

# Findings from our survey of adult social care services

## How we carried out the survey

A survey was sent to all nominated individuals and registered managers in adult social care services in England. We had 2,411 responses. We asked questions about:

- Current capacity
- Staff recruitment and retention challenges
- Financial stability
- Support required to increase capacity
- Current support from local authorities and the wider system.

The survey was open for two weeks from 13 February to 28 February 2023.

The survey gives valuable insights but is not representative of the whole of the ASC service population.

You can download the results of the survey in an open spreadsheet format:

Summary results of our adult social care provider survey (February 2023)  
[20230301 ASC provider survey Feb 2023 results FINAL\\_0.ods](#)

**File title**

Adult social care provider survey summary results - February 2023

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Download the results of our survey of adult social care providers in an open spreadsheet format.

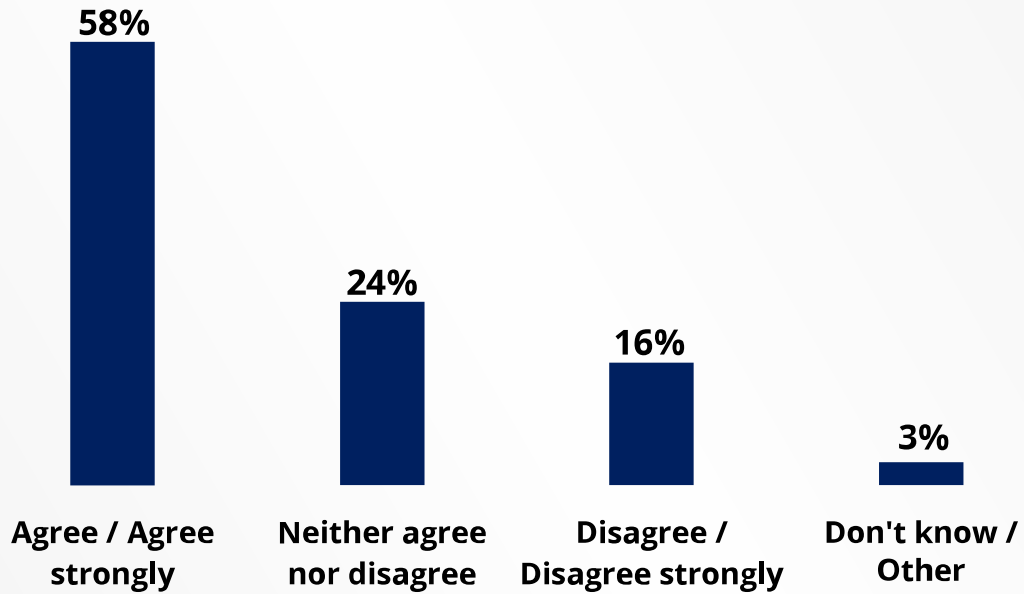
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## National findings: staffing and vacancies

