GMB

UNION

CEC Special Report

Social Care

Together, we MAKE WORK BETTER

GMB Congress

Brighton 2023

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Note on the report:

This report contains testimony taken from a survey of GMB members in social care. Quotes from members are included in the below format, unless otherwise stated.

'I struggle to pay rent & bills & feed us let alone have any money left to pay for extras or to enjoy life.'

Care Team Shift Leader

For this report, social care is discussed in the context of adult social care. We recognise the importance of the childhood care sector, including the importance of the cross-over between the two.

It was not possible to do justice to childhood care in a single report but we may return to this important issue in the future.

List of acronyms

ADASS	Association of Directors of Adult Social Services
CHPI	Centre for Health and the Public Interest
CICTAR	Centre for International Corporate Tax Accountability and Research
CQC	Care Quality Commission
ONS	Office for National Statistics
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SSP	Statutory Sick Pay
TNA	The National Archives

1. Summary of policy positions

1.1 This report calls for:

- **Local authorities should be supported to rebuild their directly operated care provision and workforces.**
- **A new funding settlement in social care that retains more money within the system and addresses chronic underfunding.**
- **The National Minimum Wage Regulations to be amended to include care workers' travel time and sleep-in shifts.**
- **Statutory Sick Pay to be raised and reformed so that nobody is forced to go into work when they are ill.**
- **An extension to the Assaults on Emergency Workers (Offences) Act so that it also covers care workers.**
- **A public inquiry into the financial engineering of the care sector.**
- **Strengthen regulation in the sector and learn from the Biden administration's plans to regulate private equity in care.**
- **A real living wage – £15 an hour for care workers.**
- **Labour to enact as an urgent priority in Government its pledges to reform social care, build a National Care Service (while learning from the mistakes made by the Scottish National Party), and establish a Fair Pay Agreement for care workers.**

2. Introduction

2.1 GMB is proud to be the lead campaigning union in social care. Care is part of our society's foundations. Social care is a national asset, it is part of the fabric of our communities, and ensuring its sustainability is one of the greatest challenges that we face.

2.2 Seven years have passed since Congress warned that 'the adult social care sector is under unprecedented strain.'[1] Our predictions that an unsustainable system was headed into imminent crisis have been vindicated – but the sector has also changed in ways that could not have been foreseen.

2.3 The pandemic proved that there is a groundswell of public support for our care workers. But the system is failing to value them. Our members provided comfort to care users and their families as disease took hold. They risked their own lives to protect others. And yet care workers employed by private providers continue to be paid just pennies above the national minimum wage.

2.4 The crisis in care must be a spur to action. We refuse to accept that exploitation is inevitable. We recognise that care is underpaid because, for too long, work performed disproportionately by women and migrant workers has not been valued. We reject any suggestion that care work is somehow an occupation of lesser skill or worth.

2.5 That is why GMB is leading the campaign for real living wage for care workers of no less than £15 an hour. We demand that care workers be given the status and respect that their professionalism deserves.

2.6 People are living to a greater age. Modern medicine is enabling more people with complex health problems to live longer. These facts should be celebrated. But the UK's capacity to meet the demand at its door is already threadbare. We cannot face the 2030s with a care service on its knees.

2.7 This report argues that care needs fundamental change. We are calling for a revolution in funding, in pay and progression, and in the structure of the sector. These are our demands to make work better in care.

3. Background

3.1 The path that led to the current crisis needs to be described if we are to understand the problems facing the care sector. This is about both values as well as solutions. Modern old age and adult disability care was once part of the same programme that created the NHS and the vision of a safety net from cradle to grave. Social care and NHS workers once had parity in pay and terms and conditions. GMB believes that care should be restored to its place as an integral and valued part of the welfare state.

3.2 Both the creation of the modern care sector and the swift disaster of outsourcing and fragmentation in the early 1990s proved that the Government the status quo is not inevitable – the Government can change the care sector both for worse, and for better.

3.3 Social care was not meant to become the fragmented and low-paid sector that it has become. Care, alongside the NHS, was a part of the Attlee Government's vision of a new world that would end the iniquities of the old. The modern social care system was created by 1948 National Assistance Act which swept away the last remnants of the hated Poor Law. Instead, the law required local authorities to provide funded placements and care packages for those who required assistance.

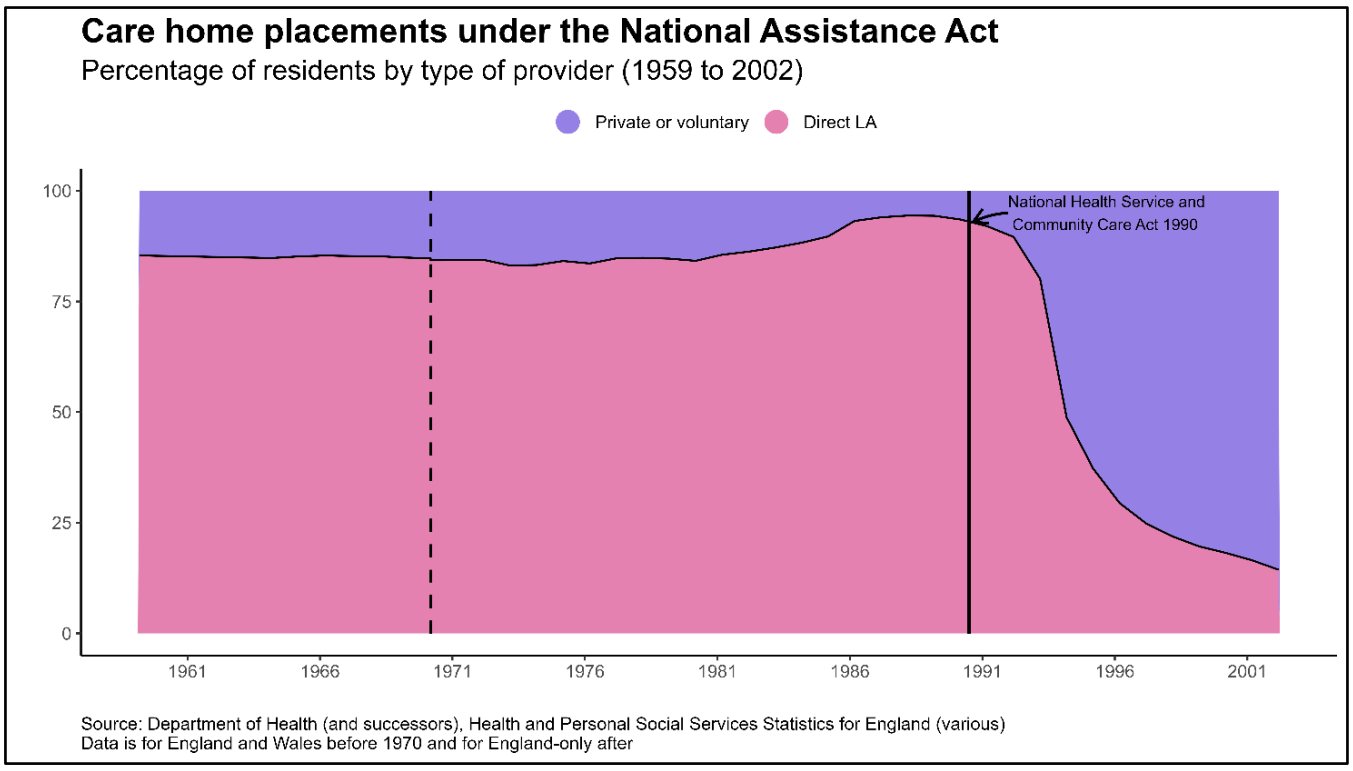
3.4 As Nye Bevan said, the law was a rejection of 'that very evil institution' – the workhouse and the cheap lodging houses where the elderly often died alone, which blighted working class communities before the war. One of the MPs present, Bessie Braddock, spoke movingly about her experiences in Liverpool in the time before social care:

