



## Targeted CPA Survey – Contingency Planning 2<sup>nd</sup> April 2020

The Care Providers Alliance (CPA) brings together the ten main national associations, which represent independent and voluntary adult social care providers in England. We work to represent the sector and ensure a coordinated response to the major issues that affect it.

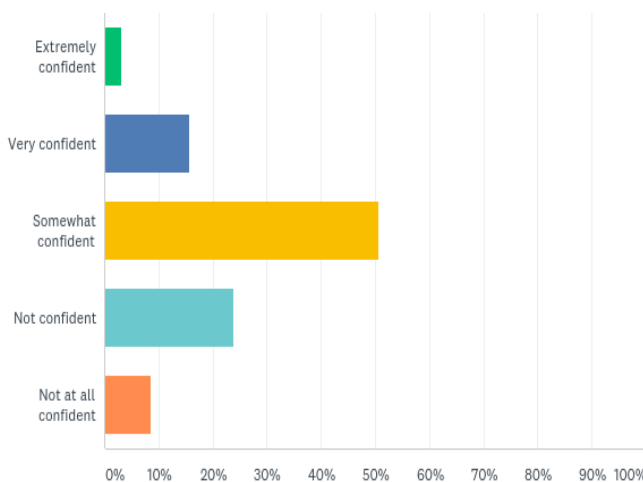
Our ongoing work with the Department of Health and Social Care resulted in a survey to our members on Contingency Planning in response to the COVID-19 pandemic. The survey went live on Tuesday 17<sup>th</sup> March and closed on Thursday 26<sup>th</sup> March 2020. A total of 223 care providers took part in the survey, representing a broad range of care provision in the sector supporting a wide variety of service user groups.

### Key highlights from the survey:

The survey had a lot of open-ended questions in order to encourage open feedback from care providers. Below is a summary of the key findings.

### Workforce

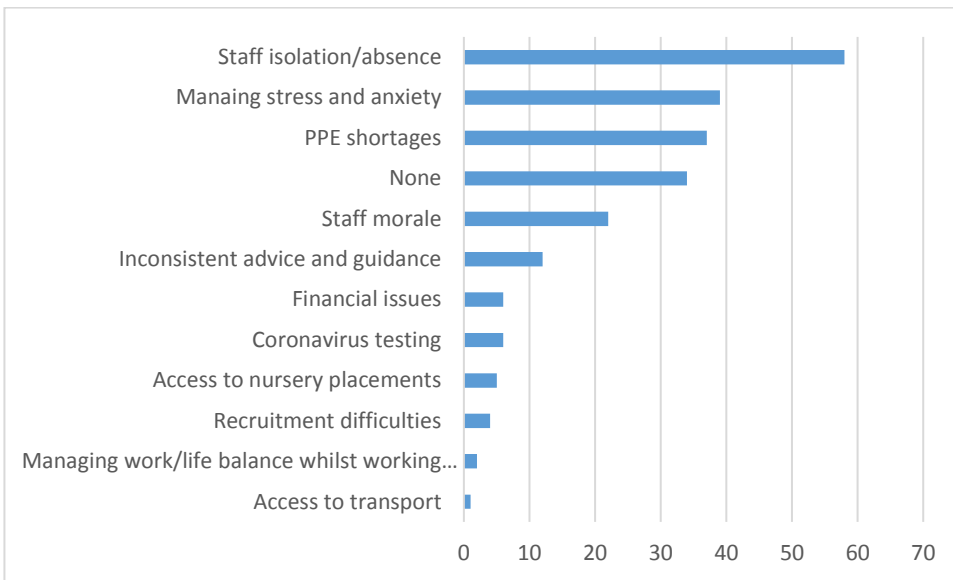
#### How confident are you to manage significant staff absence in worst-case scenario?



