

ADASS

Concern grows among
adult social care directors

Care homes

Will councils re-enter the market
as providers?

Barchester

The operator buys
brighterkind properties

DECEMBER 2019/JANUARY 2020 | Volume 27 | Issue 8

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In this edition we cover the political parties' manifestos (p6), LaingBuisson's *Care Homes for Older People* market report (p16), and we speak to Tunstall Healthcare UK and Ireland managing director Gavin Bashar (*Inconversation*, p30).

WE BELIEVE WE HAVE
GOT TO GO BEYOND
IMPROVEMENT NOW.
IF WE'RE REALLY
GOING TO AFFECT
SUSTAINABLE CHANGE,
WE MUST THINK
RADICALLY...

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Political promises

Cross-party consensus, cap on costs, free personal care, extra cash

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This month...



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Innovation in social care is alive and well but more still needs to be done if the sector is going to tackle the many issues it faces. At both the Scottish Care and Care England conferences last month there were many examples of innovative ideas on show.

From motivational tools that stimulate older people to increase physical, mental and social wellbeing, to music programmes which are trying to change the way care homes are perceived, there are lots of ideas and products coming to market.

However, one of the problems seems to be not enough is being shared or shouted about on a regular basis. This needs to change. Also, those in adult social care need to have an open mind when listening to people from outside the sector.

In this final issue of the year we speak to Tunstall Healthcare UK and Ireland managing director Gavin Bashar about data, growth opportunities and tackling loneliness.

Until February, Merry Christmas and Happy New Year.

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Events

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Investing in Healthcare
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Political parties lay out plans for social care in manifestos

Leaders make promises over social care as they set out their vision for the country

The Conservatives plan to build cross-party consensus to help solve issues in social care if it stays in power.

Setting out its vision, the party's manifesto said it would help stabilise the system with an additional £1bn each year of the next parliament, beginning in April 2020.

The manifesto said: 'We must build the same level of consensus on social care as we have already built on the NHS.'

'So we will build a cross-party consensus to bring forward an answer that solves the problem, commands the widest possible support, and stands the test of time. That consensus will consider a range of options but one condition we do make is that nobody needing care should be forced to sell their home to pay for it.'

The party will extend the entitlement to leave for unpaid carers to one week.

It also plans to double research funding into dementia, providing an extra £83m a year, and £74m over three years for additional capacity in community care settings for those with learning disabilities and autism.

At the launch of the manifesto Prime Minister Boris Johnson pledged 50,000 more nurses and their bursaries and 50 million more GP surgery appointments as part of proposals.

Richard Murray, The King's Fund chief executive, said the additional £1bn was not enough to meet rising demand, with social care funding once again being put back in the 'too difficult box'.

He said: 'Viewing the debate only in terms of older people not having to sell their homes is a disappointingly narrow framing of the problems in social care, and cross-party talks without a concrete proposal are unlikely to deliver meaningful reform.'

'This is not only a devastating blow

for the people and their families who rely on a currently failing system. Social care is also a major concern for voters and a continually ailing system will also impact on the finances, performance and quality of care in the NHS.'

Care England asked, via Twitter, if the 'new' nurses would include social care nurses?

Ethical care

Meanwhile, the Labour Party has pledged to provide free personal care for over 65s, with the ambition to extend this to all working-age adults if it gets into power.

It said it would build a National Care Service that would provide community-based, person-centred support, underpinned by ethical care and independent living.

The party said: 'Social care funding cuts have left 1.5 million older people without the care they need. Almost £8bn has been lost from social care budgets since 2010. This is having a profound impact on unpaid carers in this country, with 2.6 million carers quitting their jobs to provide care to family members. The current care system is at risk of collapse.'

Labour said it would ensure people would not face care costs of more than £100,000, with a lifetime cap on personal contributions.

Also, it would more than double the number of people receiving publicly funded care packages, which would allow for people with autism or learning disabilities to access more support.

'Contracts for providing care will not be awarded to organisations that do not pay their fair share of taxes and do not meet our high standards of quality care,' it said. 'Our focus will be on the ethical delivery of care that ensures growing public sector provision and providers



who meet standards of transparency, compliance and profit capping.'

It would end 15-minute care visits and provide care workers with paid travel time, access to training and an option to choose regular hours.

However, think tank The Nuffield Trust said the manifesto left many questions unanswered. It said: 'Reform of social care for all working-age adults, so often overlooked, needs to be an urgent priority not a vague ambition. We need more detail on what will and won't be covered under free personal care for the elderly.'

'A cap on lifetime care costs offers some certainty, but this depends on where it is set. At £100,000 it would not protect a large majority of people whose needs are more modest but who may still face substantial costs.'

Progressive tax

The Liberal Democrats plan to ring-fence £7bn a year to be spent on NHS and social care services.

The party said the money would be generated from a 1p rise on the basic, higher and additional rates of income tax (not Scotland).

It said the money would be used to

tackle workforce shortages and invest in mental health and prevention services.

In the longer term, the Lib Dems also plan to commission the 'development of a dedicated, progressive health and care tax' and establish a cross-party convention on the long-term sustainable funding of a joined-up system of health and social care.

It would introduce a statutory independent budget monitoring body for health and care, similar to the Office for Budget Responsibility, to report every three years on how much money the system needs to deliver safe and sustainable treatment and care, and how much is needed to meet the costs of projected increases in demand.

'We must move away from a fragmented system to an integrated service with more joined-up care, so that people can design services for their own individual needs.'

The party said it would also support the creation of a new professional body for care workers, to promote clear career pathways with ongoing training and development, and improved pay structures; introduce a new requirement for professional regulation of all care home managers, who would also be required to have a relevant qualification.

Elsewhere, the Green Party said it would provide an additional £4.5bn a year for councils to provide free social care to people over 65 who need support in their own homes.

It said it would explore how this free social care at home could be extended to everyone who needs it, regardless of age.

The Scottish National Party would provide support for veterans requiring social care and protect jobs in the sector through freedom on movement.



Rising cost of care

English councils will need billions of pounds over the next parliament if they are to meet the rising costs of providing adult social care.

Analysis from the Institute for Fiscal Studies (IFS) found local authorities were largely dependent on council tax and business rates to fund their spending and a growing gap was likely to open up between their income and what they need to meet the rising costs of service provision, especially for adult social care.

By the end of the next parliament councils will need an extra £4bn a year from the government just to maintain social care services at current levels and stop cuts on other services like children's social care, public health and housing. This would rise to £18bn a year by the mid-2030s.

Even if council tax went up by 4% per annum every year – double the rate of inflation – authorities may need an additional £1.6bn a year in real-terms funding by 2024/25. This would grow to £4.7bn by 2029/30 and £8.7bn by 2034/35.

An additional £1.3bn in government funding has been allocated for 2020/21, and councils with social care responsibilities will be allowed to increase council tax by up to 4%.

The IFS said the conflict between policies for local government funding and for social care provision needed to be resolved.

It said: 'The funding system has increasingly prioritised financial incentives, which means undertaking less redistribution as local needs and



David Phillips,
associate director, IFS

revenue-raising capacities change. But at the same time both the Conservatives and Labour have wanted to ensure consistent social care service provision across the country. The next government will have to square this difficult circle.'

David Phillips, author of the work and an associate director at the IFS, said: 'The additional funding announced for councils next year could be just a lull in the storm. Detailed public spending plans for 2021/22 and beyond have not yet been published. But we do know that councils will rely on council tax and business rates for more of their funding going forwards.'

'And those revenues just don't look like they will keep pace with the rising costs of services like adult social care – even with council tax bills going up at 4% a year, which is double the rate of inflation.'

'That means finding billions more in funding to top up existing local tax revenues, even before thinking about new initiatives like free personal care.'

Coalition

Social care and support must be top of the next government's agenda, a group of charities and councils have said in an open letter.

The group, which includes Care England, United Kingdom Homecare Association, Care Provider Alliance, Associated Retirement Community Operators, Age UK,

Independent Age and Local Government Association, said for two decades all political parties had failed to deliver changes to how care is funded and what individuals are expected to pay.

'Changes to the system would ensure older and disabled people and unpaid carers have timely access to the support they need, in the way they want it, to help

them live their lives,' the letter said.

'This general election is a chance for the incoming government to finally grasp the nettle and find a lasting solution.'

The organisations want to see social care top of the domestic policy agenda, with the next government committing to clear proposals as soon as possible.

The signatories said: 'The

next government has a unique opportunity to show its ambition for and commitment to the future of adult social care. Working together, we can make the most of that opportunity for the benefit of the entire population. This is in the national interest, it must not be wasted again.'

The general election takes place on Thursday 12 December.



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Report highlights 'horrific' conditions

The 'horrific reality' that young people with learning disabilities and autism detained in mental health hospitals have to endure has been revealed in a human rights report.

Evidence to an inquiry was so 'stark' and consistent that the Joint Committee on Human Rights concluded it had 'lost confidence' in the system and that the regulator's method of checking was inappropriate.

In relation to the Care Quality Commission (CQC), the committee found 'a regulator which gets it wrong is worse than no regulator at all'.

The committee heard from parents and staff about the 'harrowing impact of physical restraint on young people', with one example of an autistic child who was 'physically and forcibly restrained 18 times' between 11 June and 8 November 2018 in two psychiatric assessment and treatment units.

The 66-page report, *The detention of young people with learning disabilities and/or autism*, found that too often families of those with learning disabilities or autism were considered the problem.

Describing the pathway to detention, the document said: 'The parents are desperately concerned. Their concerns are treated as hostile and they are treated as a problem. The young person gets worse and endures physical restraint and solitary confinement – which the institution calls "seclusion". And the child gets even worse so plans to return home are shelved. The days turn into weeks, then months and in some cases even years.'

The committee found the biggest barrier to progress was a lack of political focus and accountability to drive change; detention was causing suffering and long-term damage; and adequate services needed to prevent people being detained inappropriately were not being commissioned at local level.

The report said society was 'inflicting terrible suffering on those detained in mental health hospitals and causing anguish to their distraught families.'

The committee recommended a Number 10 unit with cabinet level leadership to drive reform; creation of legal duties on clinical commission groups and local authorities to ensure the right services are available in the community;



Harriet Harman
chaired the committee

narrowing of the Mental Health Act criteria to avoid inappropriate detention; and substantive reform of the CQC's approach and processes.

Harriet Harman, who chaired the committee, said: 'This inquiry has shown with stark clarity the urgent change that is needed and we've set out simple proposals for exactly that. They must now be driven forward, urgently.'

'The horrific reality is of whole lives needlessly blighted, and families in despair. What we saw does not fit our society's image of itself as one which cares for the vulnerable and respects everyone's human rights. It must not be allowed to continue.'

Ian Trenholm, CQC chief executive, said the regulator has been open about the need to change the way it assesses mental health and learning disability wards.

It has commissioned Professor Glynis Murphy to carry out an independent review into how its regulation of services can be improved.

Trenholm said: 'We know we need improve how we regulate mental health, learning disability and/or autism services so we can get better at spotting poor care and at using the information people give us. We are working hard to improve, and we want to involve people, families, carers and stakeholder organisations to ensure we get it right.'

The CQC is 'committed to taking strong action', he added.

It has been announced that 2,250 inpatients of mental health hospitals will have their cases reviewed (*see page 13*).

Care-bots

A research programme that could help develop 'care robots' has been launched with £34m of government investment.

With one in seven people in the UK expected to be over 75 years old by 2040, the programme aims to help the country move a step closer to developing robots that could provide the adult social care sector with more support.

The money, which is being funded through the government's Strategic Priorities Fund and delivered by UK Research and Innovation, will be used to make autonomous systems safe and trustworthy for public use.

Autonomous systems are built across industries but for them to be used by people they need to be designed to be safe, keep data secure and have a clear set of rules for them make effective decisions.

Safe systems could help develop robots to fulfil tasks such as helping an older person up after a fall and raising the alarm, delivering food at mealtimes, and ensuring people take medication at the correct time.

The programme will consist of research into their design, ensuring robots are better protected against cyber-attacks and can demonstrate respect, fairness and equality enabling them to eventually be used in care

homes and hospitals.

Science Minister Chris Skidmore said: 'As our society ages, most of us will have to care for a loved one, whether it's a grandparent or a parent or a partner.'

'It's vital that we meet the needs of this ageing society, and through cutting edge research like this we will ensure that as technology advances, the UK leads the way in designing and adopting it, growing our status as a global science superpower.'

Inbrief

Winter help

The NHS in Scotland will receive an extra £10m to help reduce hospital attendances over winter by better managing care closer to home. Investment will be used for staffing and help discharge patients over weekends and holiday periods when they are fit to go home. The money, which has been allocated to health boards, is in addition to £6.3m previously provided for unscheduled care.

App launch

The Sound Doctor has developed an app to help people live longer and more independently at home. Aimed at people aged over 70, the app consists of a library of films, which includes advice on preventing falls, combating loneliness and isolation, and managing end-of-life care. It also offers information, advice and tips on nutrition, hydration, oral health and alcohol.

Improving lives

Two commissioners have called on political parties to set out how they will improve the lives of older people. The Commissioner for Older People for Northern Ireland and the Older People's Commissioner for Wales want commitments from party leaders ahead of the general election. They are calling for action to provide more financial security for older people, and for the next UK government to invest in public services, which provide essential support for older people.

Care sector leakage

One-tenth of the UK care home industry's annual income 'leaks out' through rents, fees and profits, a report has claimed.

Out of a total income of £15.2bn, an estimated £1.5bn (10%) is used for rent, dividend payments, net interest payments, directors' fees, and profits before tax.

The analysis by the Centre of Public Health and Interest (CHPI) is based on a study of the accounts of 830 adult care home companies, including the 26 largest providers.

Collectively these companies represent 68% (£10.4bn) of the total estimated annual revenue for independent adult social care home companies.

For the largest 26, £13.35 of every £100 put in goes to profit before tax, rent payments, directors' remuneration, and net interest paid out. This amounts to £653m a year out of a total income of £4.9bn.

For the 784 small- to medium-sized care home companies, £7.07 of every £100 goes to profit before tax, rent payments, directors' remuneration, and net interest paid out. This amounts to £390m a year out of a total income of £5.5bn.

The research, which was part-funded by Unison, said £261m of annual income received by the largest care home providers 'goes towards paying off their debts', with £117m (45%) going to related, often offshore, companies.



Vivek Kotecha,
research manager, CHPI

The 56-page report said in an ideal scenario most of the money would go directly to looking after residents, with enough staff with the right training.

It said: 'Despite the billions which go into the care home sector, care home workers are amongst the lowest paid workers in the country with high turnover rates (39.5%).'

The document, which was authored by research manager at CHPI Vivek Kotecha, called for a Care Transparency Act, which would mandate providers to disclose where their income goes; a form of regulation to prevent operators with 'unsatisfactory financial models' from providing care in the UK; and capital made available by government for new care homes.

Dementia costs

The cost of social care for people with dementia will nearly treble over the next 20 years, research has revealed.

While the number of people with dementia in the UK is expected to nearly double to 1.6 million people by 2040, the cost of dementia care will almost triple to £45.4bn from £15.7bn.

The total cost of dementia to the UK economy, including costs to the NHS, paid social care and unpaid care, has risen to £34.7bn and will rise to £94.1bn by 2040, according to a report commissioned by Alzheimer's Society from the London School of Economics and Political Science.

It predicts a greater proportion of people with dementia will have higher care needs for

longer, driving up the average amount spent on care.

The analysis found £9bn a year (57%) in social care costs fall on people with dementia and their families.

The report also found that families are providing £13.9bn a year in unpaid care for people with dementia, which will increase to £35.7bn by 2040.

It said it should be funded like other public services, such as the NHS and education, where the cost is shared across society.

Jeremy Hughes, Alzheimer's Society chief executive, said: 'Dementia is heart-breaking for families. It's not right that those going through it have to battle to get the care they need on top of battling the disease.'

'From the working mum struggling to find hundreds of pounds every week to 'top



Jeremy Hughes,
CEO, Alzheimer's Society

up' her mum's council-funded care home place, to the woman who had to sell her home of 50 years to pay for her husband's care – families affected by dementia are already at breaking point. With costs set to treble in the next two decades, how on earth will they cope?

'The cost of dementia care is too much for an individual to bear. It should be spread between us – just like schools, the NHS and other public services.'

Bupa fined for care failures

Bupa has been fined for failing to provide safe care and treatment after two incidents at West Ridings Care Home in Wakefield, West Yorkshire.

The group has been ordered to pay £123,699.90 in fines and costs by Leeds Magistrates' Court for offences that resulted in harm to Mary Smith and Joyce MacDonald at the home, which was then operated by Bupa Care Homes (CFHCare) Ltd.

The provider pleaded guilty to the offences in court at a previous hearing.

In April 2015, Smith was admitted to the care home without proper assessment or understanding of her care needs, despite being provided documentation relating to her assistance and mobility needs.

While at the home the 65-year-old suffered several falls. Although the falls were recorded, the service did not reassess her care planning or put any actions in place to reduce the possibility of reoccurrence.

In July 2015, Smith was supported to use a rota stand to go to the toilet. The stand required two staff members to support it. The resident was supported by only one member of staff and fell, suffering a deep laceration to her left leg. The injury required that she be admitted to hospital.

The court also heard of an incident in July 2015 where MacDonald, 81, was supported to go to the toilet shortly after being given night-time medication, which contained a sedative.

MacDonald was supported by a single member of staff, but they left her to attend to another resident. While alone MacDonald fell asleep and collapsed falling unsupported to the floor. Her family were not informed of the incident.

In the days after the fall MacDonald repeatedly complained of pain, and her family requested she be taken for an X-ray.

The home stated the X-ray would be arranged and that she would be seen by a visiting GP.

However, the X-ray was not arranged, and MacDonald was instead given medication, to which she was allergic.

She was in severe pain and taken to hospital where an X-ray was performed. It showed she was suffering from a fractured neck.

Due to the neck injury she became immobile and passed away in March 2016.

The care provider was fined £100,000 for failing in its duty to provide safe care and treatment to Smith and MacDonald and ordered to pay £23,579.90 towards the cost of the prosecution and a £120 victim surcharge.

Prosecuting counsel Paul Greaney QC, acting for the Care Quality Commission, which brought the prosecution, said 'management of that home became hopelessly inadequate'.

