Ideal Carehomes	Care homes	HC-One	UD	UD	M&A
Jun-23	29 homes from Signature Senior Lifestyle	Care homes	Avery Healthcare	UD	UD	Property
May-23	Civitas Social Housing	REIT	Wellness Unity Ltd (CK Asset Holdings Limited)	485.0	810.3	M&A
Dec-22	Portfolio of CareTech homes	Specialist care	Civitas Investment Management	200.0	UD	PE
Sep-22	Balhousie Care Group	Care homes	AcalisCare	UD	UD	M&A
Jun-22	CareTech	Specialist care	Amalfi Bidco Ltd (Sheikh Holdings Group (Investments) Ltd, Belgravia Investments Ltd and Kensington Capital Ltd)	UD	870.3	PE
May-22	Hamberley Group	Specialist care	Octopus Real Estate	100.0	UD	Property
Apr-22	Hamberley Group	Care homes	Rynda Healthcare	100.0	UD	Property
Smaller/other transactions						
Oct-23	Rogers House residential care home	Care Homes	Agincare	UD	UD	Property
Sep-23	CarePlanner	Software	Nourish	UD	UD	M&A
Sep-23	3L Care Group	Brain Injury	We Change Lives (WCL)	UD	UD	M&A
Sep-23	Alex Wood House and Langdon House	Care Homes	Athena Care Homes	UD	UD	Property
Sep-23	Abbey Care and Nursing @Home Limited	Care Homes	Optimo Care	UD	UD	M&A
Sep-23	Hampden House	Care Homes	HICA Group	UD	UD	Property
Sep-23	Four supported housing properties owned by Triple Point Social Housing	Supported living	UK real estate investment firm (undisclosed)	7.6	UD	Property
Aug-23	AutumnCare	Software	OneTouch (August Equity)	UD	UD	M&A
Aug-23	Oysta Technology	Digital healthcare	The Access Group	UD	UD	M&A
Aug-23	76-bedroom care home development	Care homes	Barchester Healthcare	UD	UD	Property
Aug-23	Inspire	Care homes	Community Integrated Care	UD	UD	M&A
Aug-23	Chadderton Total Care Ltd	Care homes	Oldham Total Care Ltd (Oldham Metropolitan Borough Council)	UD	UD	M&A
Jul-23	Chapel View and Field View	Care homes	Wood Care Group	UD	UD	Property
Jul-23	A freehold site	Care homes	Macc Care Group	UD	UD	Property
Jul-23	Land owned by Strategic Land Partnerships	Care homes	LNT Care Developments	UD	UD	Property
Jul-23	Barton Place Nursing Home	Care homes	BN Care	4.0	UD	Property

NOTES UD UNDISCLOSED

Major UK providers of long term care[1]

November 2023

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
HC-One	274	16,481	2022	653	-81	89	14	271
Barchester Healthcare Ltd	241	15,724	2021	676	4	202	30	180
Care UK	152	10,591	2022	409	-22	80	20	-97
Avery	93	7,760	2022	170	-12	68	40	-99
Bupa UK Care Services	120	7,317	–	–	–	–	–	–
Four Seasons Health Care	115	6,575	2018	635	-229	76	12	-888
Anchor	120	6,379	2022	526	24	115	22	572
Sanctuary Housing Association	125	5,638	2022	813	59	260	32	1,214
MHA	89	4,796	2022	251	18	48	19	346
Maria Mallaband & Countrywide Group	78	4,536	–	–	–	–	–	–
Care Concern Group	73	4,141	–	–	–	–	–	–
Runwood Homes Ltd	59	4,124	2021	154	31	42	27	232
Bondcare Group	69	3,763	–	–	–	–	–	–
Minster Care Group Ltd	66	3,302	2022	105	6	26	25	10
Orders of St John Care Trust	61	3,243	2023	147	-4	6	4	50
Advinia Health Care Ltd	36	3,157	2022	94	4	12	12	46
Priory Group	221	2,884	2022	712	-28	155	22	-170
Aria Care	48	2,627	2021	114	-44	13	11	67
Healthcare Homes	49	2,601	2022	113	-3	20	18	-1
Ideal Carehomes	36	2,262	2022	48	-3	13	26	3
Shaw Healthcare	54	2,089	2022	120	13	17	15	40
Voyage Care	264	2,085	2022	293	-26	37	12	-149
PrimeLife	56	2,074	2022	85	10	22	26	25
Excelcare	31	2,065	2022	24	3	5	21	-2
Country Court Care Homes Limited	36	1,979	2022	15	3	3	23	33
Hill Care	36	1,949	2022	17	3	3	18	47
Burlington Care Ltd	29	1,869	2022	24	1	5	21	6
Akari Care	32	1,701	2022	58	-3	4	6	8
Gold Care Homes	27	1,644	2022	40	3	4	9	0
Abbeyfield Society Ltd	51	1,623	2022	47	-15	-14	-29	119
Hallmark Care Homes	21	1,599	2022	93	12	19	21	82
We Care Group	30	1,595	–	–	–	–	–	–
Beaumont Care Homes Limited	31	1,533	–	–	–	–	–	–
ivolve Group	87	1,507	2021	64	0	12	19	-2
Achieve Together	181	1,505	2023	226	-58	32	14	17
Hamberley Care Homes	20	1,455	–	–	–	–	–	–
Roseberry Care Centres	29	1,448	2021	44	4	5	11	4
B & M Care Group	26	1,444	2022	66	18	17	26	136
Quantum Care Ltd	22	1,437	2021	63	0	8	13	9
Somerset Care Limited	26	1,430	2022	72	2	6	9	25
The Cinnamon Care Collection	21	1,372	–	–	–	–	–	–
Kingsley Healthcare	32	1,354	2021	49	-	11	22	-
Meallmore Ltd	27	1,354	2022	67	8	11	17	39
Crown Care Group	19	1,347	2020	32	9	12	36	48
Salutem	92	1,345	2021	40	-6	7	16	-6
Larchwood Care	26	1,320	2022	52	0	-1	-2	1
Agincare	26	1,318	2022	48	4	2	4	17
Greensleeves Home Trust	28	1,310	2022	54	-5	4	7	44
Porthaven Care Homes	19	1,284	2021	61	-2	21	34	155
Abbey Healthcare	16	1,284	2021	9	1	2	23	-9
Orchard Care Homes	23	1,281	2022	40	1	4	9	6