'I am very bitter about what has happened in the past to those people who found themselves in need of assistance. … I have been in a [Poor Law] committee where the chairman, who was not of my party, persisted—and I protested—in seeing the underclothing of old people before the committee was prepared to give an order that new underclothing should be supplied. These things remain with us. We remember them.'[2]

3.5 Residential were supposed to accommodate no more than 25 to 30 residents. Fees were supposed to be around 80 per cent of the old age pension, in order to provide for individual independence. The post-war Labour Government also insisted that domiciliary care charges must not exceed the cost of delivery. Services were mostly delivered by local authorities and care workers were paid under local authority terms and conditions.

3.6 Local authorities then had much more direct role in the planning of both health and care services. It followed that there was much closer integration between the NHS and social care. As late as the end of the 1970s, pay negotiations took place in tandem – and the NHS employers' pay offers were made after those in local government, in recognition of the fact that differences in pay structures inevitably led to recruitment and retention pressures.[3] The Association of Directors of Adult Social Services recently called for pay parity between care and the NHS to be restored.[4] While we recognise that pay in the NHS is also too low, GMB believes that much closer integration between NHS and care services is an essential requirement for social care reform.

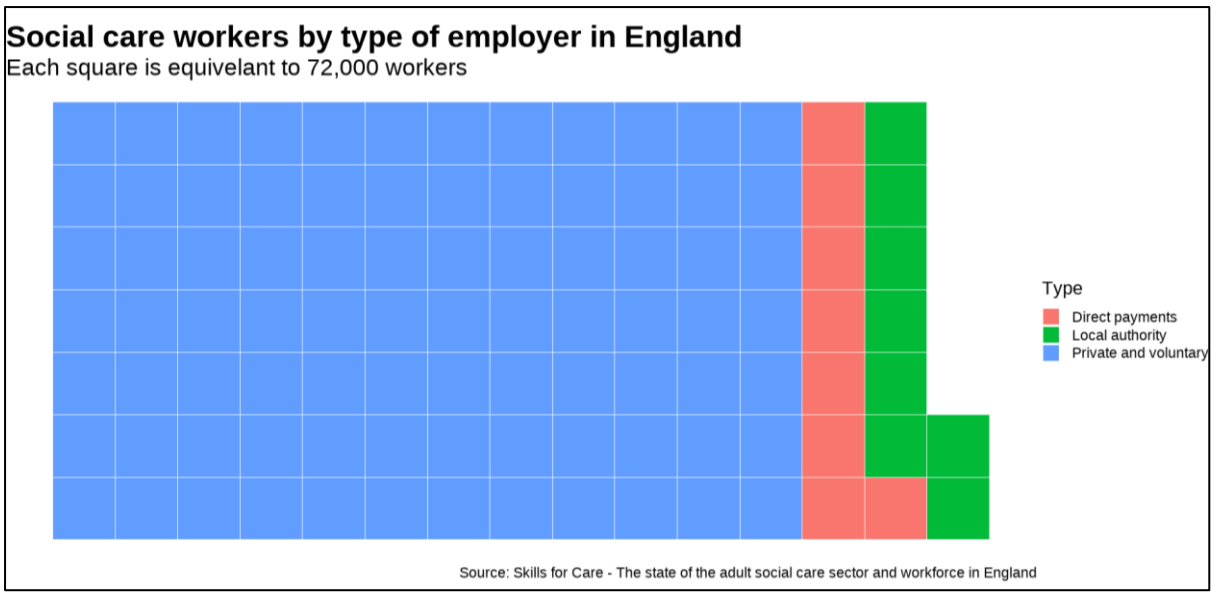
3.7 The current care system was not inevitable. The fragmented, privatised market model for care is relatively new: the public sector directly met provided between eight and nine out of ten beds until the early 1990s. But, in one Margaret Thatcher's last acts as Prime Minister, local authorities were forced to promote 'competition.' Under John Major, 80 per cent of state subsidies were required to be spent on private providers.[5] One of the most dramatic privatisations of a public service followed.



3.8 In England, 93 per cent of publicly-funded residential placements were in local authority run homes the start of the 1990s. The figure had fallen to just 21 per cent ten years later. Today, 95 per cent of residents are cared for in private or voluntary sector homes.[6] It has been said that the fragmentation of care was 'arguably the most extensive outsourcing of a public service yet undertaken in the UK.'[7]

3.9 As a report for private investors commented years later:

'The transformation of publicly funded social care service delivery which has taken place in Britain, from predominantly in-house to an outsourcing model … would have been unthinkable in the NHS. The fundamental difference is that social care is largely staffed by low paid workers.'[8]



3.1 By 1999, the Royal Commission on old age care warned that:

'The current system is failing … There is a sense of bewilderment, a strong sense of loss of control, a sense of actually losing the beloved individual to a system which is beyond understanding and which makes individuals feel beyond help.'[9]

3.2 Many of the new private providers were backed by private equity firms. The 'dominant feature' of these early deals was to 'get the labour costs down by 30 per cent,' in large part by reducing staffing levels and wages, according to a former private equity partner.[10]

3.3 When the private equity-backed Southern Cross collapsed in 2011 under a weight of repayments due to its disastrous sale and leaseback model, GMB responded by organising and winning recognition among almost all its successor companies. But the company's staff and residents should never have been placed in that position. The collapse of Four Seasons in 2019 was a reminder that this essential public service remains at risk due to the gambles of owners and risky financial engineering.

3.4 The consequences of this fragmentation for care workers have been severe. Most care workers are no longer covered by adequate, nationally bargained pay rates and terms and conditions. The failure to preserve parity with the NHS has let to severe shortages in

comparable roles, such as registered nurses. Pay is too low in all parts of the care sector, but average care worker pay is still 12 per cent lower in private providers than it is direct local authority provision.[11] We do not hesitate to criticise public sector employers, but on average the remaining local authority-operated homes have better retention on average, and much lower levels of employment on zero hours contracts.

3.5 It is longstanding GMB policy to support the return of services that were previously provided by the public sector to direct operation, and that includes care.[12] Care is also something of a special case. There was always a mix of public and private providers (particularly for some very specialised forms of care and those with the means to fund their own placements). But politicians do have the power to reshape the care market.