Rebecca Pearson, operations director for Bupa Care Services, said: 'We are extremely sorry for what happened in July 2015, and our thoughts are with the families at this time. We always aim to provide the highest possible standards in care but acknowledge that we fell short at this home. While we can't change what happened, we immediately implemented changes to prevent such issues from reoccurring.'

After the incidents Bupa implemented changes and introduced a system designed to ensure all agency workers are appropriately qualified and trained and aware of all relevant policies, procedures and control measures at the home.

It has also rolled out a revised governance framework and introduced a digital risk management tool across all its care homes.

The West Ridings property was one of 22 homes which was sold to Advinia in February 2018.

Pay boost

Some care workers will be set for a pay boost as the living wage rates rise to £9.30 across the UK and £10.75 in London.

The hourly rate is an increase of 30p for those across the UK and a 20p rise for those in the capital.

The rate is £1.09 per hour more than the government minimum wage for over 25s, while the London living wage is £2.54 per hour higher.

There are almost 6,000 real living wage employers in the country and rates are independently calculated based on what people need to live on.

The biggest factor for the UK-wide rate going up more quickly than in London was

private rental costs.

Childcare costs also rose at a faster rate outside of London.

Homecare provider Penrose Care pays the real living wage.

Its managing director Robert Stephenson-Padron said: 'The ability to pay the real living wage should be a celebration of sufficient organisational success to operate whilst upholding the dignity of the human beings who allow you to operate.'

'Economic adversity should be approached as an opportunity for adaptation and evolution – an opportunity to be brought closer to one's workforce under mutual respect and commitment to the common good rather than dismissing



workers cold heartedly via some decision made on a spreadsheet.

'Managers and workers alike should use economic adversity to brainstorm and pursue changes to one's organisational model that allows it to compete sufficiently to be able to pay the real living wage – and this may entail short term

sacrifice for all parties.

'This would allow the organisation to come out of any economic adversity as a more sustainable and economically viable organisation poised to attract the best talent and allow its managers to sleep well at night knowing that they have committed to being morally good.'

Survey highlights concerns

Concern amongst directors of adults social services in England about their ability to provide the care and support they are required to by law is at its highest level ever.

The Association of Directors of Adult Social Services (ADASS) asked 98 adult social care directors on their views on topics, including budgetary issues, meeting statutory duties, the ability of local care markets to cope with pressures and delayed discharges.

Figures showed that 94% of directors either had 'no' or only 'partial confidence' they will be able to deliver their statutory responsibilities for care market sustainability by the end of 2020/21.

More than eight in 10 (82%) of directors had 'no' or 'partial confidence' that they can deliver their statutory responsibilities regarding Deprivation of Liberty Safeguards and Liberty Protection Safeguards, with 76% feeling the same about delivering their statutory duty in relation to prevention and wellbeing.

The survey also found 93% of directors either had 'some concerns' or 'insufficient capacity' to manage the failure of a large provider.

Nearly all (90%) of directors stated that they had either 'some concerns' or 'insufficient capacity' to manage winter related pressures over the coming months.

Meanwhile, directors are most confident they will be able to deliver statutory duties relating to safeguarding by the end of 2020/21, with more than half (59.7%) stating they have 'full confidence'. This is followed by information and advice (49%) and assessment for carers and people using services (45.4%).

'Back in July, our budget survey showed that we are desperately lacking the sustainable long-term funding needed to pro-



Julie Ogley, president, ADASS

vide vital services that will allow us all to live the dignified lives we want to lead,' said Julie Ogley, president of ADASS. 'We are relentlessly positive about what social care can achieve. But it's clear from today's findings that the situation is worse than in July.'

'We cannot keep relying on emergency, one-off short-term funding and we cannot afford more vague promises or partial solutions,' Ogley continued, 'Those of us who are not getting care and support, those who are not getting enough care, those who are giving up work to care for family members and those who are getting ill and ending up in hospital for want of care at home deserve the social care we know is possible and essential.'

Ogley said the next government must make a choice and prioritise adult social care and provide certainty about funding, longer-term reform and a long-term plan that puts 'fairness at the heart of everything.'

Stabilisation

The next government must invest £8bn over the next 24 months to stabilise social care services, a charity has warned.

Age UK said emergency injections of public money could not continue, and a longer-term plan was needed.

The charity said 1.5 million older people in England have some unmet need for care, ranging from help with washing, dressing and using the toilet to more intensive support in a residential setting.

It estimates this number will rise to 2.1 million by 2030 if governments fail to act.

'Beyond the urgent need to prevent a spiral of decline, care must be made financially sustainable for the future: its quality improved through better recruitment and retention of skilled staff; services expanded so more people receive help; greater support given to the millions of unpaid carers; and older people protected from costly

care bills swallowing their life savings,' it said.

Caroline Abrahams, Age UK charity director, said: 'For the last few years these figures have been getting worse as governments dither over how to overhaul a system of care that everyone agrees is no longer fit for purpose.'

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Case reviews for inpatients

All 2,250 patients with learning disabilities and autism in mental health hospitals will have their care reviewed over the next 12 months.

Before parliament was dissolved on 6 November the previous government said it was committed to provide each patient with a date for discharge, or where this was not appropriate, a clear explanation of why and a plan to move them towards being ready for discharge into the community.

For those in long-term segregation, an independent panel, chaired by Baroness Sheila Hollins, will be established to oversee the case reviews to drive improvements in their care and support them to be discharged back to the community as quickly as possible.

The panel will monitor, challenge and advise on the progress of case reviews.

Data on inpatients in mental health settings who have a learning disability or are autistic will also be published.

Baroness Sheila Hollins said: 'I don't think it can ever be right to segregate someone as a form of care, and even more so when there is no planned end date.'

'The oversight panel will actively review progress of an action learning project designed to identify existing barriers, and implement solutions that will transform people's lives. Our focus will be on each person's humanity, and entitlement to live an ordinary and safe life in a place where their own concerns and needs will be understood and met by supporters who treat them with respect and have the right skills and supervision.'

It was also announced that every NHS and social care worker will receive mandatory training relevant to their role, as part of new measures.

The training will focus on understanding learning disability; understanding autism; legislation and rights; and making



reasonable adjustments such as using different communication methods for autistic people with sensory sensitivities.

Paula McGowan, whose teenage son Oliver died in hospital due to a rare reaction to anti-psychotic medication, has been campaigning on the issue.

She said: 'We have never had mandatory training like this before and I believe that this is a very important first step in addressing the inequalities of health care and premature deaths in people who have autism and learning disabilities.'

The training will be named in memory of Oliver McGowan.

Oonagh Smyth, executive director at learning disability charity Mencap, said: '...It is fitting that this training be named in honour of him and his family who have fought so hard for answers about his death and continue to campaign for wider change to prevent avoidable deaths of people with a learning disability and autism.'

CQC identifies hospital failures

An inspection report by the regulator has found 'significant and immediate concerns' at child and adolescent mental health wards in a Norfolk hospital.

The Care Quality Commission has rated Ellingham Hospital in Attleborough, which is run by the Priory Group, as 'inadequate' following an unannounced inspection in September after patient safety concerns were raised.

It closed the hospital's Woodlands ward, which accommodated children and adolescents detained under the Mental Health Act and acted to close Cherry Oak ward, a facility for young patients living with conditions including learning disabilities. However, the hospital voluntarily closed Cherry Oak, citing difficulties recruiting appropriate staff.

The CQC report found senior managers failed to provide consistent and stable leadership. It said: 'We observed very busy staff who lacked direction and told us they were not always aware of their roles and responsibilities.'

Staff had not observed patients in line with policy and 'failed to correctly complete patient observation records'.

Inspectors had serious concerns workers had failed to record times correctly of 'falsified' observation records.

Inspectors of Ellingham Hospital found staff use of restraint was unsafe and not proportionate. 'CCTV footage showed staff using unapproved techniques and acting aggressively towards patients which compromised the safety of the patients,' the report said. 'Agency staff used different methods to restrain patients than Priory-trained staff. This meant that restraints may not have been safely undertaken.'

Between 1 April 2018 and 30 September 2018 there were 194 restraints carried out on Cherry Oak and Woodlands, both 10-bedded mixed gender wards. In July 2019, staff reported 147 incidents where restraint had been used.

A hospital spokesman said: 'Whilst we accept and apologise for the CQC findings in relation to a number of operational matters at the site which meant the hospital fell short of the standards people have a right to expect, the fundamental issue in relation to this service was structural: there are simply not enough skilled staff in the region to meet the highly-specialised needs of the young people at Ellingham.'

'This has led to a regrettable over-reliance on agency staff who consistently failed to comply with relevant policies and procedures and deliver the care needed.'



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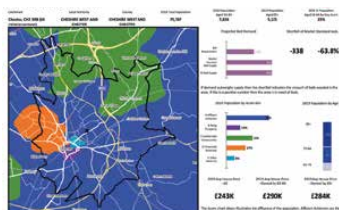
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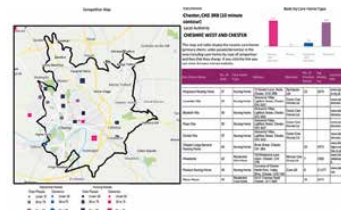
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Challenging the status quo

Workforce issues were the central theme at Care England's annual conference.

Deven Pamben provides insight to what was covered

Andrea Sutcliffe has vowed to fly the flag for the adult social care sector in her role as chief executive and registrar of the Nursing and Midwifery Council (NMC).

Speaking at the annual Care England conference, the former adult social care chief inspector at the Care Quality Commission, said more than 40,000 nurses work in adult social care at any one time.

However, she said since taking on her role at the NMC in January concerns had been raised that nurses working in adult social care were seen as less skilled than those employed in the health sector.

She told delegates: 'One of the very sad things, and I picked this up in the CQC and I see it again in this role, is that on occasions nurses in social care are treated as second-class citizens.'

'They are disregarded, they are undermined...It is not acceptable that people are treated in that way. One of the things I want to make absolutely crystal clear from a regulatory perspective is that it is not acceptable, and we need to value the nurses that we've got.'

The council has issued a statement about nurses in adult social care, saying it makes no distinction between the standards, behaviours and skills it expects nurses to uphold, regardless of the setting in which care is provided.

In the statement, Sutcliffe said she would be 'flying the flag for nurses in social care' and raise the understanding.

Technology

The conference, titled Workforce Matters, also covered technology, leadership and integration.

Telecare Services Association chief executive Alyson Scurfield said the sector was 'data rich' but 'intelligence poor'.

Referring to an integrated care system in Nottingham, she said only 18% of data was used to inform outcomes for individuals.

Within the sector, the adoption of technology enabled care was not

widespread, with concerns about disruption to staff training and costs.

Scurfield said: 'What we need to be thinking about in care homes is really looking at new propositions of improving care; giving more autonomy back to our workforce to spend more time with residents.'

She told the audience a quarter of people over the age of 75 used digital tools and 38% were on social media but that it was 'incredible' one in five care homes do not have Wi-Fi.

Rachel Smith, head of business systems and MI at Orchard Care Homes, showcased the provider's technological innovation.

Project Ragnarok, an automated end-to-end employee system, with rostering and payroll integration, has led to the number of agency nursing hours being reduced by over 20%.

She said the provider had invested heavily in technology, with the implementation of E-MAR (electronic medication) and E-Care (electronic care plans).

Disparity

Care England chief executive Professor Martin Green said one of the major challenges for social care was to bridge the gap with health to enable true integration.

Referring to various television programmes on health, he said social care needed positive role models.

'We have to take the initiative,' he told delegates. 'The reality is that the BBC and plethora of other channels are not going to look at social care in the same that they look at NHS and we have to do some of that for ourselves.'

Moving forward, he urged the audience to stop obsessing over structures.

'I make a plea,' he said. 'We have got to be sector neutral. There is far too much obsession in this system as to whether it is public, charitable or private sector. I speak to lots of people who use services and they never talk to me



Rachel Smith,
head of business systems and MI,
Orchard Care Homes

about the management structure... They talk to me about the quality of care, the interactions they have with staff and the outcomes that are delivered.

'We need to remind ourselves that our role is delivering outcomes, it is not posturing on political views about whether or not an organisation fits into one particular legal structure or another.'

Prof Green said care workers needed to be respected as professionals in the same way as people working in the NHS.

'The demographics are only going one way,' he said. 'Social care needs lots of highly trained, highly committed valued driven staff.'

'I think we should also remind ourselves whatever we do in training and development it's about the people. It's not about the system. It's not about the organisation. It's about the people. So, we have to understand this is a people-to-people sector. We must respect and invest in our colleagues in order to get good quality services for the people we work and support.'

Insular

Care England chairman Avnish Goyal, added: 'We cannot just stay insular. We have to get people from outside the sector to come in and challenge the status quo.'

LaingBuisson argues that councils could re-enter the market. **Deven Pamben** offers a summary of the latest report about care homes for older people

Resurgence of public sector unrealistic

The UK care home market for older people continues to run on two tracks - a profitable private pay segment and a financially challenged state-paid one.

Most care homes have a foot in both, but those in affluent areas benefit from more private payers, which typically pay a fee premium of over 40% compared with council paid fees. Those in less affluent areas are more highly exposed to inadequate state-paid fees.

The latest *Care Homes for Older People* market report predicts the public sector will continue to bear down on fees and profit margins as long as they are able to do so.

Councils could re-enter the market as providers, and LaingBuisson is aware of 'several localities' where this is under consideration. However, the healthcare data company argues that a substantial resurgence of public sector provision is

not realistic, even under a left-dominated Labour government.

The number of people aged 65 and over receiving care in residential settings across all sectors (for-profit, not-for-profit and statutory combined) was estimated at 393,180 at the end of March 2019 (2018: 396,150; revised downwards from 417,000).

Two-thirds (66%) of capacity is in the hands of for-profit providers, 14% is accounted for by not-for-profit providers and the remaining 10% by statutory providers (local authorities and the NHS).

Private pay is a £7.6bn plus market in the UK with an estimated 167,000 customers at any given point, in 2019.

Deconsolidation

The most vibrant segment of the market are medium-sized groups from 500 to 5,000 beds.

'Large groups have limited economies of scale, and some diseconomies, and there is little industrial logic in pursuing the level of consolidation that is commonplace in other sectors of the economy,' the report said.

The top ten providers' share of capacity has dropped from a peak of 27% in 2006 to 21% in 2019.

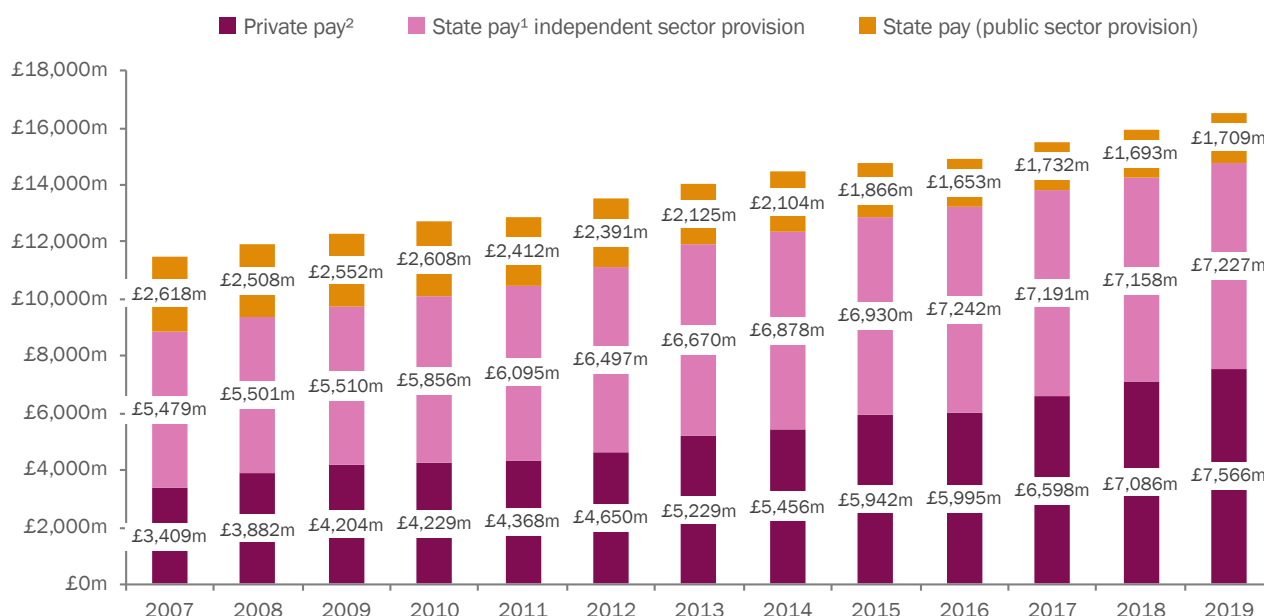
Further deconsolidation could happen depending on the outcome of the administration process for Four Seasons Health Care's parent company Elli Investments.

Market growth

The document indicates additional demand for 24,000 places over the next five years across the UK.

While market conditions are generally more challenging in less affluent regions, there is no evidence they are suffering a major net capacity loss in comparison

TRENDS IN MARKET VALUE BY PAYOR GROUP (SELF-PAY AND STATE-PAY), NURSING, RESIDENTIAL AND LONG-STAY HOSPITAL CARE OF OLDER PEOPLE AND PEOPLE WITH DEMENTIA (65+), £ MILLION UK ANNUALISED AT MARCH, UK 2007-2019



SOURCE LAINGBUISSON

with more affluent regions. 'This may be explained by continued development activity in more affluent niches within non-affluent regions,' the report said.

For 2019/20, weighted average (frail older and dementia) fees for older care home residents in for-profit properties across the UK are £923 per week for nursing care and £672 per week for residential care.

Latest statutory accounts from the UK's largest for-profit care home groups show they have an aggregate turnover of £2.7bn, while EBITDAR among the largest operators in 2018 ranged from 14% of revenue for Four Seasons Health Care to 32.6% for Avery Healthcare.

For-profit homes perform less well on average (77% 'good' or 'outstanding') than not-for-profit or local authority homes (84% and 85% respectively 'good' or 'outstanding').

Concentration

The market leader is HC-One, with capacity of more than 20,700 beds in homes for older people and dementia.

Four Seasons Health Care is in second place with 17,000 beds, having sold some of its capacity to ease its financial situation.