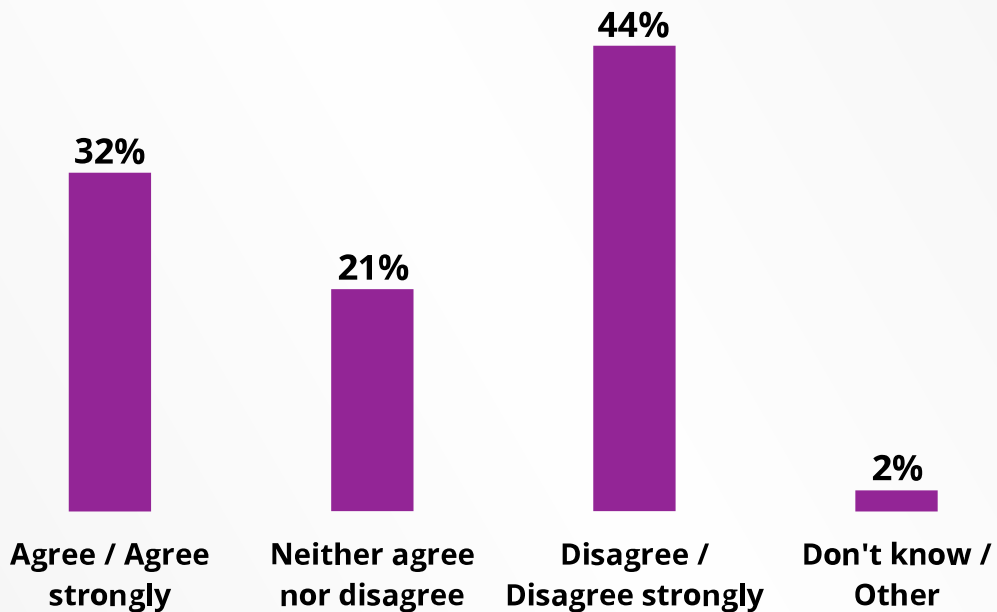
- 35% of respondents told us that the staff vacancies that they have are about the same as they were in August
- 29% said they were higher
- 23% said they were lower
- 13% didn't know, or told us something else.

## National findings: staffing and recruitment

## My service is struggling to recruit staff



## My service is struggling to retain staff



Of the 690 respondents who told us that their vacancy rates were higher than in August:

- 70% completely agreed or agreed that their service was struggling to recruit staff
- 43% completely agreed or agreed that they were struggling to retain staff.

People told us that domiciliary care is much more affected by limitations on local authority (LA) care packages than Residential. Without enough hours/commissioned care, staff cannot be recruited or retained to build out capacity as it turns staff into part-time or zero contract. This further lowers staff retention.

We heard that domiciliary care, unlike residential, has an additional exit point for experienced care staff – residential care homes. Less transport costs, regular contracted hours, and certain rotas, carers who want to stay in care sector have this option.

Respondents also explained that legacy care packages, combined with no increase in LA funding, is leading to a greater reliance on private care packages by established Domiciliary care providers. It is more profitable, less risk, and greater likelihood of staff recruitment and retention. Those care providers who are not reliant on LA packages have or are considering dropping these commissions as not simply unprofitable, but unsustainable.

Residential care appears to have a greater reliance on agency staff, possibly connected to their more reliable hours and rota than domiciliary, making them easier to organise their usage.

Domiciliary care providers are finding the impacts of the cost of living, particularly around fuel, car upkeep, greater than residential. This is another element driving experienced care staff from domiciliary into residential employment.

## National findings: unused capacity

Table showing how much unused capacity adult social care services said they have in our survey

Unused capacity	Proportion of respondents
0-10%	50%
11-20%	13%
21-30%	8%
Over 30%	21%
Don't know / Other	8%

Of the 2,441 services that responded to our survey:

- 28% told us their unused capacity had not been commissioned, which may in turn link to issues of cost
- 26% told us it was as a result of low staffing or recruitment and retention challenges
- 26% told us it was for another reason (they answered 'neither' to the above or provided their own 'other' answer in their response)
- 20% told us that they had no unused capacity at all.

## National findings: increasing capacity

When we asked how services could increase their capacity, they told us that the bottleneck is finances – this was almost across the board for care homes. Almost universally the lower funding from local authorities (LAs) is impacting on staff recruitment and particularly retention. Although providers are aware fees - and thus wages - have been continually low, the recent impacts of inflation and cost of living have exacerbated this. We heard this caused an effective stop on both UK staff recruitment and competitive retention.

We heard that any increase in local authority fees are generally insufficient to cover staff wage increases that make their salaries competitive with other employers. This doesn't include the running costs of the homes, themselves impacted by inflation.

However, one of the most interesting and commonly reported brakes on capacity increases appears to be the methods of commissioning/brokering for LAs, NHS, and other services. People told us that these operate too slowly for care homes or are even perceived as dealing primarily with favoured care service providers. This means that there is no certainty of employment for smaller care homes, or those with low private occupancy. Without this certainty, there are no spare margins in both client numbers and especially funding projections to be able to plan to increase capacity. Combine these with below-cost LA fees and exiting staff, and providers see no way to increase capacity - and many refuse to consider it because they say it would be too risky.