3.6 As this report sets out, the overriding priorities for current and future governments must be the securing of the sector's finances and a reversal of the fragmentation of care service and employment standards. The Conservative Party came to office with a now seemingly forgotten pledge to enact a reforms that 'stands the test of time.'[13] The Labour Party is committed to building a National Care Service. **Part of those reforms should include backing for local authorities to rebuild their direct provision as part of a wider policy to stabilise the sector and drive up employment standards.**

4. Care workers in crisis

4.1 Our members came to care work from different walks of life, but one message stood out from GMB's 2023 survey of care members. The most commonly quoted reason for working in the sector is 'to make a difference.' Many of our members say that they enjoy knowing that they have provided contact and help for people who might otherwise be isolated, or who just need some support to be independent.

"[I went into care] to make a difference to people's lives and to help support vulnerable adults lead a life as independently as they are able to."
Personal Support Worker

4.2 Care workers are motivated to work in the sector. But the cost of living crisis has pushed an already under-paid and under-funded workforce to breaking point. Critical recruitment and retention pressures are rising. Higher pay for comparable or less demanding roles is often available. The long-term absence of clear routes for training linked career progression has left the care sector with unsustainable turnover rates.

Care and the cost of living crisis

"I am using savings to make ends meet but this will not see me through the coming year and as I am not in line for a pay increase I do not know what I am going to do."
Administrator

4.3 Chronically low pay has left many care workers unable to afford basic necessities. Charities report a significant increase in the number of care workers who are seeking support to afford grocery and energy bills.[14] Several GMB members told us that they were using food banks to get by.

"At home it is always cold because I have to turn the boiler off. We eat one meal a day, I hardly see my kids because, I work shifts, waking nights, sleep ins etc for overtime. I have no life, I just work and come home."
Manager

"Regularly eat one simply meal a day due to the rising costs - have been referred to food bank by my GP."
Healthcare / Support Assistant

4.4 The crisis in wages long preceded the crisis in prices. According to the Health Foundation, even before the cost of living crisis hit, more than a quarter of residential care workers lived 'in or on the brink of poverty.'[15] A later section of this report describes GMB's campaigning response and our demand for £15 an hour in care. The pay and prices crisis is contributing directly to severe recruitment and retention challenges in care.

Recruitment and retention

4.5 There are a record 165,000 vacancies in adult social care in England alone. The number of people employed in the sector actually fell by 50,000 last year, despite an increase in demand. Some 400,000 people – close to a third of all those employed in care – leave their job every year. Vacancies are elevated across all job roles, including catering, cleaning, administrative and management posts.

4.6 The sector's vacancy rate of 10.4 per cent is more than three times higher than the average for the whole economy (at 3.5 per cent). The vacancy rate rises to 13.8 per cent for domiciliary workers, and 14.6 per cent for registered nurses – where there is direct wage competition from the NHS.[16] As the LGA has warned, 'the NHS … [makes] offers to our healthcare experienced staff that they can't refuse.'[17] Nine out of ten local authority Directors of Adult Social Services say that 'increasing recurrent adult social care funding sufficiently to enable pay parity with NHS roles and other labour market competition' would be an effective way of mitigating labour shortages – this was by far the most supported option.[18]

"If the job … had decent pay and respect then vacancies would be filled and there would be enough carers to look after people in their own homes, enabling them to be out of hospital and free up beds in the NHS."

Support worker

4.7 In 2012–13, sales and retail assistants earned 13p less per hour than care workers, but in 2020–21, they earned 21p more.[19] Care managers have reportedly said that: 'I dread hearing Aldi is opening up nearby, as I know I will lose staff.'[20]

Terms and conditions

4.8 The relentless drive to reduce costs, due to a combination of profit maximisation and low local authority fees, has led to a race to the bottom on non-pay terms and conditions. A third of direct care workers are employed on zero hours in England, rising to 46 per cent of domiciliary care workers and more than half of all direct care workers in London.[21]

4.9 Care workers are typically not paid for travel time or sleeping time when on duty. The Supreme Court ruled in 2021 that staff who are required to sleep at work are not entitled to the National Minimum Wage for that time. This is in spite of the disruption to regular sleeping patterns that our members report in unfamiliar beds or buildings, or as a result of always being on-call. The Supreme Court's judgement rested on an early Low Pay Commission report, and the Low Pay Commission must now urgently revisit the issue. **The sleep-in shifts judgement has exposed a fundamental weakness in the National Minimum Wage Regulations which must be addressed.**

"I do overnight shifts. I have sleeping problems. I never leave work on time. It's affecting my emotional sense. I feel exhausted and very low."

Homecare Worker

4.10 Most care workers are entitled to Statutory Sick Pay (SSP) only – or no sick pay at all. Workers in care are more likely to be reliant on SSP than in any other sector.[22] One 2020 study found that 77 per cent of care homes offered SSP only.[23] The UK has one of the lowest rates for sick pay entitlement in Europe at less than a fifth of average wage,

and many workers are excluded from it. Even Matt Hancock as Health Secretary admitted that he could not live on SSP.

4.11 There is a statistically significant link between inadequate sick pay rates and COVID-19 transmission in care homes.[24] Worrying, eight out of ten care workers who responded to a 2020 GMB survey said that they might be forced return to work before they are ready if they were on SSP. While some temporary funding was made available to fund sickness absence and the Welsh Government established a Statutory Sick Pay Enhancement scheme between 2020 and 2022, no long-term reforms to the entitlement have been made.

"With me being on a zero hours contract, I don't always get work. If I become ill I don't get paid. If I get a cold or flu related illness I'm expected to stay at home without pay because I may pass the illness to our service users … It is a very very stressful life."

Carer

4.12 The shocking inadequacies of Statutory Sick Pay go beyond its very low headline rate (currently £109.40 per week), which has been cut in real-terms during the pandemic. Workers who are not classed as employees, and those who do not meet the Lower Earnings Limit of £123 a week, are excluded from minimum sick pay protection. This effectively excludes most workers on zero hours contracts. **It is essential that Statutory Sick Pay is raised and reformed so that no-one is forced to attend work when they are ill.**

<u>Care and COVID-19</u>

"Totally devastating. Losing residents because they couldn't be admitted to hospital but would've been treated before covid. GPs that wouldn't come to see residents, senior staff basically certifying death. It was a horrible job to be in at the time then going home and crying in the shower.

"Two colleagues died as a result and I lost count of the number of residents who also died. Worst experience in 41 years of working in health and social care. I'll never forget or forgive."