Barchester Healthcare is in third place with 12,400 beds. It has since added 1,570 beds following the acquisition of 24 brighterkind properties (see page 42).

The two largest not-for-profit providers come next, Anchor Hanover and Sanctuary Housing Association, with 5,800 and 5,000 beds respectively in homes for older people and dementia.

Small businesses with one or two homes for older people hold 33% of older people's care home capacity. 'This segment of the care home sector has been in slow decline for three decades, but still accounts for a substantial share of capacity, including 40% of residential care home capacity,' the report said.

New registrations have typically been larger scale homes, mainly operated by corporates and closures have been concentrated among smaller scale homes, mainly operated by small businesses.

By March 2018, 49% of bed capacity in independent sector care homes for older people and dementia (65-plus) was in purpose-built homes. The remaining 51% were conversions or part purpose built.

Investors

There were fifteen private equity companies with older people's care home holdings at the time of writing in October and their aggregate bed capacity was 56,700 or 13% of total UK for-profit capacity in the care home sector for older people.

'Rather than funding asset acquisition themselves, care home operators have the option of leasing care home assets, or selling existing assets and leasing them back, using the resources to fund expansion,' the report said. 'The advantage of leasing is that it facilitates more rapid expansion.'

'The downsides are that operators give up the long-term prospects of profit from the property element on exit and, more important, they are likely to have less flexibility if they wish to reposition or dispose of assets which are no longer viable for their original purpose.'

'As a result, operators can be trapped in a situation where they are obliged to continue operating underperforming homes for decades, with landlords particularly unwilling to let operators with good covenants off the hook.'

Technology

LaingBuisson predicts modernisation of care home assets will continue over the next decade.

It said the sector would probably look much the same in ten years as it does now, though with improved stock.

While there will be more efficient systems made available through technology, there are no technologies in sight that will reduce staffing levels to a degree that would cut care costs.

It is difficult to see how a more professionalised workforce would be affordable, the report warns.

With paper-based systems still dominating the system, the sector is 'ripe for an IT revolution' that could help free up staff for activities which add value and help operators distinguish themselves from their competitors.

'However, more fanciful visions of a future in which artificial intelligence takes over many of the tasks presently undertaken by human beings are decades away from realisation,' it added.



Report author William Laing is the founder of LaingBuisson, a well-known healthcare economist and a leading commentator on healthcare and social care.

Before founding LaingBuisson in 1976, William worked for the Association of the British Pharmaceutical Industry and the Office of Health Economics where he was Deputy Director. He has a BSc Econ from the London School of Economics.

William is the author of a number of LaingBuisson market reports focused on independent social care (including *Care Homes for Older People*, *Adult Specialist Care* and *Homecare and Supported Living*, as well as selected market reports focused on independent healthcare including *Mental Health* and *Out of Hospital Healthcare*, which covers primary care and other services). He also provides consultancy services to leading investors, banks and independent and public sector providers.



All change for more of the same

Professor Green argues that politicians are making promises but lacking detail



The arrival of a new government will do little to change the position of social care. Throughout the election campaign all parties have talked about social care in the most general of ways.

They made commitments to the electorate about developing a sustainable care sector; the promises were present, but the detail was absent.

What the election might do is produce a bit more money for social care because all parties promised to put a

sticking plaster on the system as they looked for a long-term solution.

The sad fact is, that governments have been looking for a long-term solution for the last 20-plus years, they have not delivered one, so I have little confidence that this is a new dawn.

Viability

What I think we must all do is create our own future.

The sustainability and long-term viability of social care will ultimately come because of the creativity of the care provider, rather than because of the strategic direction of the government.

We are increasingly seeing social care providers embracing technology and understanding that if our future is going to be bright, we will have to work smarter not harder, and technology can give us the capacity to increase efficiency as well as improve the services we offer.

There are countless examples of the ways in which technology is being harnessed to enable people who use services to have more choice, autonomy and control.

There are also many examples of how technology can make the deployment of staff more efficient and it can also improve the working environment.

In a sector that is increasingly under more and more scrutiny technology is also a vital element of developing clear audit trails which can prove what interventions happened.

In the coming years we will see technology revolutionising our approach to inspection and we will see far more data driving decisions about how we develop care.

The care sector has a real opportunity to think clearly about what datasets will be the most useful in helping us to plan and develop our services in the future.

Data will be the thing that drives the development of services in the future and our sector is in a good position to both collate and use data.

The NHS is full of data, much of which is not effectively used, one of the lessons we can learn in social care, is that collecting data is only good when you understand and use it.

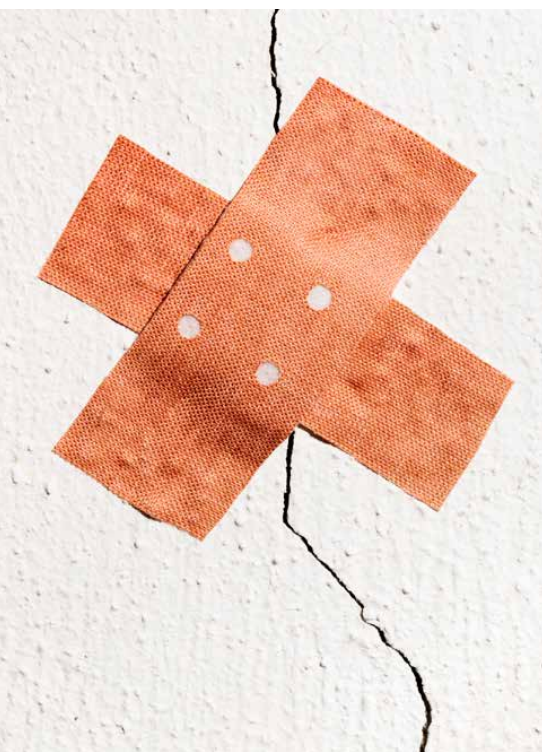
Solutions

The coming year will be another difficult one for care providers, but increasingly, I detect that our sector is ready to embrace change and use technology.

This use of technology and data will give us a great deal of power and we will start to see care providers crafting solutions that citizens want, leaving the government on the peripheries.

The election campaign has really shown the public has lost confidence in politicians and they are increasingly of the view that politics has failed us.

Faced with this reality, we are all increasingly crafting our own solutions and developing our own futures, in spite of, rather than because of, what governments do.



CARE HOMES FOR OLDER PEOPLE UK MARKET REPORT

THIRTIETH EDITION

Private pay continues to underpin the UK Care Homes for Older People Market

The 30th edition of LaingBuisson's much respected Care Homes for Older People UK market report is vital reading for anyone involved in this large and dynamic sector. In a changing market, this provides commissioners, providers, investors and advisors with indispensable information on which to base business decisions.

A key factor in this £16.5 billion market (March 2019) is its clear divergence onto two tracks. Private payers account for 51% of the market by value and 45% by volume. This side of the market has also underpinned the overall market's inflation-beating growth, private pay growing by 6.1% (CAGR in cash terms) over the years between 2009 and 2019, compared to 3% for the market as a whole.

Healthy growth is expected to continue for this sector as the 'owner occupier peak' moves into the 85+ age group – the age group where people are most likely to enter a care home. Contrast this with the state pay market. Fees paid by local authorities, under the pressure of austerity, now barely cover the providers' average costs. This is only sustainable so long as there is a level of cross-subsidy from private payers, who on average pay over 40% more in fees than local authorities. Local authorities have also sought to reduce costs by containing the level of demand, meaning there is spare capacity in many areas in spite of an ageing population.

There are, nevertheless, questions over how long this buyer's market can continue before it becomes a seller's market. New information from CQC suggests that there is greater capacity than previously thought – but this is based on registered beds rather than available beds. LaingBuisson start to investigate in this report what lies behind current capacity and demand. Should supply be lower than expected, particularly in areas where there are larger numbers of older people, the ability of local authorities to bear down on fees and profit margins will be curtailed.



Anecdotal insights already suggest growing pressure on the market. In the past year, LaingBuisson has become aware that a number of local authorities are considering re-entering the residential care market to ensure they can access care at a price they can afford – while also benefitting from being able to gain additional income from private payers.

Demand pressure for nursing care is also building. Five-thousand registered nursing home beds have been lost since 2015. Less well known is the impact of nursing homes which have stopped taking nursing care placements without changing their registration because of nurse shortages. Potentially, this will have a huge impact on the high acuity end of the market.

Who is the report for

- Operators of residential and nursing homes
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- Nursing agency operators
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- CCG commissioners
- Directors of adult social services
- Care advisors
- Banks and investors
- Management consultants
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- Think tanks
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What the report covers

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Deal-breaking contract clauses

Colin Angel examines how councils are looking at new ways to deliver services



Examples of local authority contracts which are likely to present 'deal-breakers' for homecare providers cross my desk regularly, either when an authority begins a procurement exercise, or when the authority seeks a variation to a contract while it is in place.

When the terms of a contract become onerous, homecare providers are more likely to decline to submit a bid for new work, or decide to withdraw from the contract while it is running.

Neither are a healthy situation and potentially risk a costly abandoned procurement exercise or disruption of the local provider market.

There seems to be some fundamental problems: the potential impact of such deal-breaking clauses is not anticipated; or clauses are written by procurement managers whose intention is to protect the interests of the council at any cost; or the contract is drafted in complete isolation from prospective providers, who could have alerted the authority to potential problems which could be overcome with some careful redrafting.

Two potential 'deal-breakers' caught my attention recently.

One was a variation to the contractual payment terms introducing a system of per-minute-billing; the other initially looked like a rather dull clause about intellectual property rights.

An authority recently introduced a change to its contract so that data from

the electronic call monitoring system already in place would be used to calculate the amount of time that the provider would be paid by the minute.

I CANNOT JUDGE
WHETHER THE
AUTHORITY REALLY
UNDERSTOOD
WHAT THE
IMPLICATIONS OF
THIS NEW SYSTEM
MIGHT BE, OTHER
THAN TRYING TO
SAVE MONEY

Although one might argue that paying for care by time (rather than achieving the desired outcomes) is not an ideal approach, there's nothing inherently wrong with the principle that an authority pays for services by time, so long as the hourly rate is realistic.

According to the contract variation in

this example, visits of twenty-minutes or longer would be paid by the minute; those between eight minutes and under 20 minutes would be paid as 15 minutes; while anything under eight minutes is not paid at all.

Once this clause was combined with an hourly rate of just £14.33 at the time (compared to UKHCA's current Minimum Price for Homecare of £18.93 per hour)¹ there is the recipe for a contract which might push an unstable care market over the edge.

I cannot judge whether the authority really understood what the implications of this new system might be, other than trying to save money.

Had it considered that the provider still bore the costs of careworkers' travel time if the worker was sent away because the person they were visiting was unwell, didn't need support that day, or was in hospital?

Were the systems to authorise visits longer than planned really likely to work in practice?

While the council appears to believe that the variation is justified, it is unlikely to be in the interests of local people that existing providers hand-back packages of care, or decline to take on new packages as a result.

My other example appeared at first to be an innocuous clause, but in effect it required providers to vest any intellectual property (IP) used to deliver the service in the council.



Variations of the wording of this clause have appeared in a number of contracts for some time.

Part of the problem is that these clauses are often drafted rather imprecisely, so are capable of different interpretations.

Interpreted strictly, such clauses could mean that it isn't just IP developed specifically in relation to delivering the contract, but the provider's entire intellectual property, including training procedures or IT systems it has designed to run its services, suddenly belongs to the council.

When such clauses were originally drafted, it probably wasn't councils' expectations that a homecare contract would generate much in the way of intellectual property.

But the world has moved on, particularly in relation to the development of technological solutions to support new business models.

Of course, when such clauses appear

in a contract, there is little (if any) opportunity for providers to negotiate the terms to something more proportionate.

Requests to do so are generally met with an arbitrary response that the contract is issued on a 'take-it-or-leave-it' basis.

There are two problems for providers in this situation.

They must either sign-up to a contract in the hope that the clause isn't ever enforced, or that if it was, that the courts would not interpret the clause in a strict sense.

Both carry a degree of risk and/or potential cost for the provider which is probably unnecessary.

Innovative providers who invest heavily in their services could well find the potential risks of such a clause a genuine deal-breaker, particularly where they are supplying to both the statutory and private-pay market.

At a time where councils want innovation and new ways to deliver services,

the situation is counterproductive.

Neither of these examples – and I could have picked many others – need to be insurmountable.

Per-minute-billing combined with a realistic hourly rate could be sustainable, while an IP clause could be limited specifically to IP developed solely in relation to delivering the contract.

To achieve this there needs to be a better understanding of the commercial implications of contracts and better dialogue between councils and providers before contracts are finalised and issued.

NOTE

1 Angel, C (2019) A Minimum Price for Homecare, Version 6.0, United Kingdom Homecare Association. URL: <https://www.ukhca.co.uk/downloads.aspx?ID=434#bk1>

Conferences and Networking

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Care Homes for Older People Seminar

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CMS Offices, London

Complimentary ticket with registration

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23 June

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CHD Living to open residential home

Care group CHD Living is due to open the first phase of its latest residential facility.

Nine of the 25 bedrooms available at CHD Living's Brownscombe Lodge in Haslemere, Surrey, in the grounds of Brownscombe House Nursing Home, have been released to the public.

With completion expected by the end of the year, bedrooms will come equipped with a multi-positioning care bed, an HD TV, private telephone line, free Wi-Fi, option of Sky TV and a nurse attendant system.

In addition, there will be a bistro with live show kitchen and chefs table, a cinema room with adjoining business centre, fitness pod, hairdressing and spa facilities and an aquarium.



Brownscombe Lodge, Haslemere, Surrey



Cumberland Grange, Exeter, Devon

Barchester

Construction work on one of Barchester Healthcare's latest care homes has begun.

Cumberland Grange Care Home in Exeter, Devon, will provide dementia and residential care.

The 65-bed home is due to open in November 2020 and is under construction by Halsall Construction.

Andy Williams, senior property development manager at Barchester, said: 'The new care home will be an important facility for the district and a very welcome source of employment.

'There is a real need for quality care in the local area and our new home will definitely meet this, and potentially give a boost to employment in neighbouring communities.'

HC-One

HC-One will operate a care home built by Charterpoint Senior Living on the site of a former police station in Bingham, Nottinghamshire.

Set to open in 2021, the home will comprise 70 beds.

Demolition work is underway, with building work due to start early next year.

The property will feature residents' lounges, a hair and beauty salon, cinema room and other extensive communal facilities, along with gardens.

Justin Hutchens, chief executive officer of HC-One, said: 'HC-One is on a mission to be the first-choice care provider for older people and the employer of choice for the kindest and most professional care workers.'

Thackeray Estate

The Thackeray Estate has been granted planning permission to develop the Castle Club, a Grade II listed building in Fulham, London, into a care home.

The £25m development will involve restoring the gothic style former school to a 33-bed facility, providing a home for older people who need 24-hour nursing care.

Charles Thompson, director of the Thackeray Estate, said: 'There is a clear lack of high-quality care homes in desirable locations, with most modern facilities being located in characterless developments out of town, and so we are excited to be able to use our expertise and bring this wonderful building back to its former glory and for beneficial use.'



Thackeray Estate, Fulham, London

Congratulations to this year's winners...

Social Care

Residential Care (smaller organisation)
Belong

Residential Care (larger organisation)
Anchor Hanover

Homecare
The Good Care Group

Housing with Care
NorseCare

Children's Services
The Esland Group

Supported Living
Tower Hamlets and
Providence Row Housing Association

Specialist Care
Voyage Care

Clinical Services

Private Hospital
Schoen Clinic London

Private Hospital Group
Nuffield Health

Primary Care & Diagnostics
i-GP

Healthcare Outcomes
Moorfields Private Eye Hospital

Nursing Practice
Hospiscare

Rehabilitation
Bromley Healthcare

Innovators & Leaders

Public Private Partnership
Spark of Genius

Management Excellence
The Good Care Group

Innovation in Care
King Edward VII's Hospital

Innovation in Technology
Oxehealth

Excellence in Training
Ascenti

Rising Star
Niall Kelly

Outstanding Contribution
David Mobbs

Investors & Finance

Investor
Civitas Social Housing

Lender
Barclays Bank

Financial Advisor
Deloitte

Advisors

Management Consultant
Connell Consulting

Recruiter
Compass Holding Group

Legal Advisor (Public)
Mills & Reeve

Legal Advisor (Independent)
CMS

Property

Property Developer
Hamberley Development

Property Consultant
Carterwood

Property Investor
Runwood Homes





The 14th LaingBuisson Awards took place last month with more than 1,000 health-care and social care professionals present at the annual ceremony.

Held in the ballroom at the Park Plaza Westminster Bridge, the event was hosted by comedian Jo Brand who entertained guests before presenting the awards with LaingBuisson chairman, Stephen Dorrell.

LaingBuisson's biggest event yet, the finalists were chosen by an independent panel of judges from over 350 nominations and guests helped to raise over £10,000 for this year's charity partner the British Red Cross.

The evening concluded in the naming of David Mobbs as the recipient of the 2019 Outstanding Contribution, with Dorrell commenting: 'David is an innovative and influential leader, and is considered one of the few strategic visionary leaders in the private health sector with a passion for quality in hospital services and leading the adoption of the European Quality Model in the UK private sector.'



With thanks to our sponsors...



Winners gallery



Belong



Anchor Hanover



The Good Care Group



NorseCare



The Esland Group



Tower Hamlets/Providence Row



Voyage Care



Schoen Clinic



Nuffield Health



i-GP



Moorfields Private Eye Hosp.



Hospiscare



Bromley Healthcare



Spark of Genius



The Good Care Group

Winners gallery



King Edward VII's Hosp.