Respondents told us that the slow pace of commissioning/brokerage, coupled with low fees for LA and other social placements, is having an adverse effect on how providers perceive these service users. Several respondents believe the only way to increase capacity and to guarantee financial stability is to focus on private clients. In a care service with low capacity, and limited ability to increase it, this increasing focus on the importance of focusing on private patients at the cost of LA-funded patients raises issues over inequalities more broadly - and the financial viability of some care homes that lack access to private clients.

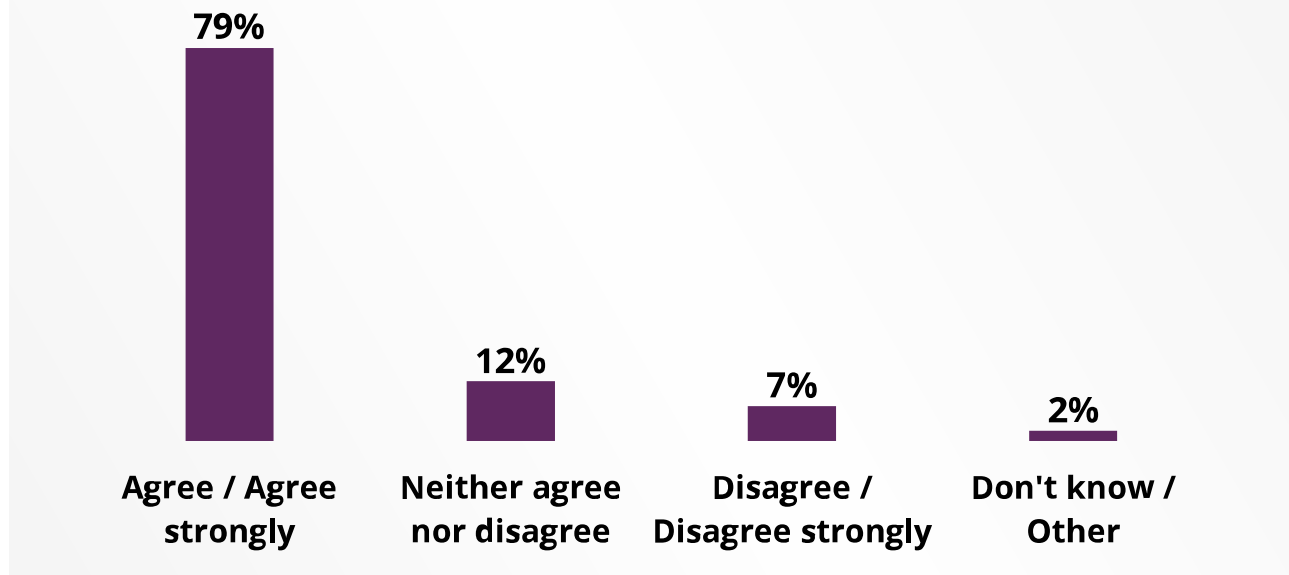
There are two interesting elements in those care homes that say they have potential to increase capacity. A substantial minority of respondents would be willing (and claim able) to increase capacity if building issues – particularly planning permissions and grants – were accessible. Many providers say they are waiting on permissions for recruiting overseas staff for sponsorship. Although smaller homes often cannot afford these upfront costs, other care homes see this as the only viable way to increase or maintain staffing levels - and they say that if this process was streamlined, they might increase care capacity.

## National findings: financial stability

- 31% of respondents are concerned about the financial stability of their service
- 60% reported no concerns over the financial stability of their service having right-sized their business
- 9% weren't sure.

## National findings: system working

## Working in partnership and sharing information



In response to this statement: "We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement."

- 79% of all respondents agreed or strongly agreed
- 7% disagreed or strongly disagreed.