

New broom?



James Tugendhat, who recently joined HC-One as chief executive, talks to **Dr Richard Hawkins**, editor-in-chief of Caring Times, following the announcement that the company propose to sell 52 homes, closing four, refurbishing over 200 and opening two new homes shortly.

RH Arriving as you did from the childcare sector, what attracted you to joining the social care sector?

JT I have always been attracted by enterprises which make an incredible difference – be it working with children or, indeed, with older people, many of whom have spent their lives helping other people to live their lives as fully as possible.

RH What impressed you about social care, and what do you think most urgently needs improvement?

JT What struck me immediately and makes a social care enterprise so different is that it is 24/7 by comparison with, for example, healthcare and childcare which tend to be episodic. This makes it demanding and complex, and places a much greater responsibility on staff.

The biggest challenge as far as the sector is concerned is the chronic underfunding. We would have a much better society if we invested more in social care. Better funding will help develop a highly motivated workforce – carers who have grown and developed the quality of their care and clinical skills throughout their careers.

As far as HC-One is concerned our most urgent priority is to continue to be true to our promise to deliver the highest quality of care we can to those we care for. And of course delivering on that promise also sustains our reputation and increases our occupancy.

RH Coming now to HC-One, what is the thinking behind the decision to sell off and close homes?

JT Everything starts with our mission and purpose to be consistently the best. Our focus is going to remain on care homes – our belief is that the care home remains the best environment for those needing long term care. Commissioners are looking for higher acuity nursing care, dementia care and specialist care and our intention is to provide that expert care, and in the right assets, both in terms of the buildings and location, precisely meeting the needs of commissioners.

So our focus remains on care homes. We do have some domiciliary care, which we are very proud of and plan to continue, but we have no plans to broaden the range of our care. The sale of some homes, the closure of others and the renovation spend are all in line with our belief that if we focus on care homes we will do it in the best possible way and that is our objective.

RH What impact has the Covid pandemic had on HC-One and what do you think the long term implications of the pandemic will be?

JT Certainly we have had a most awful, tragic year. People have died prematurely and families have been separated.

We have learnt a lot. For example we are looking closely at the balance of personal spaces as against community spaces. We believe the resident's room is very important and part of our investment will be in enhancing the resident's experience there – for example by greater use of appropriate technology to underpin the outstanding personal care which, for us, makes such a difference for residents.

Another very important area we are looking at closely now is how we train and develop our colleagues. Over the last year, we've really made use of technology to support learning and development – perhaps the skillful use of technology can begin to successfully replace old-fashioned classroom training going forward.

We have learnt a lot about how to make homes safer places. Our infection control measures are now much better and this has helped to bring mortality rates from 'flu and norovirus, for example, down to historic low levels.

We are now much better at building teams, valuing and supporting colleagues. Agency use has dropped significantly and

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I am sure they will continue to remain at these lower levels as we move forward.

Thinking more widely, some of the shortcomings of social care were revealed by the pandemic but the incredible resilience shown by the sector undoubtedly impacted favourably on the general public's perception, as can be seen now by better recruitment into the sector.

RH Recruitment and staff retention has always been a huge challenge in the social care sector. Coming fresh from other sectors are there any particular initiatives from operators or the Government which you think might help?

JT My immediate thought is that we must do more to help ourselves in addition to asking for external help. These include offering better financial rewards for staff, better training and development, for example for nurse assistants and senior carers. The sector must also do more to introduce flexible shifts. At the moment we are tending to stick to conservative shift patterns which do not necessarily suit our staff. We should also look at the NHS to see whether there is anything we can learn from them staffing-wise (many hospitals have introduced new shift patterns) and of course there is the long-term objective of better integration with the NHS.

As far as the Government is concerned, they basically need to raise funding,

particularly on areas where there are staff shortages, as in dementia care. It seems that social care funding continues to be viewed as secondary to healthcare – certainly recent fee increases from Councils have been lower than in previous years as their funding is cut. That needs to change. The Government also needs to make it easier to attract people here from abroad – including adding nursing assistants to their favoured jobs short list.

RH Will there still be a place for mixed-economy care homes or will a distinct line between self-funding and Local Authority (LA)-funded homes develop?

JT I am not sure I see a distinct line developing between private and LA-funded homes. I think the mainstream of the market will continue to care for both LA and private clients.

RH How do you predict plans to integrate health and social care will play out?

JT Integration certainly seems to be the direction of travel and it is something I support. Overall we have a very fragmented system currently and I think the need for better, integrated care is critical. It's not about competition between the various spheres but rather us all working together to achieve the best possible quality of care. ct

JAMES TUGENDHAT

James joined HC-One as chief executive in September 2020; a key reason James gives for joining was HC-One's commitment to being the Kind Care Company. He is working with the team to foster a culture that actively encourages simple kindness in everything HC-One does, and to deliver the company's ambitious mission of being the 'first choice' care home, for Residents, Relatives and Colleagues in every community served.

James has worked across a wide range of sectors, having started his career in consumer and financial services, before holding leadership roles in healthcare and the broader care sector. Most recently, he led the European and international division of US-based Bright Horizons. Prior to that, he spent a number of years with Bupa where he worked across several parts of the group, including leading Bupa's NHS commissioning effort. He has also been President and CEO of Boston-based Health Dialog, a ground-breaking health analytics and disease management business acquired by Bupa. James is also Non-Executive Director of the Royal Free London NHS Foundation Trust.