Oxehealth



Ascenti



Niall Kelly



David Mobbs



Civitas Social Housing



Barclays Bank



Deloitte



Connell Consulting



Compass Holding Group



Mills & Reeve



CMS



Hamberley Development



Carterwood



Runwood Homes

Major UK providers of adult specialist care

December 2019/January 2020

Adult specialist care home providers (by beds)¹

Rank	Provider	# homes	# beds	Av. beds/home
1	Priory	221	2321	10
2	Voyage Care	252	2016	8
3	Leonard Cheshire	78	1396	17
4	CareTech	151	1346	8
5	Four Seasons Health Care	27	887	32
6	Lifeways	76	812	10
7	Salutem Healthcare	73	744	10
8	Exemplar Health Care	27	690	25
9	Regard	72	679	9
10	PrimeLife	29	668	23

Learning disability care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	Voyage Care	224	1722	7
2	Priory	171	1672	9
3	CareTech	134	1121	8
4	Lifeways	67	612	9
5	Regard	68	602	8
6	Caring Homes	63	565	8
7	Cygnnet Health Care	49	533	10
8	Mencap	68	503	7
9	Achieve Together	67	454	6
10	Salutem Healthcare	54	429	7

Mental health care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	PrimeLife	17	450	26
2	Priory	28	381	13
3	Accomplish	31	199	6
4	Four Seasons Health Care	5	172	34
5	Rethink Mental Illness	17	161	9
6	Exemplar Health Care	6	157	26
7	Together	12	152	12
8	Deepdene Care	5	133	26
9	Richmond Fellowship	10	133	13
10	Making Space	8	128	16

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

SOURCE LAINGBUISSON DATABASE.

DATA CORRECT AS OF 15 NOVEMBER 2019

INFOCUS

DECEMBER 2019/JANUARY 2020

TRANSFORMERS

This edition focuses on innovation and features how the trusted assessor initiative has been received and how it is helping alleviate the problems of delayed transfers. We cover the Scottish Care annual conference, which featured innovation in the sector, and speak to Gavin Bashar, UK and Ireland managing director of Tunstall Healthcare.



CM meets... Gavin Bashar

With more than 27 years' experience in healthcare, the UK and Ireland managing director of Tunstall Healthcare has been in the post for just over a year. Here he discusses growth opportunities, how technology can help tackle loneliness and how data is driving care solutions

CM How did you come to work in the sector?

GB My background has been predominantly within the healthcare sector. As I began to understand more about the essential role social care plays, it was a natural fit for me to join Tunstall and help to deliver advanced technology enabled care solutions.

Technology is affecting all areas of our lives and consumer adoption of Internet of Things is gathering pace and policies such as *The NHS Long Term Plan* are driving the increased use of assistive technology. Combine this with the ageing population and financial austerity and you have a catalyst for questioning traditional models of care delivery.

This is what drew me towards the sector; the traditional telecare market is going through transformational change as it seeks to develop a new strategic approach, that realises short-term benefits of technology but also sets the foundation for a digital future.

These are exciting times and my job is to ensure that Tunstall continues to lead the way in ensuring that the potential of technology to revolutionise the way people experience health, housing and social care in the UK is fully realised.

CM Is the social care sector embracing technology as well as it can?

GB It's a varied picture, but technology is advancing so quickly there will always be room for improvement.

We're seeing an increasing amount of local authorities investing in large-scale models of care which use technology to enable the delivery of person-centred and proactive care, which both improve quality of life and deliver efficiency gains. However, there are also areas where the public sector is reducing access to community alarm and telecare services, in some cas-

es even removing them all together.

The UK's communications network has also begun its transition from analogue to digital and whilst this represents a step change in the solutions and services that can be delivered, there is also some uncertainty around what this digital future will look like.

With the analogue switch off five years away at most, we are committed to working in partnership with our customers to help them manage the transition effectively and ensuring the digital opportunity delivers the most it can, for both organisations and the people they support.

WITH THE
ANALOGUE SWITCH
OFF FIVE YEARS
AWAY AT MOST, WE
ARE COMMITTED
TO WORKING WITH
OUR CUSTOMERS
TO HELP THEM
MANAGE THE
TRANSITION

CM What challenges and opportunities do global companies face in growing their business?

GB All countries face the common issues of ageing populations, cash constraints in local authority and healthcare funding and a shortage of healthcare professionals in

their markets.

Within the UK specifically, the opportunity for growth is significant, as there is a real desire for people to remain living in their own homes for as long as possible. This coupled with the digital transition and the progression towards more preventative and person-centred support models, means the UK is well placed to continue to pioneer the use of technology to enable independent living.

CM How is data driving health and care solutions?

GB Data analytics are key to this preventative capability and providing a foundation for care to become more proactive and ultimately predictive.

A key factor in this shift is the way digital technology enables information sharing. Unlike analogue systems, digital networks are 'always on', allowing sensors in the home to connect and send vital information to a shared digital platform accessible by relevant stakeholders such as health and social care professionals.

Better integration also improves the user experience and of course, reduces costs. Family members and carers can also engage with this information, for example, viewing their loved one's patterns of activity via apps to help them offer support where it's required.

Using digital technology to broaden the circle of support not only improves quality of life but also reduces reliance on statutory services.

Digital connectivity is also becoming increasingly preventative, facilitating timely support which avoids the need for more complex care. For instance, discreet sensors in the home can monitor activity, managing risks but also enabling earlier, lower cost interventions e.g. significant increased use of the bathroom facilities could indicate a urinary tract infection.



CM meets...
Gavin Bashar

UK & Ireland managing director, Tunstall Healthcare

Career

UK & Ireland managing director, Tunstall Healthcare (Nov 2018 –
Managing director, GB Business
Consultancy (Dec 2013 – Oct 2018)

Head of the EMEA and APAC, Hermes
Medical Solutions (Nov 2016 – July
2018)
Managing director, EMEA, Cutera Inc (Oct
2014 – Oct 2016)

Commercial operations director – EMEA,
GE Healthcare (Nov 2010 – Dec 2013)
Commercial director, GE Healthcare (May
2007 – Nov 2010)

Treating this with antibiotics at an early stage can prevent deterioration in health, avoid possible hospital admissions and the associated risk of hospital acquired infection or reduction in mobility, vastly improving quality of life.

CM Will technological advancements in the sector save money? If so, for who?

GB Relatively simple technology, which has been available for some time, such as fall detectors and medication dispensers, can make community care delivery more effective by reducing the need for unnecessary home care visits.

Digital technology develops this further, enabling a wide range of devices to connect intelligently and use data analytics to provide meaningful, actionable insight. It offers objective information about patterns of behaviour to inform assessment, meaning care can be targeted where, when and how it is needed most.

One of the biggest costs to health and social care is older people falling. Technology can detect falls, enabling a rapid response and thereby mitigate the consequences; reducing time in hospital and the associated risk of hospital acquired infection and reduced mobility.

As the next generation of technology becomes more predictive, more falls can be prevented.

While it's of course important for our health and care budgets that we reduce the cost to the public purse, more importantly addressing this issue means we can help people to feel safe and independent at home and give them and their families peace of mind.

Introduced appropriately, I believe technological advancements save money for everyone – health, housing and social care providers, local authorities, individuals and their families.

CM Which companies impress you in terms of innovation?

GB Naturally I would mention the pioneers of every day products from companies such as Apple, Microsoft, Amazon etc. and for sure, they are introducing technological advancements at a staggering pace, that not only add value to each of us in normal routine life, they are already making a huge impact through contributions to health and social care.

However, I am impressed on a daily basis by the tremendous innovation that comes from an array of start-up busi-

nesses, SMEs and research institutions, that can be integrated and combined with traditional models of telecare, to collectively add enormous value to patients, residents, healthcare professionals and carers.

Innovative solutions from these many providers, integrated to deliver person-centred solutions, is what really impresses and excites me.

CM How can technology help reduce loneliness among older people?

GB There are 1.2 million chronically lonely people in the UK and loneliness has been shown to be as bad for health as smoking 15 cigarettes a day¹.

At a simple level, just using the phone can help people feel more connected. Alongside calls to and from friends and family, organised proactive calling programmes can provide vital human interactions and help to identify people who could benefit from further support.

I AM IMPRESSED
ON A DAILY
BASIS BY THE
TREMENDOUS
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COMES FROM AN
ARRAY OF START-UP
BUSINESSES

Many of our products also provide a means of safely and easily accessing the internet, enabling users to shop online, share messages and photos with family and friends, and find information regarding events nearby.

Tunstall is delivering an innovative app-based service designed to strengthen and expand older people's personal and social networks, which combines digital and physical interaction.

While technology has a major role to play in keeping people safe and independent, we must also ensure that this doesn't mean they are isolated.

CM How do you think the connected home market (smart care) will impact care homes?

GB We've seen already through our work with NHS Calderdale Clinical Commissioning Group that telecare and telehealth can have a significant impact on care homes.

The Quest for Quality in Care Homes programme combined technology with a multi-disciplinary team to reduce demand on primary and secondary care and, increase the quality of life for residents.

More than 1,300 residents have been supported in 38 homes as part of the programme over the last six years and the project has achieved significant financial efficiencies and associated cost savings since it was introduced. This resulted in a 33% reduction in emergency hospital admissions, a 26% reduction in hospital stays and the cost of hospital stays reduced, saving approximately £800,000 per year.

There were also 45% fewer GP visits to Quest for Quality care homes than there were to those not taking part in the programme, generating additional significant cost avoidance.

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

GB I think the major challenge acknowledged by everyone is the lack of integration with the NHS.

It's a problem that has been recognised for decades, although no one has yet been able to solve. However, the introduction of integrated care systems represents a major step forward in addressing this issue.

Technology and data also have a pivotal role to play; sharing information and greater insight have got to form part of ensuring we can structure a system of care delivery that is more efficient, person-centred and able to cope with future demands.

The creation of NHSX and the focus on technology in *The NHS Long Term Plan* are confirmation that digital capability is central to accelerating health and social care integration.

NOTE

1 Campaign to end loneliness www.campaigntoendloneliness.org/the-facts-on-loneliness

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ThinkTank, Birmingham | 30th January 2020

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Laboratory	CIL Management	JLL	The Care Home Coach
BT Ventures	Consultants	Lifeways Group	The Care Workers Charity
Burges Salmon	Clydesdale and Yorkshire	NatWest	The Orders of St John
Candesic	Bank	Nazareth Lodge Care	Care Trust
Care Marketing	DAC Beachcroft	Home	Watts Group
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Speakers include:



Henry Elphick
CEO
LaingBuisson



Mick Laverty
CEO
ExtraCare Charitable Trust



Stephen Dorrell
Chairman
LaingBuisson

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Trusted assessor schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital. **Ellie Robinson** looks at how its introduction has been received

A trusted approach

With NHS waiting times reaching record levels, alleviating the problem of delayed transfers of care has never been more important.

NHS figures show that November to February is the busiest time of year for hospitals, with more than 20% of admissions from A&E taking place last December and January. And the problem looks set to intensify this winter once more.

The Department for Health and Social Care has allocated £6.4bn through the Better Care Fund to projects that join up health and social care services to ensure a smooth and timely pathway out of hospital.

One of these vanguards was the introduction of a trusted assessor at Lincoln City Hospital. This person would assess patients on behalf of care home providers in Lincolnshire to ensure they could be discharged into an appropriate social care setting.

The fund pays the salary of the trusted assessor, but they report to Lincolnshire Care Association (LinCA). Such has been the success of this scheme in the county,

they are now starting to assess patients for homecare services.

But this has thrown up its own unique challenges. Chair of LinCA and chief executive officer of homecare provider Walnut Care, Melanie Weatherley, said there is often a delay in transfers of care into people's homes as there is not enough capacity to deliver the amount of care social workers prescribe on discharge.

THE WAY WE
DESCRIBED
THE TRUSTED
ASSESSOR
SCHEME IS TO
IMAGINE YOU
HAVE A DEPUTY
MANAGER
WHO LIVES IN A
CUPBOARD IN THE
HOSPITAL

'It is totally new and we are just not used to people with this level of complexity going in and out of hospital.' She said Walnut Care had received assessments for people and initially could not offer them care. But when it looked deeper into what care was actually needed, rather than what they were prescribed, they were able to take the person rather than

having to recruit someone specifically to look after that patient.

She explained: 'The trusted assessor challenges the (standard) package at two people, four times a day because often you don't need all of that.'

With state-funded care packages she said it could be problematic as providers would have to challenge the person commissioning the care to ensure it was deliverable.

She explained: 'There is a difference between being medically fit and my care staff being able to manage them. And this is very new because a few years ago, they wouldn't have been going home.'

'They would have been going into a care home. And as we move people with more complex needs home, we do need to think "you are not just going in to wash and dress them".'

'It is having someone there who understands and isn't driven by the fact there are 42 other people there who also need an assessment.'

'My view is, if it gets three people a day home, two days before they would have done previously, it helps. In the winter, when the care homes are under stress, it makes a bigger difference as often the care home manager or homecare manager can't get to the hospital for a week.'

Assessing self-funded homecare packages, however, is very similar to doing the same for care home beds. Because they are on site, they can assess patients straight after a care home bed or homecare service is offered.

Otherwise the managers must drive to the hospital to do it.

Weatherley said: 'The way we describe it is imagine you have a deputy manager for your care home who lives in a cupboard in the hospital. It is really that simple. But it breaks down the barriers



Melanie Weatherley,
chair, LinCA



between the care home and the hospital sector because the care home sector can help to solve the hospital's problem rather than being seen as the root cause of the problem.'

Furthermore, the patient needs to be able to trust what the assessor is telling them. Just having one person makes that easier, Weatherley said. 'What we are finding on the homecare side is, they might not get the person home faster but they reduce the chances of them bouncing back in because the care fails because of the difference in reality and the expectation.'

'We recommend that a trusted assessor is someone who has been a care home manager or deputy and either is or has been recently a nurse. Then they've got both sides.'

'It builds up the trust between the care homes and the hospitals so if things are really bad, you have not got the confrontational relationship which you can have sometimes. They definitely make a difference is the feedback I get from the hospital.'

Kate Sayles, discharge lead for United Lincolnshire Hospital Trust, confirmed this saying the trusted assessors had helped to reduce patient's length of stay in hospital as they can assess them on behalf of the care provider as soon as the patient is medically fit and able to return home, instead of waiting for the operator to come in and do their own

assessment.

She said: 'This in turn ensures no unnecessary delays and is fundamental to a patient's health and wellbeing.'

One body who will be watching LinCA's progress closely is the Healthy London Partnership, which has been working with the Havering Care Association to establish a trusted assessor for care homes within Barking, Havering and Redbridge University Hospitals Trust. However, they are not at the stage to use the trusted assessor for homecare services just yet.

Jane Sproat, ageing well senior manager at Healthy London, explained it was important not to rush the process of setting up this system. 'You need to be brave in trying something new. It is really about the relationships. You need to take time to make sure you are speaking the same language and encourage care providers to come forward and get them involved in this work.'

'One of the things that we sometimes forget in health is we do not always have the solution. We are now seeing some real differences.'

Sproat added the trusted assessor was only one part of a raft of measures such as NHSmail and Care Pulse designed to aid communication between health and social care providers.

Like Weatherley, she said the trusted assessor has helped change the perception that care homes are part of the problem to them being the solution. Such

is its success in this London borough, only one of the 68 discharges carried out by the trusted assessor was refused by care providers.

She explained: 'Trusted assessors by themselves won't solve the problems of delayed transfers of care but there is a huge potential there to save bed days.'

Using a trusted assessor does offer potential opportunities for homecare operators, which policy director at the UK Homecare Association Colin Angel agreed with, but only when used appropriately.

As well as reducing patients' time in hospital, it also offers homecare providers a degree of a consistency in the assessments they receive from acute trusts from someone who understands the local social care market.

'However, trusted assessment isn't a panacea: it won't reduce the time people spend in hospital if the real problem is a lack of available care workers to provide the necessary support', he warned.

Angel added: 'It is fundamental that "trusted assessment" is just that: trusted. Care providers joining existing schemes should be reassured that they are confident in the assessment process and they should be involved directly in the creation of new schemes.'

'There is no obligation for a provider to accept or use a trusted assessment scheme in which they are not confident.'

Providers have been told they need to think radically and not wait for others if they want to see change in the sector.

Deven Pamben reports from the Scottish Care annual conference



Shifting perceptions

The power of music has been explored as part of a project that aims to help transform perceptions of care homes.

Anderson's Care Home in Elgin has been working in collaboration with researchers at Glasgow School of Art's Innovation School in designing a programme of music activity in partnership with residents, staff and volunteers, including children and musicians.

For 12 months the project has actively supported residents to help shift perceptions of the care home and overcome negative stereotypes that are portrayed in the media.

Funded by the Life Changes Trust through their 'Rights made real' programme, the project was one of seven focused on developing personal identity, relationships and friendships using music. Tools have now been developed

that other care homes can use to help improve music activities in their settings.

By extending reach to the wider community, it looked to support positive public attitudes and understanding about dementia. An evaluation of the seven projects will be available soon.

Speaking at Scottish Care's National Care Home Conference and Exhibition in Glasgow last month, Dr Tara French, programme director at the Glasgow School of Art, told the audience the project was trying to enable a culture of innovation to break through.

'We are focused on transformation,' she said. 'We believe we have got to go beyond improvement now. If we're really going to affect sustainable change, we must think radically, and we have to be thinking towards transformation. We need the space and time to embrace our own creativity and ideas, and have that ability

to create that cultural innovation.'

She said the sector needed to design and develop tools that could bridge the gap of what happens on the ground and at policy level.

'The biggest challenge that we face is how do we shift perceptions and attitudes and how do we build better relationships with the wider public and media...Let's say if we had the funding and did not have any recruitment issues, I would argue the biggest challenge we face in the sector is perception.'

'How do you shift that perception, so care homes become a destination. That is shifting it from people not considering care homes as a last resort. So, our public and our communities are the people we need to influence.'

French said she was curating a public library of 'care home truths' to help change public perceptions.

Cash-strapped

Delivering a keynote on care homes in the technological age, Professor George Crooks, chief executive of Digital Health and Care Institute, told the audience it was them who would solve the problems in social care.

‘If you are waiting for the UK parliament in Westminster or the Scottish parliament in Edinburgh or senior civil servants, chief executives of health boards or local authorities to solve the problems in health and care, it ain’t going to happen,’ he said.

The answer wasn’t to throw ‘a shed load more money in the NHS’ he said, but rather to invest in the care sector.

However, the days of having lots of money to spend on innovation were long gone. ‘It’s going to be cash-strapped however it works,’ he told the conference, which was titled Essential Care: the critical role of care homes.

Prof Crooks argued mobile phones needed to be viewed as disposable items rather than luxury ones and that using technology in day-to-day lives needed to be replicated in the workplace.

‘We need to use technology to make face-to-face care more accessible to people where they need it, when they need it,’ he said. ‘And support those delivering care to make decisions that they know they need to make in a way that takes the pressure, the strain and the stress away from them.’