Care Assistant

4.13 The care sector, and many care workers, has not recovered from the ongoing trauma of the COVID-19 pandemic. Our members have shared horrific testimony of the realities of working in care since March 2020. Shockingly, a quarter of our members in care say that they have experienced Long Covid, and half our members contracted the virus at work. At least 469 care workers died in 2020 alone after testing positive for Covid-19, and the true death toll will never be known.[25]

4.14 While our members risked everything, they were being failed by policy decisions that 'turned care homes into morgues.'[26] The Deputy Chief Medical Officer, Dr Jenny Harries, claimed in March 2020 that supply problems had been 'completely resolved' and that 'the country has a perfectly adequate supply of personal protective equipment (PPE) at the moment'[27] – at a time when our members were forced to fashion their own PPE out of binbags and tape. For a time, the official guidance even said that workers staff did not need to wear masks and that it 'was very unlikely that anyone receiving care in a care home or the community will become infected.'[28]

4.15 Boris Johnson claimed that 'every discharge from the NHS into care homes was made by clinicians, and in no case was that done when people were suspected of being coronavirus victims.'[29] But this was untrue. Derbyshire County Council published guidance that care homes 'should be prepared to receive back care home residents who are Covid positive' in order 'to ensure capacity for new Covid cases in acute hospitals.' Bradford Council told care homes that 'if a positive result is received … then we are looking to discharge into (firstly) in-house services, or the independent sector.' The council event said it wanted to discharge dying patients from hospitals into care homes for 'end of life support.'[30] Care residents were refused

access to most forms NHS in-patient treatment in many areas, leading to thousands of avoidable deaths to causes other than COVID-19.

4.16 Our members' testimony confirms research that identified a clear link between sick pay coverage and infection rates.

GMB care members who report contracting COVID-19 from work, by sick pay provision

What are your sick pay arrangements?	Percentage answering yes
No sick pay entitlement	54.4
Statutory Sick Pay (£99.35 a week)	50.1
Employer sick pay scheme (less than £99.35 a week based on contracted hours)	49.2
Employer sick pay scheme (more than £99.35 a week)	47.5
I don't know	40.5

"No remuneration is available for covid positive staff. Staff are aware of this. This increases the risk of staff working with covid covertly."

Clinical Nurse Assistant

4.17 At the height of the pandemic, 75 of GMB members in care said that their work has had a serious negative impact on their mental health. On a standardised score, our members reported anxiety levels that were 44 per cent higher than the average for all workers. Women care workers, disabled care workers, and care workers in receipt of Statutory Sick Pay were at greater risk of experiencing poor mental health. [31]

"It is a difficult time but as carers we have not received appropriate support on our mental health, we have not got any pay increase during this time and we are working around the clock everyday."

Domiciliary care member, winter 2020/21

4.18 The nation clapped our carers – but claps do not pay the bills or put food on the table. Three years have passed since the start of the pandemic, and care workers still do not have the pay or recognition that they deserve. We cannot change the past but we are committed to fighting for a better future.

Violence

"I am attacked on a fairly regular basis. The worst being an injury to my forehead that required 18 stitches."

Team Leader

4.19 No-one should go to work in fear of being assaulted. But care workers are too often told to treat violence as 'part of the job.' Research suggests that most care workers will experience violence at work, with the frequency of assaults varying by type of setting. Care workers from a Black, Asian and Ethnic Minority background are believed to be at higher risk of violence. Recent research has emphasised that residential and domiciliary workers are all at risk of assault.[32]

4.20 GMB has obtained shocking statistics from the Health and Safety Executive under the Freedom of Information Act. The figures reveal that serious injuries to care workers are much more likely to be as a result of violence than they are for workers in the wider economy. Nearly four in ten (39 per cent) of reports for serious injuries in residential care settings were caused by violence in 2021/22 – compared to 9 per cent for all workers. The rate rose to half or more in some regions.

4.21 One in six reports are for 'specified injuries.' This category can include injuries that lead to: fractured bones, loss of sight, brain injury and other organ damage, and loss of consciousness caused by a head injury.[33]

RIDDOR reports for injuries caused by acts of violence, residential care – 2021/22[34]

Nation/Region	Total number of injuries	¬ of which, specified injuries	Percentage of all injury reports caused by violence
Great Britain	**805**	**135**	**38.7**
England	**653**	**109**	**39.1**
North East	26	4	36.6
North West	81	13	36.2
Yorkshire And The Humber	75	17	39.9
East Midlands	105	25	49.3
West Midlands	110	14	51.4
East	39	4	32.8
London	51	3	37.0
South East	132	20	38.6
South West	34	9	21.1
Wales	**99**	**18**	**46.9**
Scotland	**53**	**8**	**26.8**

"[I'm] threatened by service users and their families. Panic button on work phone that doesn't actually work. Staff supplied with personal alarm and torch. Slapped and kicked by service users with mental health needs."

Home Care Supervisor

4.22 Our members tell us that assaults often take place in mental health, dementia, and other, specialist settings where safe staffing ratios are not necessarily in place and proper risk assessments may not have been carried out. But in many cases, assailants have decision-making capacity, but effective action is not being taken.

4.23 The 2018 Assaults on Emergency Workers (Offences) Act allows longer sentences to be passed against those who assault NHS workers. But there is a gap in the law – an NHS healthcare assistant would be covered by it, but workers employed by a care provider would not be. **GMB supports an extension to the Assaults on Emergency Workers (Offences) Act so that it also covers care workers.**

Training

4.24 Care workers are expected to perform skilled and safety-critical tasks, from the administration of medicine and restraints to managing difficult situations. But even when training is available, it is difficult for many care workers to access it due to a lack of flexibility within contracted time. There is also an absence of a clear link between career progression and training. Even when care workers undertake similar roles to NHS workers, there is not a parity of esteem and access to the training and qualifications that can be attained in the NHS.

4.25 As the House of Commons Select Committee on Health and Social Care said in 2021, 'better training and career development pathways in social care will be an essential part of driving recruitment and retention in the sector.' However, the Committee's recommendation that 'the Government must commit to restoring social care staff free access to the same NHS training as community health colleagues by July 2023' was rejected by Ministers.[35]

4.26 Apprenticeships represent a potentially valuable route for people entering into the care sector. However, all too often, apprenticeships have been used as a forced of cheap labour and job substitution –

at the current apprenticeship National Minimum Wage of just £5.28 an hour. As the 2017 CEC Charter for the Care Sector rightly noted, there should be quality apprenticeships for those wanting to have a career in the care sector, and apprentices should not to be exploited as cheap labour.[36]

4.27 It is essential that reforms to the care sector include access to nationally recognised qualifications that are linked to pay and progression. The implications of this demand for the Labour Party's policies are discussed later in this document.

5. The UK's broken care model

5.1 For as long as we have had members in the social care sector, GMB has made it clear that the ownership model is broken. When we assess the annual accounts of employers, we are met often with a labyrinth of group structures, with no clear operational purposes, and can see money being filtered up and on occasion out of the UK to tax havens.