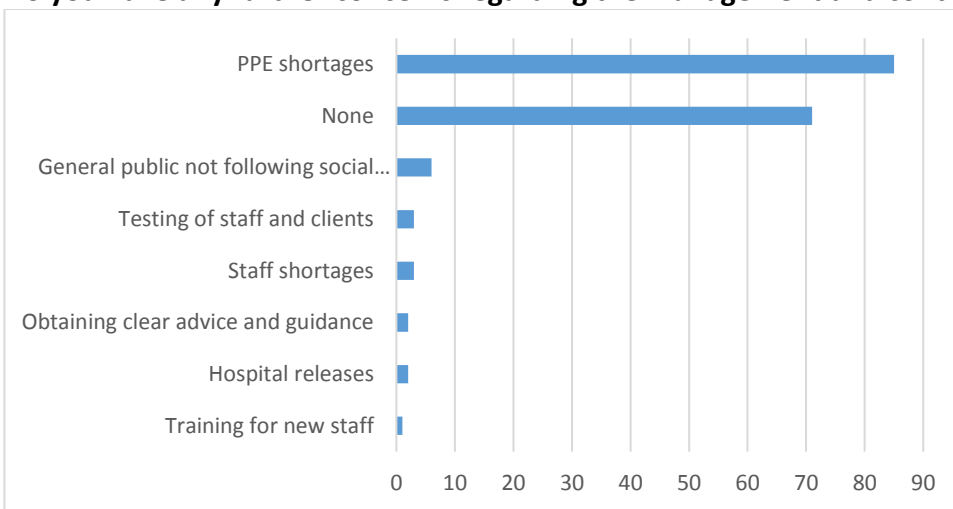
As shown in the graph confidence levels in managing staff absence in worst-case scenario is low.

The key issues with managing the workforce include:

- High levels of staff absences due to sickness, self-isolation and shielding.
- Reported increases in resignations from care staff and managers.
- Significant difficulties in sourcing the correct PPE. Suppliers cancelling orders and stating that all PPE has been requisitioned for the NHS, or that goods were confiscated at the border for use in the NHS.
- Care staff refusing to care for people in the absence of appropriate protection.
- Increased anxiety and low morale in the workforce.



**Do you have any further concerns regarding the management and control of infection?**



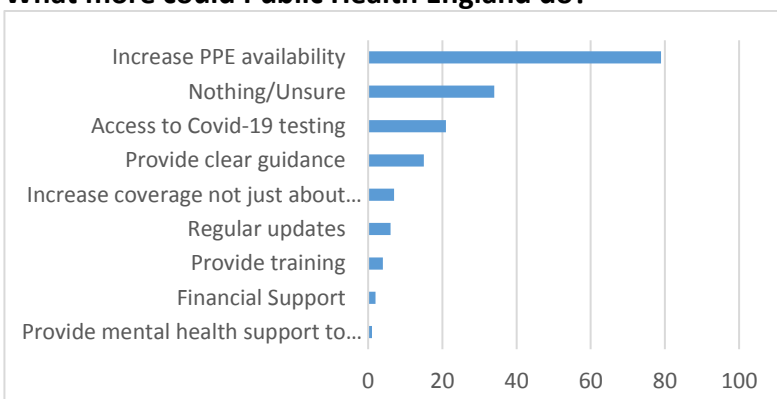
**Verbatim comments:**

“We have so much to do keeping the services going, searching for PPE is so time consuming and frustrating. Without PPE we have the potential for employee claims against us, so to safeguard capacity will be impacted, as staff refuse to deliver the services.”

“Yes. Limited guidance on how to manage infected Service users' and PPE in peoples own homes.”

“We have no idea what it is we are dealing with, yet we are still being told that washing hands and cough into tissues is the best way to avoid it. We got masks today but no clear advice as to how and when to use them.”