Use of data

Despite the importance of technology, innovation in kit and robotics would not be replacing care workers. ‘If anybody tells you robots are going to replace citizens delivering care, forget it. It’s not going to happen,’ he said. ‘Robots in the next 30 or 40 years will not be able to provide basic functions in people’s homes. They will be able to do certain tasks well and support people to deliver care, but they are not going to replace human beings.’

The NHS in Scotland makes patient decisions based on 16% of data that is available. Prof Crooks said the health service makes decisions based on data it trusts, but the only data it trusts is what it generates itself.

‘If we can blend consumer data with formal public sector data and understand more about the lived experience, we can make better choices and create better

service models for people,’ he said.

He also urged the audience to look to other industries for guidance. Using the example of boots worn by professional rugby and football players, the chief executive said technology in the insoles was able to show how force travels through the body.

If these types of insoles were available to care staff, they could show if workers were following lifting and handling requirements because you could measure pressure going through the body.

WE NEED THE
SPACE TO
EMBRACE OUR
OWN CREATIVITY
AND IDEAS
AND HAVE THAT
ABILITY TO
CREATE CULTURAL
INNOVATION

A people industry

At the beginning of the day, Scottish government Cabinet Secretary for Health and Sport Jeane Freeman, told delegates the importance of sharing good practice across the sector.

She said: ‘Could we please stop talking about sharing best practice and start implementing best practice. Stop caring about who invented it first; lift it, steal it, apply it and do it because it works...we need to shift this along...’

During her speech, the cabinet secretary argued social care workforce pressures were being ‘exacerbated’ by uncertainty over the prospect of leaving the European Union.

Freeman claimed the sector north of the border was losing care workers who were not being replaced.

‘We know we are losing vital colleagues and we are not seeing new ones come and replace them,’ she said. ‘That mat-

ters and, in my opinion, diminishes the richness of what we are able to do and offer.’

Due to the stressful nature of the role, she said more needed to be done to promote the wellbeing of staff, as well as encourage a positive working culture.

During his address to delegates, Scottish Care chief executive Dr Donald Macaskill urged the sector to ‘change the script’. He said: ‘We have to start seeing social care as a contributor to the Scottish economy, not as a cost. Not as a drain.’

He said it is often lost that social care is a people industry, which is why it is not taken seriously.

‘Care homes are first and foremost about people,’ he said. ‘They are places where people can become who they are, often with lives where they have been prevented from fully being who they are.’

He later added: ‘Care homes are places which touch, which feel, which enable, which care.’

‘So, as we develop our vision of the care home sector, yes, it is going to be about bricks and mortar, it is going to be about finance and sustainability. Yes, we’re going to have debates around integrating care and ensuring that there are pathways and connectivity between the experience of somebody in a care home, the ability to be independent for long as possible in the community.

‘Yes, I hope we’re going to create a vision which integrates care between the NHS and the social care sector. But I hope it starts with people.’



Dr Tara French, programme director,
Glasgow School of Art

Digital technologies offer many opportunities to improve the delivery of care. **Deven Pamben** reports from the UKHCA's digital solutions conference to find out more

Redesigning services

Like it or not technology is influencing how care is provided to people at home.' These were the opening words delivered by United Kingdom Home Care Association (UKHCA) chief executive Dr Jane Townson at the organisation's digital solutions conference at the beginning of December.

'Some providers quite understandably, in the current climate, are wondering can I afford even to think about this. The question is can you afford not to?' she asked.

At the event in central London Townson said consumers, commissioners, regulators and employees expected the sector to move with the times and be aware of latest developments.

While wearables, sensors and other health monitoring devices were available, she said the UK was still some way off Japan when it comes to implementing technology, such as robotic nursing beds that convert into wheelchairs.

Collaborative robots (cobots) are also available in the Far East country in some

care settings to support the workforce.

Referred to as exoskeletons, cobots are used in industries such as mining. They are worn and work in conjunction with a person to help carry out tasks such as lifting and handling, protecting the human skeleton.

As part of the UK's Social Care Digital Innovation Programme, Hampshire County Council has been researching the potential of cobots in care. Due to the paid workforce being stretched and challenges in recruitment and retention, the county authority needed to explore other solutions.

The council, which is working with PA Consulting on the project, is still in the early planning stages for trialling the use of cobots with a small number of workers in a range of care settings.

Despite negativity surrounding robotics in care, Townson said the sector had to face facts; there were a lack of carers in the sector, with up to 1.5 million people currently living without care and support needs.

From technology that can help dispense medication, talk you through microwaving a meal or making video calls through a television, to apps that can help cash flow for carers or help providers with recruitment, Townson told the conference: 'It's coming. We need to be ready.'

Tech journeys

During the one-day event, a selection of providers explained their experiences of implementing digital solutions.

Dominique Kent, managing director of The Good Care Group, which provides live-in care and employs 1,200 members of staff, said its research had found more than 90% of people it surveyed wanted to stay in their own homes and communities for as long as possible.

This year the provider received a five-star rating from the Care Quality Commission (CQC). 'I absolutely believe we would not have achieved that if we had not gone on our journey with technology,' she told delegates. 'It was one of the reasons for the rating we got. We were able to provide and show data and demonstrate the difference it made.'

Assist Care managing director Tim Wilson said providers faced both pay and tech races, and warned them not to get left behind. He pointed to companies outside the care sector, such as Blockbuster and Borders, which had failed to innovate.

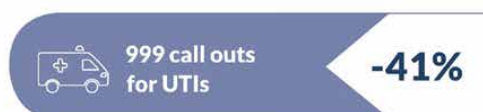
'We were drowning in paper and pen,' he said.

Due to the amounts of paper that were being used, Wilson said the registered manager did not know what was going in terms of governance in a timely manner.

With filing cabinets full of paperwork, the provider decided to switch everything to digital. Wilson said: 'We set about to



Rise of robotics



Predictive care through AI
Improving quality of life with a preventative approach to wellbeing



Interactive client platform
Helping families connect and share advice and experiences



Head-mounted carer tech
Enabling 'see what I see' real-time carer/GP communication

SOURCE THE GOOD CARE GROUP, DOMINIQUE KENT

remove all paper from the business and we have done that. We are 100% digital. I'm talking about every single form.

'We fired the photocopier. We're getting rid of our franking machines and our servers,' he added.

Heritage Healthcare Windsor owners Romola Ganuguli and Adrian Greensmith are big proponents of tech solutions having worked at Microsoft and HP respectively.

Greensmith said the couple were 'horrified' when they entered the sector almost five years ago because of the amount of paperwork and paper-based processes.

'We were told that's care and this is what CQC want,' he told the audience. 'We really couldn't believe it. We always wanted to be on a paperless journey.'

'We are closer to our paperless vision. We haven't quite got there on staff records yet. That's the only area where we have paper. CQC are looking for technology-driven solutions. We're just glad we got on board nice and early.'

Gaining value

During a session about technology projects and what is next for homecare, panelists highlighted the costs of not embracing digital.

Many pointed to better end-user outcomes and a happier workforce, which in turn helped with recruitment and

retention of employees.

Nick Shah, director of operations at CareLineLive, a cloud-based care management solution, said every business globally was digitising, not just homecare. And used correctly, software could bring about commercial benefits.

However, delegates questioned the panel about who was actually gaining value when implementing technology, especially when providers' budgets were increasingly being stretched due to a lack of funding to pay for care.

One delegate said: 'I don't understand why this is the only industry where we have to pretend we're providing a five-star service but we're being paid two- or three-star money by local authorities.'

'If it was any other industry in this country, you get what you pay for. You don't go into Tesco and say I want Tesco's Finest but I'm only paying Tesco's basic price. That's the problem.'

As well as costs related to digitisation, it was also pointed out bad experiences of technology were sometimes a put off, as well as leadership teams not having time and space to focus on transforming their business.

Sharjil Kamal, chief executive of Birdie, a homecare software business, admitted digital companies were 'effectively changing an entire system' and for some people that caused an element of fear. 'It's almost like a transformation project,' he said.

Enabler

In March, the Social Care Institute for Excellence released findings of its first evaluation around effective use of technology in social care.

The evaluation was of the PASSsystem, a digital care management platform, which was created by everyLIFE Technologies and has been adopted by approximately 700 providers across the UK.

Phase one of the evaluation found providers could better manage risk, realise business efficiencies, deliver high-quality care and demonstrate accountability. It also pointed to areas of improvement.

The second part of the evaluation is due to report in early 2020.

Taffy Gatawa, chief information and compliance officer at everyLIFE, said: 'One of the benefits technology can unlock is the ability to innovate.'

'Technology enables you to redesign your service, to work in a different way. We know with growing demand and an ageing population people are going to have to innovate and look to work in different ways than they are currently doing today.'

'We're going to have to do things differently and I think technology is an enabler for that.'

Lawyers at Anthony Collins Solicitors **Richard More** and **Lorna Kenyon** examine the advantages and pitfalls when innovating in the care sector



Maximising impact mitigating risks

Technology is transforming every aspect of our lives. The way we communicate, socialise and work are all subject to constant innovation, with progress measured by how quickly a message can be conveyed or a task completed.

Across the care sector, providers are implementing a range of technologies including GPS tracking, door and audio sensors and electronic record systems.

These technologies can increase efficiency, improve safety and cut costs – key benefits to providers that are being asked to do more with less.

The Care Quality Commission (CQC) has recognised the potential of technology and innovation. In a recent blog, the regulator made its position clear: ‘One of our strategic priorities is to encourage innovation, as we know it can drive improvements in the quality of care.’

However, while embracing technological innovation can deliver a positive impact, it is not without risk.

Both in its rollout and ongoing use, technology poses a number of threats to the quality of care provision and the long-term stability of care providers.

So, as funding and resource pressures grow, what steps should care providers take to ensure they mitigate the risks of technological innovation and maximise its positive effects?

Contract

One common mistake made by care providers is not carrying out the required due diligence on a piece of technology or system and the accompanying contractual agreement.

It is advised that care providers vet potential suppliers to establish their track record and whether alternative products are available.

Providers should also be clear on the required outcomes, and avoid contracting on the supplier’s standard terms and conditions, which are often stacked in favour of the contractor.

Do your contract terms safeguard the provider and ensure it meets their needs, and is there an option to withhold payment if it fails to do so?

Providers procuring bespoke software must also consider the ownership of the product and the guarantees that they have regarding their future usage rights.

Responsibility

Before technology is rolled out, it is important to assess who will be responsible for its operation and maintenance, especially when care is provided in association with other organisations. For example, in an extra care housing scheme, where a third party provides the housing.

By developing a robust protocol, care providers can outline responsibilities and how to use and maintain the technology.

Crucial to not only avoiding potential failures, a protocol also aids the process of establishing liability should a serious technology-related incident occur.

In some cases, a protocol could allow a provider to put forward the case of supplier liability allowing them to avoid any accompanying financial or legal implications.

However, a care provider will continue to have a duty of care towards those it supports.

While the prospect of automating tasks is a strong driver for care providers looking to improve efficiency, the importance of staff involvement should not be underestimated.

Ensuring that all responsible staff are properly trained and understand the technology and its limitations is critical.

This means teaching staff to become competent and confident when maintaining or operating technology, but also how to respond to any associated risks.

To ensure that the CQC’s fundamental standards are met, thorough risks assessments are needed, and staff must be involved in overseeing and checking systems.

Areas of human intervention should then be clarified should a problem arise.

Ultimately, while technology can bring operational benefits, the provision of care must remain outcome, not task, focused.

Following recent changes to data protection legislation, data protection now lists as one of the highest priorities for care providers.

New technologies pose previously uncharted data risks, and providers are advised to assess whether and how sensitive personal data will be collected or with whom it might be shared as a result of implementation.

Care providers should be aware of the CQC and Information Commissioner’s views on the use of open surveillance to monitor the wellbeing of users as part of their care provision and should put in place necessary safeguards to ensure that data processed about service users and staff is both lawful and secure.

Expert support

The pressure to innovate has never been higher. As more technologies come to market, care providers are faced with an opportunity to streamline their services and improve standards.

However, the path to unlocking the benefits of technology is not without its challenges.

Care providers do not face the innovation journey alone though. The legal sector is on-hand to support.

From adopting technology to its day-to-day use, expert advice can be critical to providers to maximise its impact and mitigate any associated risks.

IN BUSINESS

DECEMBER 2019/JANUARY 2020

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Barchester Healthcare buys 24 brighterkind care homes

Barchester Healthcare has bought 24 brighterkind care homes from Terra Firma, for an undisclosed sum.

The homes, which sit outside the main Four Seasons Health Care Group, will add 1,570 beds (17 freehold and seven leasehold properties) to the Barchester portfolio that has more than 200 care homes and private hospitals.

CM understands the deal to be worth £165m with 60% private pay.

Knight Frank were the selling agent, while Connell Consulting conducted investor commercial due diligence. Eversheds provided legal advice to Terra Firma.

The properties were originally built by Avery Healthcare and bought by Terra Firma in 2013.

As reported in November, Barchester was closing in on the homes.

The 24 properties had been subject to a legal battle.

In June last year Terra Firma won a court case against H/2 Capital Partners after an error by the US hedge fund's lawyers in relation to the homes.

The High Court ruled that law firm Allen & Overy had incorrectly pledged 24

brighterkind care homes to H/2 Capital in 2016. The properties were separate to those being sold under a deal between Terra Firma and H/2 Capital Partners.

Dr Pete Calveley, Barchester Healthcare chief executive, said: 'At Barchester, quality of care for our residents is our guiding objective. We are delighted to have the opportunity to acquire these 24 homes from Terra Firma, and look forward to welcoming staff, residents and relatives to the Barchester family.'

A Terra Firma spokesperson said: 'We are delighted to have agreed the sale of 24 Brighterkind homes to Barchester. Barchester is one of the most established owners of care homes in the UK and we are confident there will be a smooth transition to new long-term owners who can provide continuity of services and care.'

Higher fee rates and an increase in occupancy helped drive up revenue by £30.1m at Barchester Healthcare.

The provider saw revenue reach £621.3m in the year ended 31 December 2018 (2017: £591.2m), up 5.1%.

'This improvement was driven primarily by higher fee rates but also through




Dr Pete Calveley, chief executive, Barchester Healthcare

an increase in occupancy,' its financial report said.

Operating profit grew by £11m (6.3%) to £35.1m, from £24.1m the year previous.

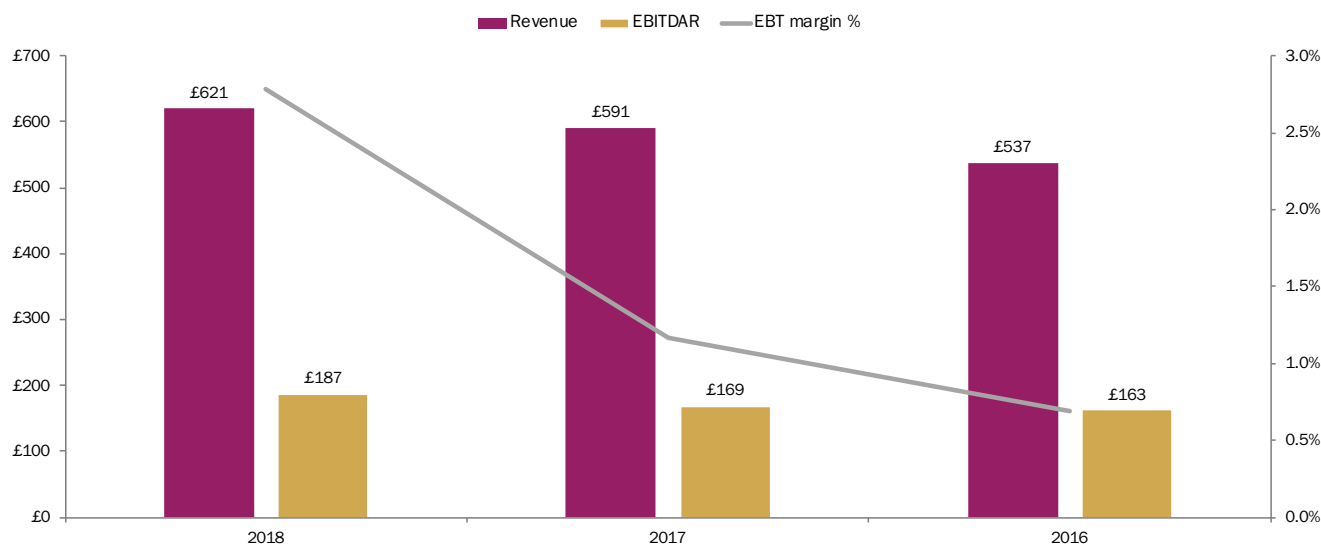
EBITDAR rose to £185.1m (2017: £174.1m), while EBITDAR margin grew to 29.8%, up from 29.5% in 2017.

The group posted a pre-tax profit of £17.3m during the period (2017: £6.9m).

A report in the *FT* in July said Australian infrastructure bank Macquarie pulled out of a potential £2.5bn deal to buy the provider due to Brexit uncertainty. 

BARCHESTER HEALTHCARE

KEY FINANCIALS 2016-2018, REVENUE £M AND EBITDAR £M (LEFT-HAND AXIS), EBT MARGIN % (RIGHT-HAND AXIS)



SOURCE LAINGBUISSON DATABASE

Target Healthcare buys properties for more than £80m

Investor Target Healthcare REIT has bought eight care homes and 31 retirement apartments, in four separate transactions, for a total of £81.3m.

The first deal involves a portfolio of five care homes with 362 bedrooms in Yorkshire, which will be let to Bondcare, an existing tenant, on 35-year leases.

It bought the portfolio of homes from Darrington Healthcare, with Knight Frank advising on the deal.

Target has also exchanged contracts to buy two care homes, also in Yorkshire, to be let to an existing tenant, a subsidiary of Burlington Care, on 35-year leases.

This transaction will complete once the second home has received Care Quality Commission registration.

The first home opened in Scarborough in August, with the second property in Pudsey. Both homes will provide 172 bedrooms in total.

It has also bought the freehold of 31 retirement living apartments in Gloucestershire, managed by Aura Care Living, an existing tenant.

Adjacent to a Target care home in Cirencester, the apartments were built last year.

Finally, it has bought an operational care home in Christchurch, Dorset, adding a new operator to the group. Built in 2017, the property comprises 80 bedrooms.