NOTES 1 NUMBER OF REGISTERED CARE HOMES AND BEDS OWNED/LEASED BY INDEPENDENT SECTOR

DATA CORRECT AS OF 23 OCTOBER 2023

Octopus Real Estate promotes Samantha Herod to head of credit

Octopus Real Estate has strengthened its development lending team with the promotion of Samantha Herod to head of credit.

Herod had been a senior credit manager at the business for over two years. Before joining Octopus, she spent 16 years at Lloyds Banking Group, including roles within the corporate and institutional debt team, business support unit, and relationship management teams across the group's real estate and trading businesses.

In her new role, Herod will be responsible for a team of underwriters, overseeing the assessment of a variety of development transactions across the living sectors, including residential, care homes, retirement and purpose-built student accommodation.

The team works with customers to achieve debt structures that are centred around borrowers' strategies of delivering sustainably developed homes and beds throughout the UK.

Recent loans provided by the team include £26m to Connaught Care.


Samantha Herod

'Sam is a huge asset to Octopus and I'm very pleased that she is now heading up our credit team. She has fantastic property lending experience and has a growth mindset that is focused on delivering great outcomes for our developers and introducers, through innovative and bespoke lending solutions across the living sectors,' said Andy Scott, head of development lending at Octopus Real Estate.

Aria Care

Ruth Yates has been recruited as managing director of operations at Aria Care Group.

The move comes as it looks to strengthen its position within the market, where it operates 50 care settings.

The group has embarked on an £18m-plus refurbishment programme to improve its homes.

Twelve settings have been completed with more due in the coming months.


Ruth Yates

Keys Group

Keys Group has appointed Alan Dingwall as its chief financial officer, following the departure of former CFO Colin Anderton.

Dingwall, who previously worked for Serco where his most recent role was managing director of corporate development, has board level experience in finance and general management and as a non-executive director.

He has led organisation-wide transformations, acquisitions, disposals, and systems implementations.

Keys Group brings together three providers of specialist education, care and activities: Accomplish, Keys and Peak.

Civitas

Paul Bridge has stepped down from his role as chief executive of social housing at Civitas Investment Management.


Paul Bridge

In a statement, the investor said: 'After six years with Civitas Investment Management Limited and following the successful recommended offer for Civitas Social Housing plc, Paul has decided it's time to seek out new challenges.

'We wish Paul the very best for the future and thank him for his contribution to the growth of the company.'

Bridge is the founder and chair of the Clive Smith Foundation, which has been set up to end suicide in the housing industry.

Agincare

Agincare has recruited Cher Goodyer-El Meheiry as clinical lead for its live-in care service.

Goodyer-El Meheiry will oversee all clinical aspects, making sure care workers receive the right training to understand their client's needs and conditions.

She will be supporting clients from initial assessment, care worker selection and the delivery of their support package.