5.2 The Centre for Health and the Public Interest (CHPI) refers to money leaving the sector not through tax, wages, or actual running costs, as 'leakage'.[37] Its research estimated in 2019 that £1.5 billion a year is taken out of the care system in profits disguised as rent payments and management fees. This equates to 10 per cent of the total money which goes into the sector annually,[38] which when used as an alternative measure of profitability shows that the care sector returned nearly the same rate of profits as did all UK companies in 2019, which was 10.7 per cent according to ONS figures.[39]

5.3 This 'leakage' is so out of control that even Jeremy Hunt suggested that the finances of private ownership needed to be investigated:

'It's the Wild West out there. We need the Competition and Market authority to make sure that market is operating in the interest of consumers, particularly the very vulnerable people who need that sector.'[40]

5.4 Owners of failing care homes have paid themselves enormous salaries and dividends, to the cost of the taxpayer, fee-paying residents and their families, and at the expense of the workforce's pay packet. As reported in the Guardian, one care home operator owner paid himself over £20 million despite multiple breaches of health and safety standards.[41]

5.5 There has been a mass transfer of care assets from the public to the private sectors. Research by Centre for International Corporate Tax Accountability and Research (CICTAR) estimates that the value of privately owned care home assets is now £245 billion. A considerable portion of the assets are the hands of landlords – homes transferred through 'sale and lease back' arrangements.

5.6 This is infrastructure that is vital to the health and wellbeing of our communities. The maintenance of this infrastructure is currently left to the decision-making of property developers, rather than strategic planning of local authorities or national government. As the demand for residential care grows, more of this wealth could continue to be concentrated in the hands of very few.[42]

5.7 Care is judged on its quality of service – how well people are cared for should be the fundamental marker of success. The myth that the transfer of services to the private sector will lead to superior quality is undermined by the finding that 84 per cent of care homes run by local authorities were rated good or outstanding, compared with 77 per cent of for-profit homes, according to analysis of regulatory reporting.[43]

5.8 Seven out of the ten largest providers in the residential care market – who account for a fifth of the overall market - are run on a for-profit basis:

Residential care providers by size, 2023 estimates[44]

Organisation	Sector	Homes	Beds	Market share (beds), %	Cumulative market share (beds), %
HC-One	For-profit	289	17,490	4	4
Barchester Healthcare Ltd	For-profit	232	15,203	3.5	7.5
Care UK	For profit	153	10,679	2.4	9.9
Bupa UK Care Services	For profit	117	7,039	1.6	11.5
Four Seasons Health Care	For profit	118	6,677	1.5	13.1
Anchor	Not for profit	124	6,551	1.5	14.6
Sanctuary Housing Association	Not for profit	106	5,350	1.2	15.8
Avery	For profit	64	4,885	1.1	16.9
MHA	Not for profit	87	4,738	1.1	18
Maria Mallaband & Countrywide Group	For profit	77	4,465	1	19

5.9 Private equity has a large stake in our social care system, which can be described as 'capitalism in high gear'. As we have seen, private equity models have been responsible for much of the running-down of pay and terms and conditions in the sector. Classic private equity models do not seek to build and maintain essential services in our society – instead, they extract as much wealth as possible in as short of time as possible.

5.10 These types of ownership are the antithesis to what society would consider 'caring'; while there has been little political will to challenge this type of exploitation directly, we must at least have greater

transparency on the financial strategies of companies within the care sector.[45]

Accounting and company structures

5.11 Companies such as HC–One have been analysed by GMB, and other research groups as an example of how Care companies organise their businesses. As part of our pay negotiations with HC-One, GMB has worked to understand its group structure in order to put forward claims on behalf of our members. We have been met with is complex hierarchies of company ownership.

5.12 The company website for HC-One lists the following companies:

HC-One No.1 Limited; HC-One No.2 Limited; HC-One No.3 Limited; HC-One No.4 Limited; HC-One No.5 Limited; HC-One No.6 Limited; HC-One Management Limited; HC-One Limited

5.13 When looking through the accounts through Companies House filings, the ownership of each entity breaks down as the following:

Company	**Immediate parent**	**Ultimate Parent and Controlling Party**	**Smallest group the financial statements are consolidated**	**Largest group for which financial statements are consolidated**
HC-One No.1 Limited (UK) Care Home provider 4,000 residents across 70 homes	HC-One Intermediate Hold Co 3 Ltd (Cayman Islands)	Skyfall LP, Skyfall GP (Cayman Islands)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)
HC-One No.2 Limited (UK) Care Home provider 1,100	HC-One Intermediate Holdco 2 Limited (Formerly FC	Skyfall LP (Formerly FC Skyfall LP), Skyfall GP (Formerly FC	HC-One Holdco 3 Limited (Formerly FC	HC-One Holdco 3 Limited (Formerly FC

residents across 20 homes	Beamish Bidco Ltd) (England)	Skyfall GP Limited)	Skyfall Holdco 3 Limited)	Skyfall Holdco 3 Limited)
HC-One No.3 Limited (UK) operation of care homes for the elderly in the United Kingdom	HC-One Limited (England)	Skyfall LP (Formerly FC Skyfall LP), Skyfall GP (Formerly FC Skyfall GP Limited)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)
HC-One No.4 Limited (UK) Ceasing trading but was a domiciliary care provider	HC-One Intermediate Holdco 2 Limited (Cayman Islands)	Skyfall LP, Skyfall GP (Cayman Islands)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)
HC-One No.5 Limited (UK) operation of 1 care home for the elderly caring for over 20 residents in the United Kingdom	HC-One Intermediate Hold Co 5 Ltd (England and Wales)	Skyfall LP, Skyfall GP (Cayman Islands)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)
HC-One No.6 Limited (UK) Domiciliary care services across one location in the UK		Skyfall LP, Skyfall GP (Cayman Islands)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)
HC-One Management Limited Property Management Company	HC-One Holdings Limited (England and Wales)	Skyfall LP, Skyfall GP (Cayman Islands)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)

HC-One Limited Care home operator more than 8,000 residents in over 170 homes	HC-One Intermediate Holdco 4 Limited (Jersey)	Skyfall LP, Skyfall GP (Cayman Islands)	HC-One Holdco 3 Limited (Cayman Islands)	HC-One TopCo Limited (Cayman Islands)

5.14 As can be seen from this table, the significant controlling companies within the whole group are registered in the Cayman Islands, with the largest single company owned by a company based in Jersey.

5.15 There are different registered companies who the operations of care homes. While we might negotiate across all these entities on behalf of our bargaining groups, the assets are split, and under this model there is the potential to spread money across lots of different legal entities.

5.16 While this report is not going to go into forensic detail into the accounts of every single entity, explaining every last exchange of money within the group, it will draw upon some examples of where money can flow up and out.

5.17 HC-One Limited ran at a loss as of 30 September 2022 of £25.5 million (2021 profit of £14.1m), despite raising weekly fees that year from £793 to £839.[46]

5.18 The accounts also state that that: *'the Group's principal [financial] facility is a loan of £570.0m, which consisted of £540.0m towards repayment of existing Group indebtedness and a further facility of £30.0m available for draw down to fund working capital expenditure.'*[47]

5.19 HC-One Limited also paid out £2 million in dividends to its parent companies, which as outlined in the structure, are based in tax havens. In comparison, HC-One No.1 Limited paid out a dividend of £13,000 as a *'non-cash item which resulted from the corporate*

restructuring steps undertook by the group as part of the refinancing arrangement completed in December 2021'.

5.20 HC-One Limited benefited from an interest payment of £12,288,000 from an intercompany loan arrangement. When arranging intercompany loans, the group can set the interest rates to what they like. These types of loan arrangements can help funnel money up and out of these company structures.