The home is leased on a 30-year term to a subsidiary of Encore Care Homes. Encore, which becomes the group's 27th tenant, operates homes in southwest and southeast England and is a part of the Affordable Housing and Healthcare Group.

The acquisitions were identified before the group's £80m equity placing in September.

John Flannelly, head of investment at Target Fund Managers, said: 'There is continued strong investor appetite for the stable and sustainable long duration rental income available from care home real estate, and we continue to develop our pipeline of further opportunities, leveraging our deep sector experience and proprietary in-house research capabilities.'



Kenneth MacKenzie, chief executive, Target Fund Managers

In its latest update, as at 30 September, Target's portfolio was valued at £511.4m and comprised 63 assets, a combination of 61 operational care homes and two pre-let sites, which are being developed through capped forward funding commitments with established development partners.

The portfolio value increased by 2.1% over the quarter.

Kenneth MacKenzie, Target Fund Managers chief executive, said: 'The most recent acquisitions are the latest demonstration of our ability to originate opportunities that meet our strict investment criteria, starting with the underlying quality of the real estate and the local market fundamentals.'

'This approach provides us with conviction that the defensive qualities of the overall portfolio will support any short term challenges, further enhanced by the ongoing diversification by operator, location and end-user payment profile. With our deep sector knowledge and strong tenant relationships we remain well placed to deploy the balance of capital we have available over the coming months.'

Aedifica

Belgian healthcare real estate company Aedifica has signed agreements with Burlington Care and Maria Mallaband Care Group to extend nine care homes for more than £10m.

Aedifica will finance extension works at five care homes operated by Burlington Care. Bessingby Hall, York House, The Sycamores, Southlands, and The Elms and Oakwood will

be extended with 56 extra units.

It will also pay for extension works at four care properties operated by Maria Mallaband. Blenheim, Coplands, Eltandia Hall and Heritage will be extended with 42 units and larger communal areas.

The works are expected to be completed in 2020. The total gross rental yield of the extensions will be 7%.

In a separate deal, Aedifica has bought a residential care

facility in Kassel, Germany, for £17.2m (€20m).

'Aedifica continues the expansion of its German healthcare real estate portfolio with the acquisition of a fully operational healthcare site in Kassel,' said Stefaan Gielens, chief executive officer of Aedifica. 'The building will be completely renovated into a modern residential care facility for 144 seniors. Other investments will follow.'

Aedifica entered the UK home market in December after agreeing to buy 93 properties.



Stefaan Gielens, chief executive, Aedifica

Lifeways

Lifeways Group is implementing a performance improvement programme to transform the way it provides services.

The group has gone through 'significant transformation' as part of its Lifeways 20/20 strategy, which is set to deliver different work streams that are planned to improve both EBITDA and operating cashflow by the

end of the next year.

These streams include improving and standardising back office systems; ensuring the right management structure is in place; reducing agency spend; maximising take up of supported living flats; ensuring it gets paid a fair rate by commissioners; and improving procurement.

Its financial results said the move has led non-recurring costs during the year.

Revenue at the group

grew to £266.9m in the year ended 31 August 2018 (2017: £242.8m), while it made an operating loss of £43m, following a loss of £6.6m the year previous.

EBITDA slipped to £27.2m, from £27.5m, while pre-tax loss rose to £48.1m (2017: £5.3m).

The report said: 'The increase in reported statutory loss compared to [the] prior year is attributable to the significant business transformation activities

and the prior year's results including additional income from sale and leaseback transactions.'

The business, which employs 11,000 staff and provides services to more than 4,500 people who often have challenging and complex needs, said it does not foresee any major shift in government policy away from supported living due to its proven 'value and effectiveness'.

LaingBuisson
Healthcare intelligence

UK independent homecare providers¹ by market share

December 2019/January 2020

Operator	Sector	Homecare turnover, £m ¹	Market share, %	Cumulative market share, %
City & County Healthcare (inc. part Ark Home Healthcare)	For-profit	200.3	2.4%	2.4%
Lifeways Group (excluding care home revenue from gross of £230m)	For-profit	195.0	2.3%	4.7%
Bluebird Care (franchisor)	For-profit	176.0	2.1%	6.8%
Carewatch (franchisor and direct provider)	For-profit	170.4	2.0%	8.8%
Allied Healthcare (social care division only)	For-profit	159.4	1.9%	10.6%
Mears Group plc (including former Care UK home care division)	For-profit	134.0	1.6%	12.2%
Home Instead Senior Care (franchisor)	For-profit	135.0	1.6%	13.8%
Dimensions UK (est. excluding care home revenue)	Not-for-profit	115.2	1.4%	15.2%
MENCAP (est. for home care / supported living, exc. care homes)	Not-for-profit	85.0	1.0%	16.2%
Community Integrated Care (estimate excluding care home revenue)	Not-for-profit	75.0	0.9%	18.0%
Apposite Capital portfolio companies (MiHomecare and Complete Care, inc. part Ark Home Healthcare)	For-profit	74.9	0.9%	17.1%
Sevacare UK Ltd	For-profit	74.0	0.9%	18.8%
Sanctuary Group (Supported Living Division)	Not-for-profit	74.1	0.9%	19.7%
Creative Support (est. excluding care home revenue)	Not-for-profit	72.1	0.9%	20.6%
Turning Point (non-residential care only)	Not-for-profit	67.7	0.8%	21.4%
Voyage Group	For-profit	68.0	0.8%	22.2%
Helping Hands (Midshires Care Ltd)	For-profit	52.1	0.6%	22.8%
Alternative Futures Group (supported living only)	Not-for-profit	48.7	0.6%	23.4%
Active Assistance	For-profit	46.6	0.6%	23.9%
Westminster Homecare	For-profit	40.3	0.5%	24.4%
Clece Care Services	For-profit	40.0	0.5%	24.9%
Remainder		6,358.9	75.1%	100%
ESTIMATED TOTAL INDEPENDENT SECTOR MARKET SIZE 2017/18		8,462.7	100%	

NOTES FIGURES BASED ON STATISTICS TAKEN FROM COMPANY ACCOUNTS, ANNUAL REPORTS AND ESTIMATES BASED ON HOURS OF CARE REPORTED IN THE PUBLIC DOMAIN.

¹ LATEST ANNUAL HOMECARE AND SUPPORTED LIVING TURNOVER, ALL CLIENT GROUPS (OLDER, YOUNGER ADULTS, MENTAL HEALTH)

SOURCE LAINGBUISSON DATABASE

DATA CORRECT AS OF 17 NOVEMBER 2019

Morrison secures finance package from Allied



Stuart Wardle (left), of Allied Irish Bank, and Paul Sokhi, of Morrison Community Care Group.

Morrison Community Care Group has secured £6.6m of finance from Allied Irish Bank (GB) for a care home in Troon, Ayrshire.

Queens View Luxury Suites will comprise 56 suites alongside a lounge, cocktail bar, cinema, hair salon and spa and a private dining room.

A range of services will be delivered on site, including residential, nursing and respite care.

The development will create around 85 jobs, including nursing, domiciliary and hospitality roles.

Morrison Community Care Group opened Kingsacre Luxury Suites in Duntocher, just outside Glasgow, earlier this year and has owned and operated Abbotsford Care Home in Bearsden, East Dunbartonshire, for 30 years.

Paul Sokhi, the provider's managing director, said: 'Our 30 years of experience in the industry has shown us that people want to have fun in their old age and we want to encourage this through design and environment.'

'We hope to begin construction on the site soon and we're working towards opening in early 2021.'

Stuart Wardle, senior relationship manager at Allied Irish Bank (GB), said: 'We've worked with Morrison Community Care Group for three decades and had no hesitation about financing the new facility in Troon.'

'They are established operators with an excellent track record at caring for patients, which is something we take into consideration when working with healthcare clients.'

Allied Irish Bank (GB) has been working closely with businesses in the healthcare sector for more than 30 years.

Voyage Care

Revenue and EBITDA at Voyage Care both rose by 7.7% in the three months to 30 September.

Quarterly results showed revenue increased to £67m, compared to £62.2m last year, while EBITDA rose to £11.2m (Q2 2018/19: £10.4m).

This was primarily due to sleep-in savings of £501,000 and growth in its care businesses.

City & County

City & County Healthcare Group has bought home-care services specialist The Human Support Group (HSG) for an undisclosed sum.

Established in 1998, Manchester-headquartered HSG provides domiciliary care, reablement, respite, independent living support and complex care services.

HSG employs 1,450 staff across 35 locations and has

experienced growth over the past five years, with a turnover in excess of £28m for the 12 months to March 2019.

'HSG is a well-respected and successful business with a reputation for quality care,' said James Thorburn, chief executive of City & County.

'The acquisition will further build our presence across the UK and across the various homecare market segments including reablement, extra care and complex care services.'

The shareholders of HSG were advised by Grant Thornton Corporate Finance and law firm Mills & Reeve LLP.

As reported in August, private equity firm Graphite Capital was said to be selling City & County, according to sources.

City & County reported positive EBITDA growth last month.

For the year ended 31 March 2019, turnover grew to £235.9m, up from £186m last year, while its operating

loss rose to £7.1m (2018: £5.5m loss). EBITDA rose by £600,000 to £17.3m.



James Thorburn, chief executive, City & County

Pebbles Care

Private equity company Ardenton Capital Corporation has bought care provider Pebbles Care for an undisclosed sum.

Founded in 2003 and headquartered in Leeds and Dunfermline, Pebbles Care provides residential care and education services for young people aged 6–18 years and operates 41 care homes and four schools across the north of England and Scotland.

Alison Moore has been named managing director, having previously held the role of operations director at Pebbles.

She is joined by Michael Walsh as chief executive officer.

The deal by Ardenton was

led by director Iain Marlow, who was supported by James Worrall and Grant Goodwin.

Connell Consulting carried out commercial due diligence on behalf of the investor.

'Pebbles has been providing outstanding care for more than 16 years, so it was crucial that we found an investor who believed in maintaining the values that have made the company successful,' said Luiz Guilherme, director of Pebbles Care.

'Ardenton's strategy of a long-term investment model will ensure that Pebbles continues to flourish and grow as a national preferred provider.'

Guilherme will exit the business as part of the deal.

Marlow said: 'It's a privi-

lege to be working alongside the Pebbles Care management team to support the invaluable work the business does.'

'Looking after some of the most vulnerable young people in society, our investment will enable the team to invest further into the quality of their care provision and expand their services to provide more capacity.'

Cygnat

Cygnat Health Care made solid progress in the year ended 31 December 2018 as good occupancy levels and organic growth helped drive a 12% increase in revenue to £375.6m.

Including deal costs relat-

ed to acquisitions, operating expenses were up 15% to £338.9m, leaving operating profit after significant items of £37.2m against £41.1m the previous year. Stripping out deal costs, impairment charges and other significant items, operating profit was up 13% to £45.7m.

Cygnat has grown rapidly since its acquisition by Universal Health Services in 2014.

Revenue jumped 35% in 2016 and almost doubled in 2017 on the back of organic growth and acquisition, including its takeover of Cambian Adult Services and Alpha Hospitals in 2016.

In 2018, the company further boosted its portfolio with the acquisition of 25-facility strong Danshell Group.

LaingBuisson
Healthcare intelligence

Company results round up

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

Organisation	Year end	Revenue £m	%Δ	EBITDA(R) £000s	%Δ	EBITDAR Margin (%)	PBT £000s	%Δ	Net Debt ¹ £000s
Bluebird Care	2018	17.6	7.9%	7,504.2	(12.4)%	42.6%	1,961.5	(35.3)%	39,269.1
Bupa Care Homes (Partnerships)	2018	9.8	(3.9)%	(563.0)	(173.1)%	5.8%	(2,323.0)	(397.1)%	-
Butterfly Group Healthcare	2018	22.1	(13.5)%	3,686.0	255.8%	16.7%	1,082.0	117.6%	23,534.0
Carebase	2018	48.9	21.0%	16,308.8	50.2%	33.3%	12,950.2	57.1%	44,846.0
Cygnat Health UK	2018	375.6	12.4%	73,338.0	15.7%	19.5%	13,908.0	167.1%	62,507.0
Elizabeth Finn Homes	2019	28.6	4.6%	5,581.7	4.7%	19.5%	1,959.7	9.0%	656.3
EMH Care And Support	2019	16.8	1.3%	1,728.0	(11.1)%	10.3%	1,396.0	20.4%	6,830.0
Forest Healthcare	2018	34.7	(3.9)%	5,264.9	(25.1)%	15.2%	3,800.8	(5.1)%	54,089.6
Gate Healthcare	2019	4.5	0.0%	395.1	30.7%	8.7%	393.8	30.5%	27.5
Ideal Carehomes (Number One)	2019	29.7	6.8%	6,037.2	(4.2)%	20.3%	84.1	(87.9)%	1,075.0
Johnson Care	2018	17.5	(1.8)%	736.5	(14.4)%	4.2%	(145.2)	(8,287.4)%	6,869.4
Kiddi Caru ²	2018	21.9	43.6%	4,058.0	45.2%	18.6%	(716.0)	(172.3)%	2,214.0
Kids First Day Nurseries	2018	14.7	8.8%	5,395.0	6.4%	36.7%	4,660.0	(74.9)%	673.0
Life Style Care	2019	21.8	4.8%	4,449.0	17.3%	20.5%	(641.0)	35.9%	1,029.0
Lifecare Residences	2019	9.2	(67.6)%	(893.0)	(105.1)%	9.7%	(4,804.0)	(124.7)%	2,340.0
Lifeways Group	2018	266.9	9.9%	27,186.6	(1.1)%	10.2%	(48,144.4)	(807.5)%	9,719.4
Lorimer Care Homes	2019	10.2	3.4%	1,644.3	18.1%	16.2%	655.6	17.7%	9,166.3
PrimeLife	2019	61.3	12.3%	16,494.0	18.2%	26.9%	6,968.0	169.6%	50,328.0
Saga Healthcare	2019	6.0	8.1%	(588.0)	(615.8)%	9.7%	(938.0)	(489.9)%	133.0
Shaw Healthcare (Group)	2019	99.6	5.4%	12,715.0	0.6%	12.8%	4,410.0	(42.6)%	30,122.0
Sue Ryder	2019	28.1	(1.9)%	(3,550.0)	(33.1)%	12.6%	2,299.0	183.6%	4,423.0
The Busy Bees Group	2018	432.4	32.0%	115,683.0	36.6%	26.8%	(45,867.0)	(6.1)%	806,115.0
Wellburn Care Homes	2019	19.3	9.6%	3,325.2	(11.2)%	17.2%	1,249.8	(24.2)%	21,595.0
Your World Recruitment Group	2018	106.4	4.0%	6,584.1	86.4%	6.2%	3,266.5	8.9%	13,301.6

NOTES 1 NET DEBT = (INTEREST BEARING DEBT + FINANCIAL LEASES - CASH) 2 12 VS 9 MONTH ACCOUNTS

FIGURES IN () DENOTE CASH. Δ CHANGE FROM PREVIOUS YEAR

SOURCE LAINGBUISSON DATABASE

McCarthy & Stone expects strong revenue growth

McCarthy & Stone expects full-year revenue to reach £720m despite continued political and economic uncertainty.

For the 14-month period ended 31 October 2019, the average selling price per property was £308,000 compared to £300,000 during the 12 months to 31 October 2018. The number of completions stood at 2,301 units (2018: 2,134), its trading update said.

Underlying operating profit for the extended period is expected to be between £64m and £71m (2018: £67.5m).

The developer and manager of retirement communities said its new rental product was gaining momentum, with its multi-tenure options available across over 70 developments nationally.

It delivered 101 rental deals during its roll-out period together with a further 21 'rent to buy' and 47 shared ownership transactions.

Last year, McCarthy & Stone carried out a strategic review.

The trading update said: 'The group has substantially completed its work to rightsize the business and optimise its operational cost base to deliver steady state volumes, resulting in an annualised cash saving of >c.£10m.'

It also made savings of £2m through



Claridge House - Retirement Living Plus, Littlehampton, West Sussex

a reduction in staff numbers.

In July it ended its nine-year partnership with Somerset Care and will directly deliver care, domestic support and property management services across its 92 Retirement Living Plus (Extra Care) sites.

John Tonkiss, chief executive officer, said: 'While the long-term demand for our products and services remains strong, we have continued to experience challenging conditions in the secondary housing market resulting from the ongoing political and economic uncertainty.'

'The medium-term economic outlook

will depend on how the UK's EU withdrawal is delivered, but our new strategy has positioned us well to deliver a solid trading performance in a difficult market and respond positively when trading conditions improve.'

He added the group was committed to finding a strategic capital partner to co-invest in the 'underserved retirement rental space'.

A report in *Property Week* said McCarthy & Stone was looking to raise about £300m for a fund that will invest in rented retirement flats.

CareTech

Trading performance at CareTech is in line with market expectations, the group has announced ahead of its full-year trading update this month.

The update said integration of Cambian was on track following the acquisition of the operator in October last year and the unconditional clearance from the Competition and Markets Authority in February.

CareTech's developments have continued during the year ended 30 September 2019, with the addition

of 56 new beds, whilst reconfigurations reduced capacity by a net of 11 beds.

A further 47 supported living contracts came to an end, resulting in a net decrease of two places for CareTech.

The update said: 'The additional capacity within adults services that came online towards the end of the financial year underpins growth in revenues going forwards and is expected to contribute higher EBITDA than the supporting living contracts which came to an end.'

In terms of staff retention,

the group's annualised retention rate is 74%, helped through internal training.

At 30 September, net debt was £293.4m, compared with £147m at 30 September 2018, the update said, while its property portfolio was valued at £774m.

Farouq Sheikh, CareTech's executive chairman, said: 'This has been a year of transformational change within the group and I am pleased to report that we are delivering all of our key objectives including the integration of the Cambian business and the improvements in its EBITDA



Farouq Sheikh, executive chairman, CareTech

margin, whilst delivering on the synergies we set out in our plan and maintaining focus on our core business.'

Priory

Priory Healthcare parent company Acadia has said it expects to solicit bids for the mental health hospital and social care provider early next year.

The US company said it had engaged a financial advisor to look at the sale of the whole business despite speculation that it is considering splitting the health and social care divisions.

Acadia chief executive Debbie Osteen said the company had been engaged in preliminary talks with 'a number of interested parties' but indicated that the forthcoming general election had slowed the process.

