



The care exchange - Series 1

Episode 5: You can't juggle all the balls: Carly Rochester

Hosts: Pia Rathje-Burton and Ali Rusbridge

Pia Rathje-Burton 0:07

Here we go another episode of the care exchange, the Skills for Care podcast for managers in social care. I'm Pia Rathje-Burton.

Ali Rusbridge 0:14

and I'm Ali Rusbridge.

Pia Rathje-Burton 0:16

Thank you so much for everybody who has given us feedback on the previous episode has been really good to hear that you enjoy the podcasts.

Ali Rusbridge 0:24

Yeah, absolutely. We do that one small request, please tell another manager that you might know about the podcast. And if they need it, then you can show them how to access it, too.

Pia Rathje-Burton 0:33

Yeah, and please do keep giving us feedback or rate us on wherever you get your podcasts from. Today, we're talking to Carly Rochester from the lodge group care.

Ali Rusbridge 0:43

Carly is the manager of a domiciliary care service in Romford, which is actually in my area of Northeast London. And I've known Carly for a number of years. I've always been really struck by her passion for her job. So I'm really looking forward to talking to her today.

Pia Rathje-Burton 0:58

Yeah, me too. When you start telling me about her I thought god, we've got to get her on the podcast. So on with the show.

Hi, Carly, thank you very much for coming today. Thanks so much for being part of the care exchange. We're really delighted to have you today. How are you?

Carly Rochester 1:20

Yeah, really good. Thanks so much for asking me. I'm really excited.

Pia Rathje-Burton 1:24

So I just want to ask you the first of all, what's your journey? What was your journey into care?

Carly Rochester 1:30

And I just literally stumbled into care. Like I was young, and there was a local job in the local paper back in the days we didn't have online job ads, and all the rest of it was just the local job and the paper never done care before. Advert said, looking for an experience care coordinator thought I'll chance my arm, how hard can it be? I went to the interview and I've never left the care sector since. So that was like 22 years ago. Yeah, I think it's one of those sectors, isn't it? You either stay in it for a long, long time, or you or you leave very quickly. There's there doesn't seem to be that sort of combination. But yeah and sort of the first company, like I've completely undervalued what social care was, you know, when I went for my interview and everything like that, the lady said to me, you know, you know about personal care. And I was sitting there thinking, Well, I have a wash, but I don't know what you mean, you know. And, you know, I think that's the best thing that happened to me. When I first started into social care. The first week, the manager sent me out. And she sent me out for the whole week with a double up team, just to observe what happens, and you know, what they do and everything like that, and oh, my God, did I, you know, and undervalue what social care was all about. But thank God, I had a really sort of robust learning experience right at the beginning. And then the second thing that happened to me was that, you know, five days in, I've not even really been into the office. I've been out in the community, and then I was feeding back at the end of the day, and on the Friday, when I went back, she said, I'm glad you enjoyed it. And, you know, it took me a few days to enjoy it, because I was so shocked, basically, and I'm really soft. So if ever I see somebody, like in a situation where they're, you know, sad or whatever else, or I was really upset for the first couple of days and thought, you know, what, actually, we can bring, we can make a difference here and make them feel you know, better about the situation they're in and whatever else. And she said, I'm glad you enjoyed it. But, you know, part of the role is on call and actually, we've got a contract with a local authority. And also, like, there's got to be an on call for the agency that we're in. So here's the phone. Good luck. See you Monday. Oh, yeah, lovely. Yeah. No worries. And I literally, I've got, I don't think I've got at my pajamas, or had a wash till Sunday, you know, soon as I sort of, because the phone was red hot. I've hospitals ringing me up about new packages and things like that. And if I'm honest, I didn't have any training in it or anything like that. But thankfully, I had enough common sense to battle my way through it. And I just thought, you know, what, if I can get over this weekend? I can I can. I can do this. That's it, you know.

Ali Rusbridge 4:42

It's like being thrown into the deep end.

Carly Rochester 4:44

I mean, no, seriously, I was, you know, but I think it was a really good bit of experience for me. I wouldn't do it to my staff, if I'm honest, you know, but it learnt me really, really quick and it showed me that, you know, in a crisis, I could get through it, basically. So yeah, and I just I stayed there for in the first company for around 10 years. And I left that company just to sort of, because I've moved, and I wanted sort of a new opportunity and things like that. And I worked for a company that I didn't stay with for a long time, about six months. I always like to stay in jobs for long, long periods of time. I'm sort of