**What more could Public Health England do?**

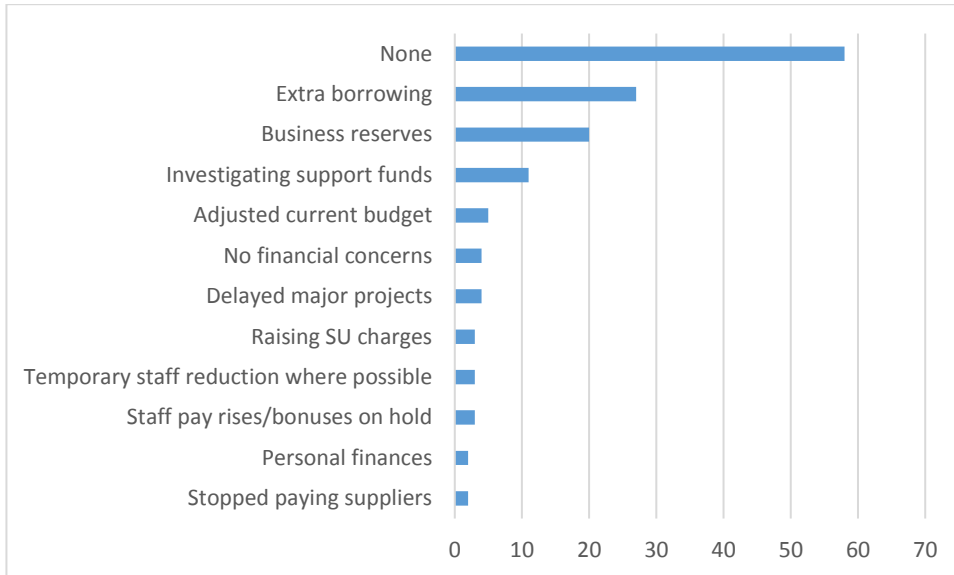


“Provide clear guidance for health care workers in community regarding when to wear PPE - if Paramedics and D/Ns now wearing masks at every visit, then Home Care Workers should be too. Can't be one rule for some and a different rule for others. During this shortage of PPE have a central location for companies to place orders for PPE that we can be assured will be put through.”

## Finance / Funding

### What measures have you put in place to manage additional costs?

Significant numbers of providers are extremely concerned about their cash flow. With the increase in payroll costs, due to sickness, isolation and shielding, small providers express concern in covering payroll costs. PPE supplies are in excess of normal costs, and there is a very real threat of insolvencies and business failures.



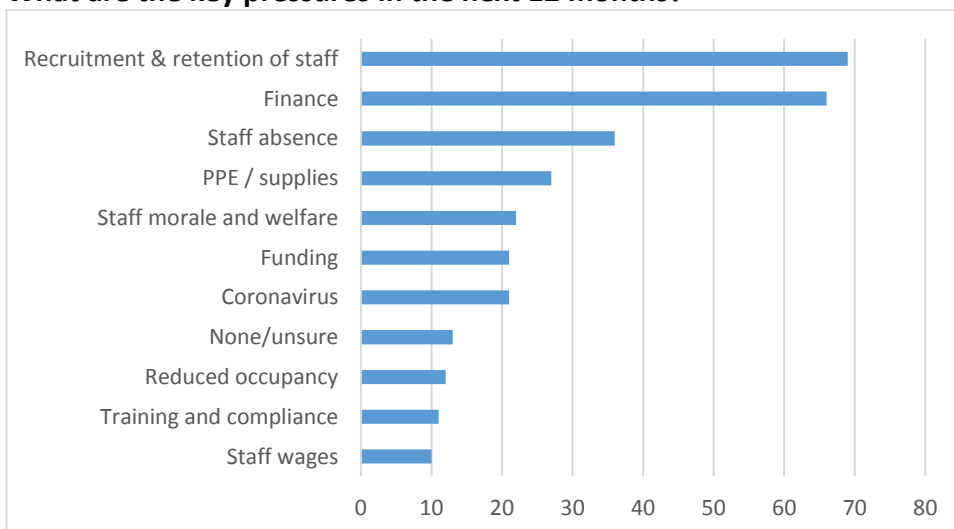
Verbatim comments:

“We work with very little margin as we are constantly drilled down by our council as we deliver managed packages. We do not have financial contingency as there is no margin to be made as a small provider.”

“We have applied for loans however the same loan criteria is being applied with lending organisations not relaxation of rules for care providers to help them through this time.”

“Our carers are self-employed and day and respite carers will be unable to earn during this time. This will impact on our service for the future and we cannot afford to lose social care professionals.”

### What are the key pressures in the next 12 months?



Verbatim comments:

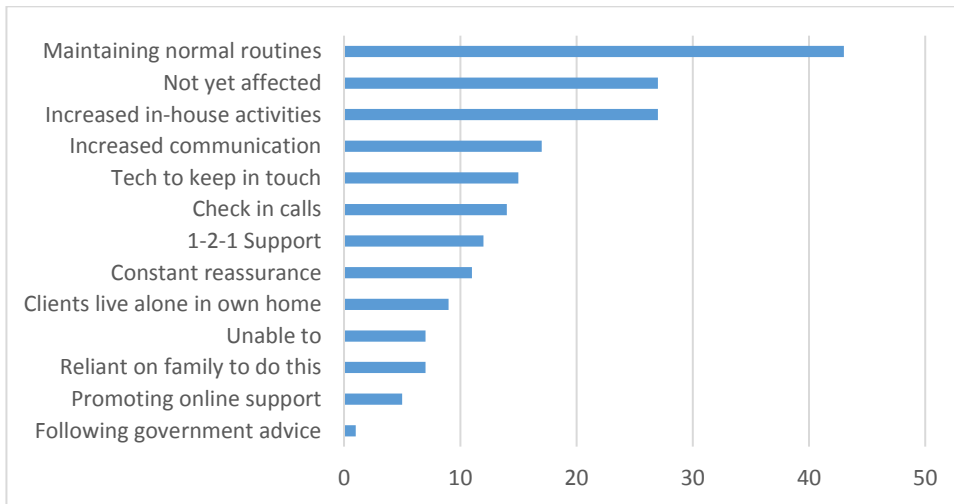
“Ensuring we can remunerate our care staff sufficiently for the job they do on the frontline which makes it a more recognised profession. People earn more stacking shelves. There is no incentive for community care workers. We are going to struggle to meet our payroll each month and the high levels of PAYE/NIC contributions.”

“Keeping care staff safe and minimising staff absence resulting from people catching the coronavirus, or self-isolating through fear of having caught it.”

“Recruiting new staff to replace those who either go off sick or leave our employment for whatever reason.”  
 “Containing costs so that we remain solvent.”

“Workforce availability. Solvency. Ensure people (staff and those in receipt of care) remain safe. Responding to increased demand for care services.”

**How are you supporting/isolating clients with mental health, learning disabilities or other specific conditions such as dementia?**



Verbatim comments:

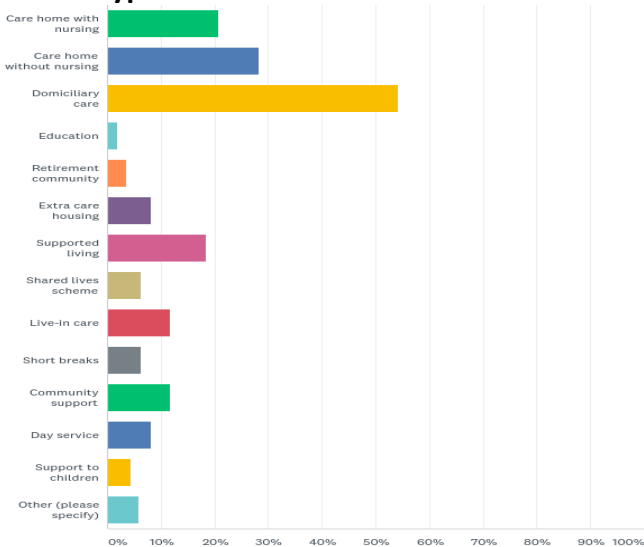
“With difficulty, some will not engage with Government requests and are accessing the community as normal.”

“We are providing care as usual. We are collecting medication, which needs to be sorted out and we are doing shopping for everyone of our clients who has not got somebody to do it for them.”

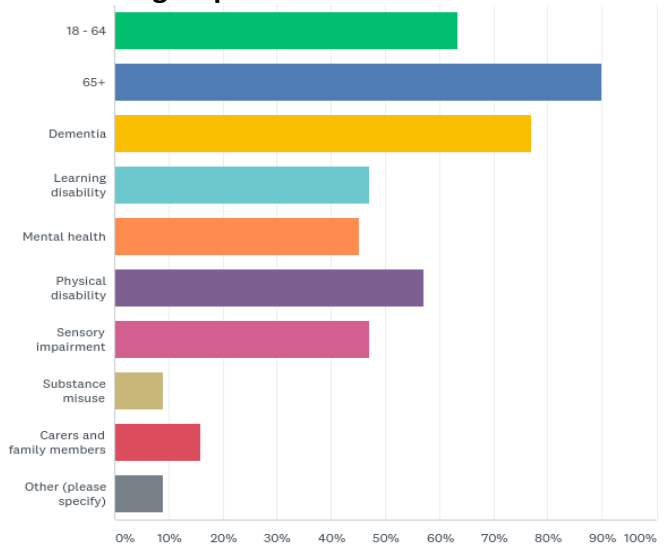
“We are continuing to support people and basing decisions on individual need and circumstances.”

**Baseline results of care providers who took part in the survey:**

**Provider types**



**Service user group**



All regions in England were represented in the survey.

If you would like a copy of the full survey report, please contact us at [info@careprovidersalliance.org.uk](mailto:info@careprovidersalliance.org.uk)