She will also be in contact with the family and loved ones of clients.

After several years as a registered nurse in the UK, she ran her own domiciliary care service looking after people with complex and technical needs in Monaco and France. She later joined the UK civil service as a disability assessor for the Department of Work and Pensions.

McCarthy Stone appoints Ciaran Aldridge as managing director to run northern division

McCarthy Stone has appointed Ciaran Aldridge as managing director for its northern division.

Aldridge joins from supermarket operator Aldi, where he was national property director since 2016.

He was responsible for co-ordinating Aldi's property strategy and for expanding the business, which has more than 1,150 stores throughout the UK and Ireland.

He was at Aldi for 16 years in various roles.

At McCarthy Stone he will be responsible for running its northern division that is selling across 28 developments.

The division also has 11 retirement communities under construction and its land team is looking to buy at least 12 sites per year.

Aldridge will manage the division's land and construction budget, which will total around £250m over the next three years.

He will also be responsible for rolling out McCarthy Stone's multi-tenure and affordability strategy in the north that aims to help older homeowners with lower equity levels buy a retirement property.

This strategy is centred around providing private rental options as well as an affordable shared ownership tenure, where customers can purchase up to 75% of a retirement apartment.


Ciaran Aldridge


Helen Kings

Ivolve

ivolve Care & Support has appointed Helen Kings as its chief operating officer to help drive the organisation's growth, performance and transformation agenda.

Kings, a chartered director, brings experience to the newly created role, having worked in both leadership and non-executive director positions.

Her most recent position was managing director at Touchstone, where she led on strategic planning, business growth, and cultural integration. Her appointment at ivolve represents a strategic move to streamline decision-making and operational efficiency.

Compass Executives director Ben Westcott advised on the appointment.

Ambient

Ambient Support has recruited Jane Homer as its head of business development.

With a managerial background working in disciplinary teams, supported with experience from across different client groups, Homer has a track record of providing service to clients in the health and social care sector.

From supporting adults with complex needs to carrying out leadership and management in large organisations, she will draw on experience spanning 23 years to help drive the charity forward and further develop its business model for growth.

Abbeyfield Society

Abbeyfield Society trustee Mike Turner has been appointed as chair of the charity, taking over from Jenny Lawrence.

Turner, who has been a trustee since September 2021, has held senior roles within the infrastructure, commercial as well as the social housing and retirement living sectors. He specialises in strategic planning, asset management, procurement and operational delivery within regulated markets.

He is a non-executive director of property services company Ian Williams Ltd, having been a board director for over 20 years. Turner is also an executive director of the National Housing Maintenance Forum and chair of its service providers forum as well as a member of other industry bodies.


Mike Turner

Ombudsman

Amerdeep Somal has been named as the preferred candidate for the role of Local Government and Social Care Ombudsman, taking up the position in January.

The provisional appointment will be reviewed by the levelling up, housing and communities select committee and confirmed by royal warrant later this year.

Paul Najsarek, the interim Local Government and Social Care Ombudsman, will remain in post until January.

Housing 21

Stephen Hughes has resigned as chair of Housing 21 after almost ten years in the role.

He has been replaced by deputy chair Michael McDonagh as an interim while a replacement is sought. McDonagh, who has been deputy since 2017, is a former KPMG partner who has held senior leadership roles with the UK firm. He is also chair of Essex Cares Ltd.

Housing 21 plans to appoint a permanent chair by the end of the financial year.

Andrew Cannon to step down as chief executive officer of Voyage Care

Voyage Care is searching for a new chief executive following the decision by Andrew Cannon to step down from his role.

Cannon believes it is time for a new CEO to drive Voyage Care forward through its next phase of development as it expands its provision of specialist care and support and invests in putting data and insights at the core of its care model. He will lead the provider until a successor has been appointed so a smooth leadership transition can take place.

Cannon, who has led the operator for eight years, has been supported by Jayne Davey, chief operating officer and, for the past six years, Shaun Parker, chief financial officer.

Parker has also decided to leave and will remain in his role until a successor is appointed. Davey will remain in her role as COO to ensure a smooth transition to a new leadership team. In the longer-term, she will become a non-executive director of the board.

Cannon, who informed the board in March this year of his intention to retire from executive roles, said: ‘I have had the privilege of leading Voyage Care for eight wonderful years alongside a very strong senior team. I have been humbled everyday by the dedication of our amazing colleagues to ensuring the people we support live healthy and fulfilling lives.

‘It is important to me that I continue to work closely with the board to effectively manage a smooth transition to the new leadership and I remain focused on our purpose of delivering great care and support and the continued commercial success of Voyage Care.’


Andrew Cannon

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