once I get in, I get settled. And another homecare company and my god, it was completely different. You know, carers had to stay at the door that wasn't allowed into the office and you know, all of that sort of stuff. And it just wasn't me. And every day it felt I just, I felt bad. It wasn't in my natural personality or anything like that. And I sort of drove home one day and I drove past Lodge group where I work now. And I thought, oh, like that's a, you know, and they was looking for a senior coordinator. So I thought, You know what, I'll, I'll give them a go because they're just around the corner to me. And somebody had offered me a job funny enough, in Stratford in another care agency for one of the Dragons off of Dragon's Den. Anyway, so I was like, Okay, well, I'll be working for a celebrity. And you know, and all this sort of stuff still, young in England anyway. And so I started with this company, and it was just like, a little stopgap if you like. And I had the first day I walked in, I was in there for about two hours. And the manager said to me, right, I've had a family crisis and I've got to go to leave. I said, okay, yeah, no way do I thought she was popping out for an hour, but she never come back. She I never saw her again, I've never seen her again to this day. And because I went in, you know, as a senior role, and there was like, she had some was a full office team. But nobody sort of done the scheduling, coordinating or anything like that. Everyone was looking at me for a bit of leadership and I didn't know nothing about the company. So you know, again, it was either like a sink or swim. Another thrown in the deep end, you know, there's not a crisis around me, I start to panic. But anyway, yes. So I was literally, I said to the girls, right, you know, we're all gonna have to chip in here, and we're gonna have to support each other. And, and, you know, when you're new as well, people don't know. Yeah, so you get some stuff that are resistant to you. Yeah. You know, and all that sort of stuff. And then, you know, obviously, I'm new, and I'm coming in and people don't, you know, who's she? It's a bit like that, do you know what I mean? And anyway, so, long story short, we got through it. And there was, at the time, it was a quite a small company. And so there was 15 care workers and 16 clients. And I literally just thought, you know, what, we're going to call the carers in to see what they do. And because there was only 16 clients, so it was literally fighting over the clients, and trying to get as many hours as they could. This the old manager favoritied, this one, it was all that sort of stuff, you know, and I said, well, listen, we just got to go with an even playing field now. And literally from there, we sort of just settled the company down and we grew. That was it. We just, we just, we just grew the company. And I've stayed there ever since. I don't know what I'd do. To be honest, if I didn't do this.

Pia Rathje-Burton 8:42

And how many staff have you got now?

Carly Rochester 8:45

We've got 90 staff now. We've got a few on maternity. So we've probably got about 100. But we've got 90 actively out in the field now. And we've got 256 service users I specifically counted for this podcast

Pia Rathje-Burton 9:02

It really has has grown, hasn't it?

Carly Rochester 9:05

Yeah. Yeah. I mean, you know, I felt that, you know, I had an obligation to grow the company to sustain people to be able to work there, you know, to be able to earn an income. Lots of times, you know, people say, you know, when if they care, you know, money shouldn't come into it. Well, at the end of the day, people have bills at the end of the month. That's a that's a bad way of looking at things. You

know, if somebody comes up to you, and I say, Look, I need 30 hours It ain't a joke. Do you know what I mean? They need 30 hours. Yeah. So we will do our best to make sure that we can sustain people's work well, you know, salaries as well.

Pia Rathje-Burton 9:43

Yeah. So yeah. And that really comes through I was I was doing some research and I saw a member of your staff often said, large group value me so I value them for caring and I just thought that was a really powerful quote from one of your for your staff. Why is it so important to value your staff?

Carly Rochester 10:02

I just, you know, so that question I always think, why not? Do you know what I mean? Like, you know, when I sit in, I don't know, meetings or whatever else and they say the importance of valuing a care worker, why wouldn't you? Do you don't mean look at what they do. I mean, we're all people at the end of the day. Coming, it's not an easy sector, it can burn you out, we all know the downside of social care, in a sense that it's nonstop. Yeah. But you know, they're out there making such a difference. And I've got nothing for respect for them seriously, you know, not every house you go to, it's all pretty not every service user is thankful, you know, they, they get devalued by social workers at times, you know, all of this sort of stuff, because they're seen as you know, not as important if you like, but to me, they're the most important one, because they're going in there day in day out and delivering that care. Without them, where would we be, you know, and, you know, we wanted to put, you know, our culture is one that we want people to be able to speak. Without fear or reprimand, I want them to say, not even silly things, but like anything they want. And for us to have a conversation about, I want him to share problems, whatever else it is. So that, you know, they know that we're approachable. And, you know, I just, I just think it's important that they don't feel like there's an office, and them. No, no, we're all one team, and we're all pulling in the same direction and each of us needs each other.

Pia Rathje-Burton 11:39

So what sort of tricks do you have to manage such like a large staff group who all work remotely? Who you might not see very often?