Shaw grows partnerships

Shaw healthcare will look to drive up revenue through low capital investments as it increases its partnerships with councils.

As well as operating new services for Liverpool City Council, it will also be running a care service for Poole County Council.

The provider entered into an agreement with the Liverpool council to run two care homes that have been funded by the authority.

'In addition to this we have also agreed with Powys County Council to take over the management of 12 existing care homes from Bupa for a period of three years commencing from 1 June 2019,' its financial report for the year ended 31 March 2019 said.

Shaw, which employs 3,500 workers to provide care to more than 2,000 people operates day care, supported living, homecare and residential care service across the UK.

The group said controlling labour costs and increasing bed occupancy would be the group's 'immediate priorities'.

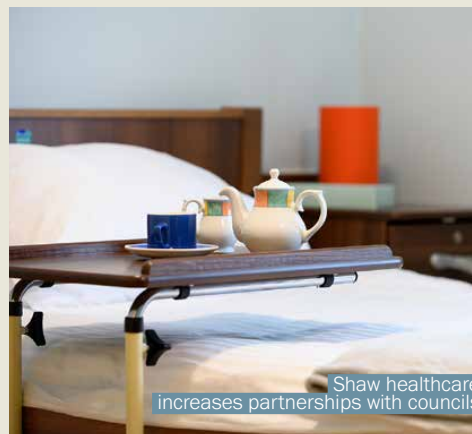
The rise in the National Living Wage to £8.21 per hour since April has seen the provider 'seek cost efficiencies' as well as look to grow revenue through low capital intensive investments, resulting in work with more council authorities to provide care.

During the period revenue grew to £99.6m (2018: £94.6m), while operating profit slipped slightly to £8.6m (2018: £9m).

Pre-tax profit fell to £4.4m, down from £7.7m the year previous, while EBITDA rose £200,000 to £11.5m (2018: £11.3m).

The report added the group 'anticipates the full year 2019/20 normalised profit to be below that achieved in 2018/2019.

The provider's agreement with Liverpool



Shaw healthcare increases partnerships with councils

City Council involves Brushwood, an £8m council-commissioned care home, the first to be built by the authority in more than 25 years in Speke. Millvina House in Everton opened last month.

The two properties, which have been built by Willmott Dixon, will provide 60 beds in total; 12 reablement beds; 24 dementia nursing beds; 12 older person nursing beds; 12 complex dementia nursing.

Shaw healthcare, a majority employee-owned company, will run the homes on 25-year leases, with break clauses.

It has also signed up to the Liverpool Social Value Charter and is paying its workforce in the city above the National Living Wage, and has provided specialist training in safeguarding and dementia awareness to all staff.

The city council spends almost £50m a year on residential and nursing care, plus a further £11m on dementia and memory-loss services.

Diversification

Sue Ryder has diversified its Scottish homecare service to provide specialist neurological support in the community.

The move is part of the charity's expansion of its community services, which includes a pilot palliative care hub in Oxfordshire, which combines hospice and home services, community nursing and telephone sup-

port advice.

It is also developing hospice at home services in Gloucestershire and Cambridgeshire.

Sue Ryder's annual report said: 'Our homecare services in Scotland continued to grow the number of hours of care delivered with 12% increased income.'

The charity is investing in a neurological care centre in Lancashire, which will have 40 rooms and four support-

ed living apartments, and is expanding Dee View Court in Aberdeen.

During the year to 31 March 2019, it reported a net income of £2.3m, compared to a deficit of £2.8m last year.

It generated a total income of £106.4m (2018: £101.7m) during the period, while its expenditure was £104.4m (2018: £104.2m). It also made gains on investment assets.



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Care Monitor, England

December 2019/January 2020

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

Rank	Δ April 2018	Provider	# homes	% good or outstanding	% not inspected	
1	▲	8	Anchor	114	91%	1%
2	▲	6	Sanctuary Housing Association	81	90%	1%
3	▼	-2	Sunrise Senior Living	24	90%	8%
4	—	New entry	MHA	83	88%	4%
5	▲	9	Orders of St John Care Trust	70	87%	0%
6	▲	1	Care UK	111	85%	4%
7	▲	12	Larchwood Care	42	83%	0%
8	▼	-5	Avery Healthcare	56	82%	9%
9	▲	3	Barchester Healthcare	165	79%	1%
10	▲	1	Bupa Care Homes	119	78%	0%
11	▼	-9	Excelcare	33	78%	0%
12	▲	5	HC-One	269	76%	1%
13	▼	-8	Caring Homes	53	76%	2%
14	▼	-10	Runwood Homes	59	75%	2%
15	▼	-5	Shaw Healthcare	42	72%	5%
16	—	New entry	Bondcare	36	72%	8%
17	▼	-4	Minster Care	60	71%	2%
18	▼	-2	Maria Mallaband & Countrywide	74	70%	0%
19	▼	-1	Four Seasons Health Care	208	69%	0%
20	—	0	Orchard Care Homes	38	68%	0%

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

Rank	Δ April 2018	Provider	# homes	% good or outstanding	% not inspected	
1	▲	1	Sunrise Senior Living	14	92%	7%
2	—	New entry	MHA	30	90%	0%
3	▼	-2	Gracewell Healthcare	20	89%	5%
4	▲	9	Orders of St John Care Trust	27	85%	0%
5	—	0	Care UK	92	84%	4%
6	▲	2	Sanctuary Housing Association	35	82%	3%
7	▲	13	Akari Care	22	81%	0%
8	▲	3	Barchester Healthcare	140	79%	0%
9	—	0	Bupa Care Homes	111	77%	0%
10	▼	-4	Caring Homes	43	76%	2%
11	▼	-7	Shaw Healthcare	25	73%	8%
12	▼	-2	Avery Healthcare	27	72%	7%
13	▲	2	Four Seasons Health Care	162	68%	0%
14	▲	3	Maria Mallaband & Countrywide	60	68%	0%
15	▼	-1	HC-One	185	68%	2%
16	▼	-13	Excelcare	18	66%	0%
17	—	New entry	Hill Care	24	66%	0%
18	▲	1	Bondcare	29	65%	10%
19	—	0	Priory	24	62%	0%
20	▼	-9	Advinia Health Care	14	42%	0%

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

Rank	Δ April 2018	Provider	# homes	% good or outstanding	% not inspected	
1	▲	5	Sanctuary Housing Association	46	95%	0%
2	▲	2	Somerset Care	21	95%	0%
3	▲	13	HC-One	84	94%	0%
4	▲	10	Care UK	19	94%	0%
5	▼	-3	Avery Healthcare	29	92%	10%
6	▲	5	Anchor	113	91%	1%
7	▲	6	Orders of St John Care Trust	43	88%	0%
8	▲	11	Larchwood Care	27	88%	0%
9	—	New entry	MHA	53	88%	6%
10	▼	-9	Sunrise Senior Living	10	88%	10%
11	▼	-2	B & M Care	25	84%	0%
12	▼	-2	Barchester Healthcare	25	83%	4%
13	▲	7	Ideal CareHomes	19	81%	16%
14	▼	-6	Runwood Homes	50	80%	0%
15	—	New entry	Greensleeves Home Trust	22	80%	5%
16	▼	-13	Quantum Care	24	79%	0%
17	▼	-12	Abbeyfield Society	51	76%	0%
18	▲	-6	Minster Care	42	73%	0%
19	▼	-4	Four Seasons Health Care	46	71%	0%
20	▼	-2	Orchard Care Homes	22	68%	0%

Care Monitor, England

December 2019/January 2020

CQC ratings of adult specialist care home providers (by beds) ¹

Rank	Δ April 2018	Provider	# homes	% good or outstanding	% not inspected	
1	▲	15	Exemplar Health Care	27	96%	7%
2	▲	6	Choice Care	62	96%	2%
3	▼	-1	The Disabilities Trust	33	96%	0%
4	▲	2	Voyage Care	246	95%	1%
5	▼	-1	Mencap	68	94%	0%
6	▼	-1	Caring Homes	57	94%	0%
7	▲	5	CareTech	140	92%	1%
8	▼	-1	Regard	68	92%	0%
9	▼	-6	Achieve Together²	68	92%	16%
10	▲	3	Cygnat Health Care	49	91%	6%
11	▼	-10	Elysium Healthcare	35	90%	9%
12	▲	6	Priory	192	86%	1%
13	▲	6	Leonard Cheshire	59	86%	0%
14	▲	4	PrimeLife	29	86%	0%
15	—	New entry	Salutem Healthcare	71	85%	1%
16	▼	-6	Heathcotes	58	80%	10%
17	—	0	Lifeways	71	78%	0%
18	▼	-3	Hft	38	78%	0%
19	—	New entry	Valorum Care	16	62%	0%
20	—	0	Sussex Health Care	14	7%	0%

CQC ratings of homecare providers (by revenue)

Rank	Provider	% good or outstanding	% not inspected
1	Turning Point	100%	5%
=	Alternative Futures Group	100%	0%
=	Dimensions	100%	0%
4	Home Instead Senior Care UK	98%	2%
=	Voyage Care	98%	2%
6	Sanctuary Housing Association	97%	0%
7	Bluebird Care	96%	3%
8	Mencap	95%	2%
9	Creative Support	93%	4%
10	Community Integrated Care	90%	0%
11	Lifeways	88%	2%
12	Sevacare	85%	0%
=	Helping Hands	85%	11%
14	Mears Group (Care Division)	84%	11%
15	Clece Care Services	81%	11%
16	City & County Healthcare	80%	28%
=	Westminster Homecare	77%	0%
18	Allied Healthcare	70%	12%
19	Carewatch Care Services	68%	5%
20	MiHomecare ³	67%	10%

NOTES 1 INCLUDES ADULTS UNDER 65, BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICAL DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE **2** FORMERLY CARE MANAGEMENT GROUP **3** APPOSITE CAPITAL PORTFOLIO COMPANIES (MIHOMECARE AND COMPLETE CARE)

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Major transactions in UK social care

December 2019 / January 2020

Date	Target (owner)	Sub Sector	Acquirer (owner / country)	EV (£M)	EV/ Revenue	Valuation EV/ EBITDA	EV/ EBITDA	EV/NAV	Transaction type	Comments
Major Transactions										
Nov-19	24 brighterkind care homes (Terra Firma)	Care Homes	Barchester Healthcare	165	-	-	-	-	Property	The 24 homes that have been bought will add 1,570 beds (17 freehold and seven leasehold properties) to the Barchester portfolio which already has 200 care homes and private hospitals. The properties were originally built by Avery Healthcare and bought by Terra Firma in 2013. A report in the FT in July said Australian infrastructure bank Macquarie pulled out of a potential £2.5bn deal to buy the provider due to Brexit uncertainty.
Aug-19	Outcomes First Group (Sovereign Capital)	Adult Specialist Care / Children's Services / Mental Health Services	National Fostering Agency	250	-	-	12x	-	M&A	Outcomes First Group was established in 1996 and also operates a nationwide foster care service, established in 1998. In 2013, Sovereign Capital bought the company at an enterprise value (EV) of around £80m. The National Fostering Agency (NFA) has shown optimism in the synergies between NFA and Outcomes First's adult special care and social emotional and mental health specialisms, suggesting that this acquisition will enhance their ability to create an integrated pathway of care across fostering, education and residential care.
Aug-19	16 residential services owned by Leonard Cheshire Disability	Care Homes	Valorum Care Group	u/d	-	-	-	-	Property	The 16 residential services that have been sold to Valorum Care are Alne Hall, Beechwood, Champion House, Douglas House, Freshfields, Green Gables, Holme Lodge, James Burns House, John Masefield House, Kenmore, Marske Hall, Mickley Hall, Oaklands, St. Anthony's, The Grange and Westmead with a further service, White Windows, also set to transfer to Valorum after re-inspection by the Care Quality Commission takes place. Leonard Cheshire says that this sale is a result of the organisation's intention to focus on quality by targeting capital investment into 'modernising' its offering, with funds raised from this sale to be invested in widening the range of support offered to communities across the country.
Jul-19	5 Manor House homes (Hadrian Healthcare)	Care Homes	Aviva Insurance	100+	-	-	-	-	Property	The transaction marks a new record within the care industry, with the highest rate ever paid per bed. The five homes - in Wetherby, Knarborough, Oulton, Barnard Castle and Harrogate - have been bought by Aviva Insurance in the deal who are now bringing in non-profit organisation Anchor care to run them, with more than 300 employees transferring to the new owners.
Jun-19	Partnership in Children's Services (PICS) and Boston HoldCo B	Children's services	Core Assets Group (CapVest)	100	1.8x	10.8x	11.9x	-	M&A	The network brings together CAG's Core Assets Children's Services, Foster Care Associates, Fostering People, Active Care Solutions, Adopters for Adoption and LCS (Leaving Care Solutions), alongside PICS' Clifford House, FosterPlus, ISP and Orange Grove. Sovereign Capital, advised by Clearwater International, sold PICS to CAG, which had been acquired by CapVest.
Apr-19	The Good Care Group	Care Homes	Sodexo	25	-	-	-	-	M&A	The Good Care Group is a provider of live-in home care services to people who require assistance to live independently, or have complex care needs. It employs 1,050 people.
Jan-19	93 care home properties across the UK	Care Home Property	Aedifica (Belgium)	450	-	-	-	-	Property	The portfolio of 93 care home properties across the UK is tenanted by operators such as Burlington Care, Maria Mallaband, Renaissance Care and Care UK. The contractual value of the purchase was £450m and the portfolio has a tenant base of 14 operators in 91 locations. Initial gross rental yields are approximately 7%.
Other Transactions										
Nov-19	The Human Support Group	Care Homes	City & County Healthcare	u/d	-	-	-	-	M&A	The Human Support Group provides domiciliary care, reablement, respite, independent living support and complex care services, employing 1,450 staff across 35 locations with a turnover in excess of £28m for the 12 months ending March 2019. City & County envision that the acquisition will further build on the organisation's presence across the UK in various home care market segments including reablement, extra care and complex care services. For the year ended 31 March 2019, their turnover grew to £235.9m.
Nov-19	Bondcare, Aura Care Living, Burlington Care	Care Homes	Target Healthcare REIT	81.3	-	-	-	-	Property	Acquisition of eight care homes and 31 retirement apartments, in four separate transactions, for a total of £81.3m. Five care homes with 362 bedrooms (Bondcare), 2 care homes with 172 bedrooms (Burlington Care), 31 retirement living apartments (Aura Care Living), one care home with 80 bedrooms (Encore Care Homes)
Sep-19	Cardinal Healthcare	Care Homes	Impact Healthcare REIT	12.9	-	-	-	9.4x	Property	Cardinal Healthcare is a group of family-run care homes based in Suffolk. Cardinal Healthcare presently boasts two residential facilities with 98 beds. The Bayham Care Centre in Great Blakenham has been awarded an Outstanding rating by the Care Quality Commission (CQC), and the Barham Care Centre near Claydon has received a Good rating during the most recent inspection. Health and social care provider Optima Care will take over the lease of the two care homes from Impact REIT.
Sep-19	40 supported living properties owned by Voyage Care	Care Homes	Triple Point Social Housing REIT	27.4	-	-	-	-	Property	The deal comprises an initial £24.5m and a deferred amount of up to £2.9m and Triple Point will own the freehold interest in the properties while Voyage Care will continue to provide specialist support to individual tenants who have learning disabilities, autism, brain injuries or other complex needs and will retain ownership of its registered care home freehold properties. The sale means it will cease to receive rent on the properties it has sold. Since its initial public offering in August 2017, Triple Point has bought more than 300 supported housing properties across the UK for £359.3m.
Sep-19	Centra Pulse and Connect (Clarion Housing Group)	Digital Health	Doro (Sweden)	5.1	0.8x	4.9x	4.9x	-	M&A	Centra Pulse and Connect form one of the top three telecare monitoring services in the UK and are a provider of out-of-hours contact services for local authorities, housing associations, private businesses and charities. The service employs 55 full-time staff, monitoring 106,000 telecare connections. In June 2018, Doro bought the UK-based telecare company Welbeing, with approximately 80,000 telecare connections. Together with its existing business, Doro will handle close to 200,000 connections in the UK. The UK is the largest telecare market in Europe with an estimated 1.8 million telecare connections, of which approximately 95% are analogue.
Aug-19	Bluebrick Healthcare	Care Homes	Target Healthcare REIT	18.6	-	-	-	-	Property	The two homes that have been bought have been let on 35-year leases with RPI-linked cap and collar to a subsidiary of operator Maria Mallaband Care Group. One of the homes, built in 2015, comprises 70 bedrooms each with full en suite wetroom facilities while the other, opened in 2018, comprises 67 bedrooms with full en suite wetroom facilities.