5.21 HC-One Intermediate Holdco 4 was owed £18,350,817 by HC-One Holdings Limited as of the 30 September 2022. According to its accounts, the loan notes are due on demand, with no fixed repayment date and have an interest rate of 12 per cent per annum. This particular company within the structure does not employ anyone, but it can call up funds within the structure. In this instance it can be through a loan note, which is essentially an IOU agreement between companies. HC-One Holdings, which owes this sum, is the immediate parent company of HC-One Management Limited.[48]

5.22 These extremely complicated structures obscure the flows of money – much of it derived from taxpayers' fees. Every employee of a care provider should be able to readily understand where the money is going. It is clear that current UK company law is failing to ensure that public money is being spent in a transparent way. **GMB calls for new transparency standards and a public inquiry into the financial engineering of the care sector.**

Private equity and financing

5.23 There has been an increase in private equity takeovers across the economy in recent years. Across the economy, GMB is often confronted by cutthroat business management approaches following these takeovers.

5.24 Private equity is difficult to fully define, but one of the most important concerns with its involvement in the sector is that debt is normally laden on the businesses that are taken over. This makes the focus of the financial structuring and management of care companies

entirely about realising returns on the investment and managing the debt.

5.25 These firms often have short term approach to their investments. Typically, a private equity fund will tell investors that they will have a full return within a defined period – such as 5 or 7 years – which sets the clock ticking for short term cuts within the business, and it raises the chance of future TUPE transfers.

5.26 This is not a problem unique to the UK either. According to research in the USA, 'the estimates show that private equity ownership increases short-term mortality by 10%, which implies about 21,000 lives lost due to private equity ownership over our sample period. Private equity ownership also increases spending by 19%, the vast majority of which is billed to taxpayers.'[49]

5.27 President Biden also referred to the social care market in his 2022 State of the Union address, where he expressed concern for the heavy influence Wall Street has in elderly care. His administration has acknowledged that the presence of private equity has driven quality of care down and increased the Medicare costs. The Biden administration has looked to regulate the sector more, and enforce greater transparency on the accounts of private nursing homes and their ownership.[50]

Landlords

5.28 Care homes are now often sold and leased back. This has meant that assets have been transferred into the hands of landlords and care home companies are then required to pay rent on the properties they might have once owned.

5.29 This has proved to be a highly lucrative business for landlords. CICTAR research estimates that the care home property portfolio in the UK is worth £245bn. Annually, they assert that £1.5bn is paid in rent to landlords from care home companies.

5.30 Care UK has its own property development company called Care UK Property Holdings Limited which also leases properties to the

residential care delivery side of the wider Care UK group. The latest accounts for Care UK Property Holdings Limited made up to September 2021 show the company making a turnover of £5,513,000 from property rental and service fees.[51]

5.31 Landlords are able to calculate profits bed by bed, and this is a standard industry measurement. CICTAR research found that '£3,181 was the profit per bed per year (£61 per week) made by landlords from the rent paid by all for-profit homes (at 85% occupancy)' and that £1.3bn was paid as rent to landlords by all for-profit homes garnering them an estimated £515m profit.[52]

5.32 Landlords are able to raise rents when they like. The burden is felt throughout the care home operators. Wages are suppressed, resources are cut down on, and the cost to the service users goes up.

5.33 In contrast GMB members have told us that successive years of under inflation pay rises have left them struggling.

""I struggle to pay my priority bills due to being on a low income but working full time, I am finding that I am having to borrow money and take out loans to be able to afford food, gas and electricity. I live alone and walk too and from work yet still can't afford to live comfortably for the month." Senior Carer

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5.34 In 2021 it emerged that a care home company in Northern Ireland was effectively selling individual rooms within their care homes to investors.[53]

5.35 This approach is not unique to Court Care homes. Companies such as 'One Touch Investment' advertise that 'typical leases are up to 25 years with 10% net income.' They also state that their 'chosen developers work closely with the NHS trusts and local authorities to identify areas of significant demand and buy care homes in most under-supplied parts of the country – ensuring a buoyant market.'[54]

5.36 While this model might furnish the care home with some up front capital to spend on the running of services, it further increases the debts from that home to yet another entity that will play no active role in the service of care.

Domiciliary care

5.37 While much of our membership lies in residential elderly care, we have an increasing number of members who work in domiciliary care. It is a hugely self-funded part of the sector. According to LaingBuisson the value of the homecare and supported living market in England is now £11.5 billion.[55]

5.38 The government does not hold data on the full scale of cost for those who self-fund home care but reporting from Home Care Association in England it makes up 30%; Scotland 25%; Wales 21%; and Northern Ireland 7% of the market.[56]

5.39 This part of the sector is highly franchised. Home Instead is one of the largest franchises in the country, which supports over 100,000 service users. Branches will pay fees to the corporate head but ultimately, they will be responsible for the day to day running of their services and the workforce they employ.[57]

5.40 A 'gig economy'-style approach is also increasingly common, under which companies act as third parties that provide 'introductions' between care workers and directly-funding service users for a fee. While average hourly wages are often superficially higher in this part of the sector, this apparent advantage is misleading: workers must self-fund holiday pay and sickness cover. The firms that provide these 'introductions' are not regulated.

State funding

5.41 The Health and Social Care levy, announced in 2021, was due to raise £5.4 billion for adult social care between 2022 and 2025. The purpose of the funding was to reduce the cost burden on those paying for care (£3.6bn), reducing the cap on personal spending on

care to £86,000 over their lifetime. Only £500m was due to be invested into the workforce out of the remaining £1.7bn. The means of raising this funding was deeply unpopular (through raising National Insurance Contributions) and ultimately scrapped before implementation.

5.42 This policy completely absolved the profit-making parts of the sector of responsibility for investing back into the system. Since then, the Government has furthered rolled back on the £500m investment in staff, incrementally lowering it to £250m, and then to nothing.

5.43 There is no credible strategy coming out of this current government for addressing the issues within the social care system. If the financing of the sector is allowed to continue in this way, we will see more cycles of care home operator collapses, higher and higher costs to service users and their families, further stagnation and suppression of wages and terms and conditions for the workforce.

How do we keep money in the system?

5.44 As outlined, there are plenty of ways in which money can leave the sector. It has been an easy target for 'investors' to extract wealth from, which has left the service users and workforce with very little. While public investment helps, there are too many avenues and accounting tricks which allow the significant 'leakage' of money which could be stopped or significantly discouraged. Taxpayer money should not end up being funnelled into tax havens.

5.45 We should regard the Care Sector as an essential service. It is part of our national infrastructure, critical to the health and well being of our society.

5.46 The finances of the companies which take on this responsibility of care should be highly regulated. We agree that at the very least there should be greater transparency in the way that care companies produce their accounts. There should be clearer markers of where money is being transferred between companies within

their group structure and reporting ahead of money being transferred out to tax havens.

5.47 If we were to tax certain intercompany transactions, wealth collected could be placed into a National Solidarity Fund for the care sector. Training and professional development could be administered through the fund addressing the skills gap.