Carly Rochester 11:48

Well, I just think, you know, obviously, we're working remotely at the moment. But normally, when we're in the office, we have an open door policy. You know, in between calls, they can come in, have a cup of tea and a biscuit, you know, pop their head in say hello whatever it is. And, you know, we're very sort of open and transparent. And you know, they're coming in to their place of work. There's no I'm going into the office. This is a you know, well they're coming in to see their team basically. And lots of, you know, popping out to see them in the community. While keeping, we like to keep our schedules in clusters. So areas around the borough you'll have neat little teams if you like. So I don't know Romford has Romford specific carers and, you know, you can have meetings with the Romford specific carers. And then we all talk about the same client, everyone knows who we talk about. Because, you know, I've found like, you know, very early on in my career that if I was sort of having a team meetings with everybody about everybody, you don't get nothing out of it. So with this remote working, it was a whole different ball game, because no office there anymore for him to pop in to have a cup of tea. But what we did was and sort of what helped me I think, for this whole COVID situation, I was very much like, I wasn't good at delegating. But it's an actual, and it is a skill because, you know, you have to delegate, because you

become sort of a jack of all trades and a Master of None if you like or you just burn yourself out. And you know, I've got an incredible office team, they are incredible. And my job as a manager has to be to empower them and trust them to do things that I'm holding on to, you know, so I think that the thing that come out of COVID for me was delegation. So I've got girls in the office that worked in recruitment that did recruitment, great, but they never interacted with the service users or the carers only were like if they come into the office, but what I'm saying is they've never had one to one long calls of them and things like that. And to make sure the workforce was okay, every single week since the beginning of the pandemic, right to now and there's no no plans to change it at the moment. We've split up the carers into groups, and every one of us call them every week, for a chat to see how they are, whatever else it is, so they know that we're checking in on them, you know, I don't want it to be like, okay, everybody's run home. And we're all out here alone. Do you know what I mean? We wanted them to make sure that, yeah, we're not in the office at the moment, because however, we're just at the end of the phone, and we're right here if you need us. And, you know, and that's really worked really well because, you know, people that in the office that would would not normally do the sorts of things. They've really enjoyed it, do you know what I mean? So, and yeah, I think that has helped me to let go of some things. Because, you know, that can be a skill in itself.

Pia Rathje-Burton 14:58

No, I think delegation is it can be really, really tricky to do, particularly if you if you feel like you need to have that control to make sure things are done properly. You have a standard, don't you? Yeah, yeah. But it sounds like a really good way of engaging everybody. And it's a little bit like you're talking about that your style where you're kind of thrown out by having communication with, with the people doing that doing the work, and everybody have that responsibility to make sure that they are you. Okay, that's a really good way of of creating that, that sort of teamwork and making sure that people are feeling so do you think the carers how have you got the carers to feel like teamwork? You know, how are you?

Carly Rochester 15:41

Yeah, I mean, so we set up like a WhatsApp group with every single person on it. And, you know, and obviously, so we used to have PPE collections at the office and things like that. So we had to set mobile units up across the borough, because our company's borough wide, so we don't just work in one specific, like place. And, you know, so that that really helps having the communication on the WhatsApp. And, you know, somebody else asked in a question, and rather than us immediately answer it, one of the carers would start a bit of dialogue and things like that. And that was a very, you know, we decided to do that in a little team call with our office, and we said, look, we're always answering your questions, but let them have a natural conversation and will chip in? Because we, you know, sometimes, you know, lots of times, they got better answers, do you know what I mean? Or they come up with solutions, and, you know, it's about us as a team. And I think that, you know, and, you know, within the crisis and everything like that, they've really come together more, like, you know, it's not like, they're all out and they care for each other, they want each other to be safe. So I don't know, if somebody said, Right, I'm working next week, I need to go and get PPE and, and she's not on a drive or anything like that one of the other girls and say, Listen, I'm right by, I'll pick it up for you and drop it off. And they may have never met before, you know, or anything like that. So I think that, that keeping the conversation going on that group has helped everybody. And just like I said, you know, the calls in check in calls and just calls just off the cuff, you know, how are you? everything okay? you know, sometimes they go, Oh, God, what do you want me for? You know, in reality, but you know, and I'll say

now listen, come on. I'm just checking. How are you? How's things? Yeah, how's things going? Whatever else, we don't just talk about a service users things. I might say, Oh, yeah. Well, my son wasn't well, or blah, blah, whatever it is. And it's good to have those human relationships with people, you know, because I think that's all part of valuing each other. And, you know, I think it falls into me as well. You know, I don't know if I've had a cold or something like that. How are you? How are you? You know, it's nice. It's nice.

Pia Rathje-Burton 18:06

Yeah. Makes you feel part of that thing, isn't it?

Carly Rochester 18:10

Yeah, yeah, absolutely.