NOTES INCLUDES TRANSACTIONS OVER £10M

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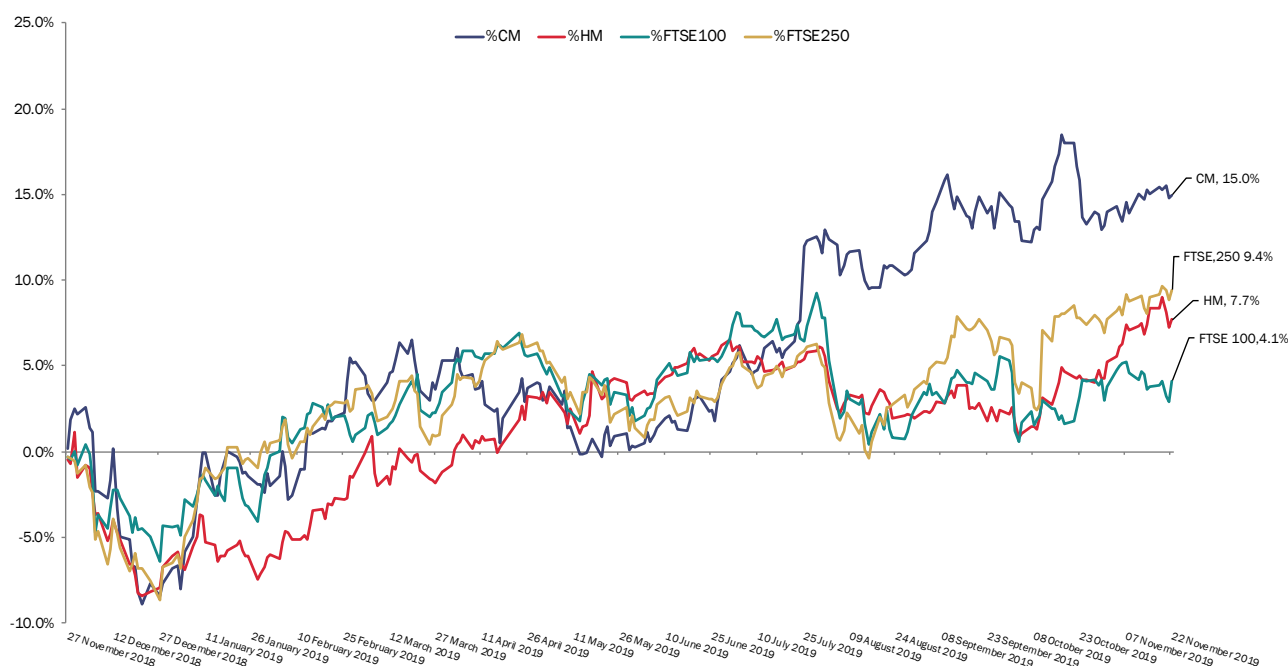
December 2019 / January 2020

Company	Sub Sector	HQ	Local Currency		Technical		TTM Fundamentals (GBP £m)										TTM Valuation		
			Share Price	Market Cap (m)	% of 52-Week High	YTD (%)	Market Cap	Net Debt	EV	Sales	EBITDA	EBITDA Margin	Net Debt/EBITDA	EV/Sales	EV/EBITDA	PE Ratio			
REITS	Ambea	Elderly Care	Sweden	72.4 kr	6,850 kr	90.2%	(16.2)%	754	390	1,143	1,077	143	13.3%	2.7x	1.1x	8.0x	27.6x		
	Attendo	Elderly Care	Sweden	49.3 kr	7,826 kr	59.3%	(36.8)%	861	1,232	2,093	1,287	156	12.1%	3.3x	1.6x	13.4x	9.9x		
	Humana	Elderly Care	Sweden	62.0 kr	3,295 kr	87.5%	0.0%	362	322	684	745	57	7.6%	5.7x	0.9x	12.1x	13.4x		
	Korian	Elderly Care	France	€ 39.4	€ 3,163	98.6%	27.6%	2,720	2,596	5,317	2,867	500	17.4%	5.2x	1.9x	10.6x	24.9x		
	Le Noble Age	Elderly Care	France	€ 47.5	€ 461	95.0%	8.4%	396	160	556	463	61	13.2%	2.6x	1.2x	9.1x	21.0x		
	Maternus-Kliniken	Elderly Care	Germany	€ 1.9	€ 39	86.6%	5.6%	34	41	75	107	9	8.8%	4.4x	0.7x	7.9x	N/M		
	Orpea	Elderly Care	France	€ 109.7	€ 7,089	94.1%	23.5%	6,096	4,618	3,079	722	235	23.5%	6.4x	3.5x	14.8x	28.4x		
	Dignity	Funeral Services	UK	£6.0	£297	60.3%	(14.5)%	297	502	799	294	80	0.0%	6.3x	2.7x	11.7x	11.0x		
	Mears	Homecare	UK	£2.5	£255	65.1%	(22.7)%	255	49	304	915	67	7.3%	0.7x	0.3x	4.5x	11.2x		
	Acadia Healthcare	Mental Health	USA	\$23.8	\$2,737	87.4%	21.7%	2,108	2,373	4,481	2,378	426	17.9%	5.6x	1.9x	10.5x	16.3x		
MEDIAN	Universal Health Services	Mental Health	USA	\$109.5	\$12,716	90.1%	23.3%	9,791	3,249	8,655	1,378	15.9%	2.4x	1.5x	9.5x	17.8x			
	Capita	Outsourcing	UK	£1.6	£2,672	89.4%	45.4%	2,672	666	3,338	3,919	403	10.3%	1.7x	0.9x	8.3x	11.8x		
	Serco	Outsourcing	UK	£1.6	£1,732	97.9%	61.9%	1,732	201	1,933	2,946	147	5.0%	1.4x	0.7x	13.2x	22.5x		
	McCarthy & Stone	Retirement	UK	£1.4	£738	86.5%	(2.7)%	738	Cash	649	713	61	8.6%	Cash	0.9x	10.6x	17.9x		
	CareTech	Specialist Care	UK	£3.8	£423	93.6%	13.1%	423	293	58	291	58	19.9%	5.1x	2.5x	12.4x	14.6x		
						89.4%	8.4%	754	390	1,143	1,077	143	12.1%	3.3x	1.2x	10.6x	16.3x		
						85.4%	9.2%	1,949	1,107	3,012	1,982	285	12.1%	3.5x	1.5x	10.4x	15.3x		
								29,240		45,186				3.3x					
REITS	Sub Sector	HQ	Local Currency		Technical		TTM Fundamentals (GBP £m)					Valuation							
			Share Price	Market Cap (m)	% of 52-Week High	YTD (%)	Market Cap	Net Debt	EV	Rent	Yield	EBITDA Margin	Net Debt/EBITDA	EPRA NAV per share	Premium or Discount to NAV				
			€ 116.4	€ 2,863.4	99.8%	30.2%	2,463	516	2,979	0	5.5%	0.0%	3.9x	€ 60.2	93%				
			£0.9	£532.3	76.4%	(18.9)%	532	151	683	81	7.0%	74.7%	5.7x	£1.1	(20)%				
			£1.1	£313.1	95.8%	5.6%	313	23	336	17	5.5%	81.4%	1.7x	£1.0	5%				
	Aedifica	Elderly Real Estate	Belgium	Share Price	Market Cap (m)	% of 52-Week High	YTD (%)	Market Cap	Net Debt	EV	Rent	Yield	EBITDA Margin	Net Debt/EBITDA	EPRA NAV per share	Premium or Discount to NAV			
				£1.1	£440.5	97.4%	5.9%	440	41	481	31	5.7%	81.0%	1.6x	£1.1	7%			
				£0.9	£305.6	80.3%	(12.6)%	306	Cash	258	12	5.7%	60.3%	Cash	£1.0	(16)%			
								440	96	481	17	5.7%	74.7%	2.8x					
								811	183	948	28	5.9%	59.5%	3.2x					
MARKET INDEX																			
FTSE 250			20,429.5		99.5%	16.7%	NOTES	TTM TRAILING TWELVE MONTHS			EBITDA EARNINGS BEFORE INTEREST, DEPRECIATION AND AMORTISATION			PE PRICE/EARNINGS TO GROWTH					
FTSE 100			7,250.9		94.3%	7.8%	YTD	YIELD TO DATE			PE CURRENT SHARE PRICE DIVIDED BY TTS PER SHARE EARNINGS			PE PRICE/EARNINGS TO GROWTH					
								RATIO			N/M			NOT MEASURED					
														DATA CORRECT AS OF 15 NOVEMBER 2019					

NOTES TTM TRAILING TWELVE MONTHS EBITDA EARNINGS BEFORE INTEREST, DEPRECIATION AND AMORTISATION
YTD YIELD TO DATE PE CURRENT SHARE PRICE DIVIDED BY ITS PER-SHARE EARNINGS PE PRICE/EARNINGS TO GROWTH RATIO N/M NOT MEASURED
DATA CORRECT AS OF 15 NOVEMBER 2019

Health and Care returns against FTSE

December 2019 / January 2020



CAREMARKETS AMBEA, ATTENDO, HUMANA, KORIAN, LE NOBEL AGE, MATERNUS-KLINIKEN, ORPEA, DIGNITY, MEARS, ACADIA HEALTHCARE, UNIVERSAL HEALTH SERVICES, CAPITA, SERCO, MCCARTHY & STONE, CARETECH

HEALTHCAREMARKETS CVS GROUP, UDG HEALTHCARE, DEDICARE, CRANWARE, FEELGOOD SVENSKA, TERVEYSTALO, GHP SPECIALTY CARE, LIFE HEALTHCARE, MEDICAL PARK HOSPITALS, MEDICLINIC INTERNATIONAL, MEDICOVER, NMC HEALTH, PIHLAJALINNA, RAMSAY HEALTH CARE, RHOEN-KLINIKUM, SPIRE HEALTHCARE, HEALTH ITALIA, COMPUGROUP, EMIS, MEDICA, INTEGRATED DIAGNOSTICS, FRESenius MEDICAL CARE (EXCL. FRESenius MEDICAL CARE, FRESenius SE & CO, MEDICA GROUP, IHH HEALTHCARE)

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Major UK providers of long term care¹

December 2019 / January 2020

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
HC-One	348	20,786	-	-	-	-	-	-
Four Seasons Health Care	347	17,731	2018	634.5	(229.3)	76.4	12.0	(887.6)
Barchester Healthcare	195	12,786	2018	621.3	17.3	186.5	30.0	134.4
Care UK	118	7,934	2018	684.7	(7.2)	91.3	13.3	(15.0)
Bupa Care Homes	128	7,764	-	-	-	-	-	-
Anchor Hanover	114	5,841	2018	389.1	11.5	93.4	24.0	335.2
Sanctuary Housing Association	118	5,364	2019	735.4	76.9	251.2	34.2	1,037.70
MHA	91	4,846	2018	229.4	15.9	38.2	16.6	277.0
Runwood Homes	79	4,823	2018	139.6	4.6	14.0	10.1	170.1
Maria Mallaband & Countrywide	81	4,612	-	-	-	-	-	-
Priority ²	262	4,418	2018	830.4	(553.5)	169.0	20.3	21.5
Avery Healthcare	56	4,254	2018	143.9	(11.8)	52.3	36.3	(41.9)
Caring Homes	125	3,817	2018	187.3	(5.1)	35.3	18.9	112.3
Orders of St John Care Trust	70	3,620	2018	122.9	0.6	10.2	8.3	48.3
Advinia Health Care	36	3,212	-	-	-	-	-	-
Minster Care	64	2,983	2018	64.1	0.5	4.0	6.3	0.7
Larchwood Care	49	2,636	-	-	-	-	-	-
Sunrise Senior Living	25	2,542	-	-	-	-	-	-
Orchard Care Homes	41	2,358	2018	75.7	(13.6)	(0.4)	(0.5)	11.2
Bondcare	47	2,284	-	-	-	-	-	-
Shaw Healthcare	54	2,266	2019	99.6	4.4	12.7	12.8	23.8
Excelcare	33	2,183	2018	22.5	6.8	11.9	52.6	(1.0)
Voyage Care	252	2,016	2019	249.8	(15.8)	40.4	16.2	(83.0)
Hill Care	37	1,992	2018	7.9	(2.8)	1.4	17.5	(1.7)
PrimeLife	53	1,967	2019	61.3	7.0	16.5	26.9	14.3
Healthcare Homes	37	1,942	2018	88.3	(0.9)	16.3	18.5	10.0
Akari Care	36	1,890	2017	63.8	(1.7)	11.3	17.7	10.9
Abbeyfield Society	65	1,885	2018	55.4	(6.5)	4.5	8.1	143.2
Burlington Care	26	1,604	2017	22.3	2.7	6.3	28.5	2.8
Country Court Care Homes	32	1,591	2018	11.7	(0.3)	1.5	13.1	8.1
Quantum Care	25	1,584	2018	58.1	0.4	7.1	12.2	2.6
Gracewell Healthcare	22	1,522	-	-	-	-	-	-
Somerset Care	27	1,474	2018	69.5	(0.4)	5.8	8.4	13.9
Hallmark Care Homes	19	1,439	2018	64.2	13.3	18.4	28.6	50.5
Leonard Cheshire	78	1,396	2018	176.1	4.6	(10.0)	(5.7)	124.2
B & M Care	25	1,352	2018	53.2	14.6	15.9	29.9	79.8
CareTech	151	1,346	2018	185.7	15.4	44.2	23.8	208.2
Community Integrated Care	69	1,313	2018	119.7	0	3.3	2.7	46.3
Abbey Healthcare	16	1,307	-	-	-	-	-	-
Select Healthcare	34	1,280	2018	43.1	5.7	7.9	18.4	22.4
Gold Care Homes	21	1,242	2017	30.5	0.7	8.2	26.9	43.6
Care Concern	21	1,204	-	-	-	-	-	-
Colten Care	21	1,177	2018	61.7	4.8	5.7	9.2	101.8
Future Care	19	1,163	2017	12.6	1.8	2.7	21.2	3.1
Signature Senior Lifestyle	12	1,161	2018	61.5	-5.9	16.7	27.2	11.6
Meallmore	22	1,159	2018	48.8	5.6	9.7	19.9	19.4
Ideal CareHomes	19	1,140	-	-	-	-	-	-

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

DATA CORRECT AS OF 15 NOVEMBER 2019

Audley appoints development director

Luxury retirement villages provider Audley Group has appointed Philip Rolfe as development director.

Rolfe has 29 years' experience in property, construction and development management, including 18 years as a chartered surveyor.

Before joining Audley, Rolfe was managing director at PMR Building Consultancy.

He has also held senior roles at companies including Knight Frank, Watts Group and Jones Lang LaSalle.

In his new role, Rolfe will report to managing director Kevin Shaw and

work alongside construction director Kevin Hudson to deliver the planned growth across Audley Group.

Shaw said: 'Philip joins at a truly critical time for our business as we look to both build on existing opportunities and create new strategic partnerships.'

'Philip's unrivalled knowledge of the property market and development management experience will be of tremendous value to us as we build our offering in the later living market.'

Audley has 20 villages in its portfolio.



Philip Rolfe
development director, Audley Group



(L-R), Damon Braithwaite, Hayley Weston, Rebecca Abrahams and Tammie Love

Borough Care

Elderly care provider Borough Care has appointed new home managers at four of its services in Stockport.

Hayley Weston has been promoted to home manager of Lisburne Court in Offerton after working at Borough Care for 20 years, starting off as a care assistant.

Tammie Love has been appointed manager of Wellcroft in Gatley joining Borough Care with more than 20 years' experience working in social care.

Rebecca Abrahams is the new manager of Shepley House in Hazel Grove, while Damon Braithwaite

will be taking over as manager at Silverdale in Bredbury.

Ashfords LLP

Ashfords LLP has appointed seasoned healthcare specialist Jocelyn Ormond as a partner at its Bristol office.

Ormond has broad experience of the healthcare sector and was previously a partner at Simmons & Simmons, where he co-led the firm's cross-border digital health group, as well as advising on mergers and acquisitions, joint ventures, minority investments, equity fund-raising and other strategic corporate and commercial

transactions both in the UK and overseas.

He spent the first ten years of his career at Slaughter and May and Allen & Overy, before joining DAC Beachcroft as corporate partner and head of the firm's independent sector health and social care team.

He is recognised by Legal 500 UK 2020 and 2019 for his expertise in healthcare, private equity, venture capital.

He will be leading the firm's focus on healthcare and developing its digital health practice.

to assist the business in reaching its strategic goals and to further enhance our reputation as an employer of choice. I am looking forward to forming close partnerships internally to enhance our service levels and develop our most important asset – our people.'

Before joining the group, Heather was a founder member of specialist retail and hospitality recruitment consultancy, Retail Human Resources plc.

LCR operates in the UK and New Zealand.

LifeCare

Gary Heather has been appointed chief operating officer at luxury retirement community operator LifeCare Residences (LCR).

Heather will be responsible for operating all its UK retirement villages and nursing homes and brings experience in people management, as well as skills in sales and marketing.

Heather said: 'I am delighted to be joining LCR



Gary Heather,
chief operating officer,
LifeCare Residences

Hunter to stand down as SCIE chief

Tony Hunter is to stand down as chief executive of the Social Care Institute for Excellence (SCIE) on 31 March 2020 after six years in the role.

Hunter, who was awarded an OBE in the Queen's Birthday Honours List in 2010 for services to social care, will continue chairing the Doncaster Children's Services Trust.

He said: 'The last six years have without doubt been amongst the most stimulating and productive of my 40 years in social work and associated organisations across sectors.'

Before joining SCIE, Hunter was chief executive

of North East Lincolnshire Council.

He was president-elect of the Society of Local Authority Chief Executives before being appointed SCIE chief executive.

He is a board member of Scope, and sits on various national health and social care groups.

SCIE will start looking for a new leader who has a 'track record of successful leadership' and an interest in shaping national policy and improvement across social care.

Its chair Paul Burstow will lead the process to appoint a successor.



Tony Hunter will stand down in March



Shelley Bloom, head of human resources, Eden Futures

She will lead on all aspects of human resources and help revolutionise the Eden Futures HR platform by ensuring that its people agenda is fully aligned to support its organisational strategy, vision and values.

Civitas

Civitas Social Housing has appointed Alison Hadden as an independent non-executive director.

Hadden joins with experience within social housing and local government, having started her career at Dudley Metropolitan Borough Council and Birmingham City Council.

She was executive director at Circle Housing and has held chief executive positions at housing associations, including Paradigm Housing.

Hadden is chair of Housing Plus Group, and a non-executive director and member of the audit and risk committee of Yorkshire Housing.

Four Seasons

Four Seasons Health Care chairman Martin Healy has stepped in as chief executive of the provider on an interim basis.

Tim Hammond left the business last week, according to a report in *The Daily Telegraph*, with documents filed to Companies House confirming his departure.

The development follows the conditional sale of Four Seasons to H/2 Capital Partners being 'terminated due to certain conditions' not being met in October.

chartered surveyor and director within a market leading healthcare team at property consultancy, JLL.

She has specialised in the healthcare real estate sector for more than 12 years.

Professor Robb is a registered nurse and midwife.

She holds an honours degree in management and a master's degree in nursing.

Elizabeth was awarded an OBE for Services to Nursing and Midwifery in June 2015.



Professor Elizabeth Robb, non-executive director

Somerset Care

Somerset Care has appointed Emma Glynn and Professor Elizabeth Robb OBE as non-executive directors to its board.

The appointments come as Roger Davies steps down from his role as a non executive director after more than three years in the position.

Glynn joins the board as a

Eden Futures

Provider of supported living services for adults with learning disabilities, challenging behaviour, mental illness and autism, Eden Futures, has appointed Shelley Bloom as its new head of human resources.

Bloom has more than 20 years of HR experience, having held senior roles within the profession across a range of sectors, including engineering, manufacturing, printing and now health and social care.

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