GMB commits to promoting the following policies:

- **Look to the Biden administration and policy from Secretary Xavier Becerra on greater public disclosure of ownership of care homes.**

- **Further explore how an additional levy or tax on profits on rent made through care home properties could work, especially for those in Operational Company and Property Management Company relationships.**

- **Whole group liability for care standards, not just operator care company entities – property management companies within the group can be liable for quality of care, and therefore fined.**

- **Ensure that capital returned from the care sector ownership is placed in a National Solidarity Fund, ringfenced for the workforce.**

- **Care home property development should be under greater local authority planning, addressing the needs of the local community rather than the asset portfolio of property developers and land speculators.**

6. GMB – the fight for £15

6.1 For too long care work has been undervalued and therefore underpaid. While a fragmented sector may create different starting points for our members across the UK, the undervaluing of their care work is universal.

6.2 The average hourly pay for care workers and home carers across the UK is still a few pence above the new National Minimum Wage rate which applies from April 2023.[58] Low pay is common across all roles where GMB has members.

6.3 This crisis in care will continue as long as decisions about the sector are made in the interests of those who profit from care rather than those who deliver it. A model where dedicated workers are paid too little to make ends meet while care providers disguise their profits in secretive tax havens is as blatant as it is unsustainable.

6.5 The fight for £15 an hour is GMB's campaign to reclaim who and what is valued in the delivery of care. It is a demand first raised by our members working on the frontline in the sector, after extensive research by GMB Scotland's *Show You Care* report in 2020. As that report made clear: the "Fight for Fifteen" is a realistic objective which recognises the status quo in care is no longer acceptable and that change is both possible and necessary. A rise to £15 would bring care workers' pay in line with the average hourly wage for all UK workers, currently £14.72.[59]

6.6 The Fight for 15 is also a campaign to save the future of care in the UK. A sector both undervalued by government and increasingly refocused towards profit over care is unsustainable. The barriers holding back the sector from delivering a high-quality service also hold back workers who can deliver it. Only by properly valuing and rewarding frontline workers through pay justice will the sector meet the challenges it faces in the next decade.

"Up until two weeks ago I worked 12-hour nights for minimum wage we have just had a 60p pay rise which is better than nothing but the job we to and the care we provide it's not enough on top of caring for the 27 residents for 12 hours with 3 care staff and one nurse."

Care Assistant

6.7 The undervaluing of predominately women and migrant workers in care is not inevitable. GMB members are standing up and reclaiming their worth through organising and campaigning. This is where changing the status quo in social care begins.

i) Recovering from a 'lost decade' for care

6.8 The fight for £15 an hour seeks to restore the real-terms lost earnings for our members working on the frontline of care.

6.9 The problem is structural. Wage restraint for care workers has become the bedrock on which care is delivered in the UK, especially as so much of care provision faces both local-authority funding constraints under austerity and the profit-motive of many private providers who deliver care services.

6.10 The result has been a 'lost decade' of pay for frontline care workers. Between 2012 and 2022 the average care worker and home carer in England only saw their pay increase by 47 pence an hour in real terms. For workers in Scotland this increase amounts to only 21 pence an hour, and in Wales 36 pence an hour. Only in Northern Ireland has the average care worker's hourly pay increased by more than a matter of pence in real terms, by £1.15 an hour.[60]

6.11 Those who our members care for have also lost out as the average weekly cost of care home and nursing beds in the UK rose by 29 per cent and 32 per cent respectively between 2012 and 2020.[61]

6.12 Campaigning to restore lost earnings for care workers will require sufficient funding of the social care sector from central government to achieve it, with funding being required to reach the frontline staff doing the work.

6.13 Complex financial structures and lack of government regulation mean there is a lack of transparency on how the money that goes into care from government and fee payers is spent by private care companies who deliver it.

6.14 This extraction of value by care profiteering continues as lost value for the workforce creates an uncertain future for the sector. While modelling from Skills for Care project that the number of filled posts has kept up with rising demand in England,[62] this modelling does not account for the 52 per cent increase in vacancies in 2021/22 in the independent sector in England, which Skills for Care notes "point towards supply not keeping up with demand."[63]

6.15 To ensure the social care sector meets increasing demand and provides better care there needs to be a refocus of who and what decision-makers value when it comes to care towards the frontline workers who deliver it.

ii) A fight for the future of social care

6.16 The fight for £15 an hour is a fight for the future of the care sector, for those who care and those who need it.

6.17 More than nine in ten of members responding to GMB's Care Survey believe that low wages put people off working in care (93.8 per cent). Without proper recognition and reward the sector will not be able to attract new starters.

6.18 The clock is ticking. GMB's own analysis of ONS UK population estimates predict that there will be another roughly 20 percent increase in the number of those aged 65 and over between 2020 and 2030, with the number of those aged 80 and over increasing by over 33 percent in that time.[64]

6.19 The Health Foundation has estimated that in England alone up to 627,000 extra social care staff would be needed to improve services and meet demand by 2030, an increase of 55 per cent.[65]

6.20 GMB has long made clear that the capacity shortfall in care cannot be met without resolving the understaffing crisis, which in turn means resolving recruitment and retention.

6.21 Properly recognising and rewarding the social care workforce will benefit both carers and those being cared for. Making this the bedrock of how future care is delivered in the UK will help ensure safe staffing levels through attracting new starters and retaining experienced colleagues. This will allow staff to provide the good quality of care that they wish to and those in care deserve.

6.22 This is a claim informed by our members experiences everyday and one indicated through wider studies of the social care sector. One study of over 2,500 care homes in England over three years found that better wages and training for care workers, more person-centred care and proper staffing levels in homes were linked to higher CQC ratings.

6.23 In turn, these better CQC ratings were found to be linked with the higher quality of life among the residents who needed most help. On staff wages alone, a 10 per cent rise in care worker average hourly wage was found to increase the likelihood of a care home being rated 'good' or 'outstanding' by 7 per cent.[66]

iii) Campaigning for £15 an hour in social care

6.24 The submission of individual pay claims will always be in the hands of our branches and committees, but Congress 2022 supported the campaigning demand £15 an hour minimum wage in care, as called for by the CEC Special Report on the Women's Campaign Unit. GMB will support Regions' efforts to coordinate lobbying of national, devolved and local governments to recognise £15 per hour as the minimum for the sector.

6.25 GMB has long called for the care sector to be brought in house under local government control.[67] Raising minimum hourly pay for frontline care workers to £15 would align our members with the current industry-wide average hourly rate in local authority care, which is £15.13 an hour.[68]

6.26 The Labour Party – through its New Deal for Working People - has committed to establishing a Fair Pay Agreement, starting in social care. This agreement would establish minimum terms and conditions that would be binding on all employers in social care, forming an effective 'wage floor' and giving workers a real voice.[69] It would also cover training and careers structures. This Fair Pay Agreement could build on and strengthen the approach already being taken by the Labour Government in Wales to establish a Real Living Wage for care workers, with additional funding.[70]

6.27 GMB welcomes the Fair Pay Agreement commitment and we will campaign as part of its support for Fair Pay Agreements to ensure that this 'wage floor' is at least £15 an hour.

7. The future structure of the care sector

A National Care Service

7.1 The Labour Party is committed to establishing a National Care Service, which would be a fulfilment of long-standing GMB policy. We believe that a National Care Service will only be meaningful if it establishes national employment standards, and gives a clear voice to representatives of care workers so that they can shape the future of their industry.

7.2 There should be a clear role for local authorities within the National Care Service, so that local authorities can once again meaningfully plan provision in line to meet rising demand and ensure that all care workers – including in domiciliary care – are covered by decent pay and terms and conditions.

7.3 It is important that the Labour Party learns from the mistakes made in the design of the Scottish National Care Service, which is due to be implemented from 2026. The legislation that underpins the plans excludes workers' voices and provides no route for raising pay, terms and conditions.[71] An alternative Labour National Care Service cannot replicate this top-down, bureaucratic approach.

Regulation and registration

7.4 The regulation of social care varies by nation and setting. In England, the main regulator is the Care Quality Commission (CQC), which is responsible for monitoring patient standards. The CQC has been criticised for failing to predict or prevent the failure of major providers, such as Southern Cross and Four Seasons. As one industry expert put it, regulation has been reduced to 'a spectator at the accident rather than a preventative measure.'[72] Our members are twice as likely to say that the CQC is not improving care standards as those who say that it is.

7.5 As discussed above, there are also serious gaps in the coverage of regulation – domiciliary care firms that provide 'introductions' are currently unregulated. **We call for the strengthening of regulation** in order to close these loopholes and establish a regulatory function that can proactively investigate the finances of overly indebted providers.

Registration

7.6 There have been calls for the registration of care workers, on a similar basis to nurses. The Welsh Government has provided a route for the registration of care home workers. GMB recognises the potential advantages of registration as part of a wider recognition of the professionalism of care workers.

7.7 If compulsory registration was put on the agenda then our members would have to be consulted carefully on fee levels and striking-off procedures. The Welsh fee of £30 a year is significantly lower than the charge for nursing registration, but it still represents a difficult

expense for many to meet – especially under current circumstances. Registration must be linked to wider reform of pay and progression routes so that no care worker is left out of pocket due to registration.

Funding

7.8 There is no shortage of estimates of the 'funding gap' in social care. The House of Commons Health and Care Select Committee estimated in 2021 that the gap this year may be £7 billion – and this would be just to cover the costs of demographic changes, the National Minimum Wage increases, and emergency support for those most in need. The finances of the sector and people's entitlement to care are due to change again significantly in October 2025, when the local authority entitlement support 'ceiling' in England is due to be raised from £23,500 to £100,000.

7.9 As GMB argued at TUC Congress 2021 when we brought an emergency motion against Boris Johnson's Health and Care Levy plan, the financial burden of rebuilding the economy, and addressing the underfunding crisis in health and care that pre-dated the pandemic, should not be borne by working people who are being hit by a double whammy of tax rises and real-terms pay cuts.

7.10 There is an urgent need for a new funding settlement in social care that retains more money within the system and addresses chronic underfunding. Significant sums could be saved within the existing system – including the £1.5 billion that is extracted from the sector each year through disguised profits. But additional money needs to be raised too. All efforts should be made to find a funding model that raises revenue fairly, which precludes regressive taxation measures that hit the poorest the hardest.

8. Conclusion

8.1 Care is an essential part of a modern society. But the UK's care model is broken. Care users and care workers are being failed.

8.2 There can be no solution to the challenges facing care without workforce reform. The care sector is facing unsuitable vacancy rates which are caused by unacceptable working conditions and chronically low pay. This represents a form of structural discrimination against the women who predominantly work in care roles.

8.3 The care sector is a stark warning against the fragmentation of public services. Even while underfunding is a real and growing problem, money continues to flow out of the system through open and disguised profits.

8.4 The status quo is not sustainable. Reform is urgently needed. This reports sets out GMB demands to make work better in care.

Appendix – GMB care survey results

This appendix contains selected responses to a survey of GMB care members, which achieved 1,800 responses. The survey was run between February and May 2023. Answers were weighted to account for different devolved nation response rates.

For a fuller breakdown of results, please go to: https://www.gmb.org.uk/publications

Employment

What best describes your employer?	Percentage
Local Authority	12.8
Private Company	87.2

Do you get paid for sleep-in-shifts?	Percentage
Yes	16.8
No	24.5
I don't know	3.4
Not applicable	55.4

What type of care setting do you work in?	Percentage
Residential	59.8
Domiciliary	12.6
Other (you will be directed to questions on pay)	27.6

What are your sick pay arrangements?	Percentage
Employer sick pay scheme (more than £99.35 a week)	13.4
Employer sick pay scheme (less than £99.35 a week based on my contracted hours)	4.3

What are your sick pay arrangements?	Percentage
Statutory Sick Pay (£99.35 a week)	55.8
No sick pay entitlement	9.8
I don't know	16.8

Working during the pandemic

Did you trust the PPE you were given?	Percentage
Yes	55.7
No	44.3

Have you ever contracted the virus from work?	Percentage
Yes	48.7
No	26.7
More than once	7.9
I think so but I can't prove it	16.7

Do you believe you have suffered or are still suffering from long COVID?	Percentage
Yes	25.4
No	54.5
I don't know	20.1

Could you afford to stay away from work on your sick pay arrangements?	Percentage
Yes	16.5
No	83.5

Pay

What is your hourly pay rate? £	Median
Overall	10.40
Women	10.40
Men	10.40
Disabled	10.30
Non-disabled	10.50
Residential	10.20
Domiciliary	10.80
Other care setting	10.50
Local authority	12.00
Private employer	10.60

Would you encourage someone to start working in the care sector?	Percentage
Yes	31.1
No	68.9

Do you believe low wages put people off working in care?	Percentage
Yes	93.9
No	1.3
I don't know	4.8

Assaults and physical strains

Have you ever been physically assaulted at work?	Percentage
Yes	54.3
No	37.9
I know a colleague who has	7.8

Have you ever been verbally assaulted at work?	Percentage
Yes	71.3
No	26.1
I know a colleague who has	2.6

To what extent do you agree with this statement "I am confident that my employer takes assaults seriously?"	Percentage
Strongly agree	15.8
Agree	31.6
Neither agree nor disagree	27.1
Disagree	18.9
Strongly disagree	6.7

Have you developed physical problems from carrying out your job?	Percentage
Yes	45.7
No	54.3

Mental health

Is your work causing you stress or impacting your mental health?	Percentage
Yes	67.5
No	17.0
I don't know	15.5

On a scale where 0 is 'not anxious' and 10 is 'completely anxious' overall, how anxious did you feel yesterday? (0 being least satisfied, 10 being most satisfied)

GMB members (mean average)	Whole population – ONS (mean average)
6.3	3.2

Service users

On average how long do you get to spend with service users? - Minutes

Median
30

Regulation

Do you believe that the Care Quality Commission (CQC) is improving care?	Percentage
Yes	22.8
No	45.8
I don't know	31.3

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