Ali Rusbridge 18:12

So totally is it? Is it true to say that your communication has increased because of the pandemic? And you're actually communicating more than you were before?

Carly Rochester 18:19

Yeah, absolutely. I think that, you know, because like I said, we went home and we're working remotely, we've definitely made much more of a conscious effort to make sure we are in communication weekly, daily, whatever it needs to be, because it was scary times. Do you know what I mean? And, you know, when everyone was told to go home, their service continued. And, you know, at the end of the day, that they've got a right to feel scared and worried, too. They've got families, they, you know, people have kids and husbands and all the rest of it. We're so reliant on them doing their jobs, and that we, we wanted to make sure that they know that, you know, we was in constant communication, but we were just doing everything we could to make sure they were safe. So like, you know, even in the beginning, you know, on the telly, you know, don't wear masks don't wear this, they wore the full kit from the beginning. And, you know, we we had to do that to keep a stable workforce. So they felt safe. Yeah,

Pia Rathje-Burton 19:25

Absolutely. So, you're also involved with a project to upskill your staff with clinical skills. So tell me a bit more about that.

Carly Rochester 19:34

Yeah, we did. We was on a pilot for some people with them and and we've got quite a few carers that want to go into nursing. And we're really fortunate that you know, at lodge group, we have a registered nurse that works with us. And we have a local innovation center care city, and they sort of approached us and said, Look, do you want to get involved with it? We we're like absolutely You know, technology is the way forward, you have to embrace innovation. So we sort of sent a message out. And, you know, we had about 10 girls that were trained in upskill, to basically take stats. So if there was going into a service users house and the service, you said, I don't really feel that, well, they could take their blood pressure, you know, all of that sort of stuff to do their oxygen reading, etc. And they could phone that into, like, 111, or anything like that, or the doctor, etc. But it was great. In reality, too, because often, you know, social care staff are not trusted to do clinical, you know, tasks. And DNS are really busy all of

the time. There's a huge demand for their time. And there's lots of things that carers could competently do if they were supported. And I had sort of another problem, which was to get 90 carers 10, carers did it. And then I had, how come she did it is your favorite? So I was like, listen, we're just doing this 10 first, and then we're going to roll it out, you know, I've come up with some excuse, it was just a pick of the hat or, I mean, we gave everyone the opportunity. And, you know, in reality, if you've got 10 kits, you've got 10 kits, do you know what I mean? And those that had had, we had sort of meetings with Margaret and, you know, prior to discuss their clinical desires, if you'd like to go into nursing and things like that. We want to make sure that, you know, people within social care, see there are other opportunities and pathways into clinical settings, basically. So yeah, no, it was a it was a positive experiment, if you like.

And do you think that the health colleagues that were involved in that appreciated the additional skills that the care workers could bring to that situation and their value,

I think, like everything, so it was a it was good. And there was definitely value there. I think that because it was social care workforce. And it wasn't very out there. You know, so I had paramedics one day come and say, who's authorized these carers to do this? You know, and things like that. You know, I think that all of these things are good, as long as we all know about them. And we're not, you know, now they're jumping up and down that social care staff are doing it. But yeah, I mean, once we engage with the local GPs, and, you know, all of that sort of stuff, but it was a slow burn on that side, if I'm honest.

Pia Rathje-Burton 22:47

Now, what's gonna happen now with that project? Are you gonna?

Carly Rochester 22:51

Yeah, I mean, so. So the research was done. Basically, it all went back to the innovation center, and then they'll contact us if there's a next sort of trial or how that goes forward. Okay.

Pia Rathje-Burton 23:03

And how did the staff feel that they were able to, you know, do those extra tasks?

Carly Rochester 23:07

Oh I mean. Yeah, they, they, they literally loved it, you know, I had sort of, so what we said was we set up so that the rules around it was when somebody's unwell, or once every four weeks, and some of the carriers that were going into sort of their regular clients, we only kept it with regular clients that signed up to get consented and things like that. And we had a couple of clients say, check my blood pressure for me. I know you only done it yesterday, but you want to give it a go now. So we had a few lights that come up. It was a little hypochondriacs that they wanted all of their stats done daily. So yeah, there was a there was a little balance in there. I mean, we even at go in the office, a little trial to see how we was we was doing.

Pia Rathje-Burton 24:02

So that a project you've been involved with, it's about discharging people with COVID into the community with home care support. So how did you get involved with this,

Carly Rochester 24:11

I've always provided sort of an out of hours if you like to support a local hospital, not on a permanent basis, or for my first 10 years in social care. It was every other weekend. And when I joined lodge group, and I got talking to the commissioners at Havering. And there was a need for it said, you know if there's ever sort of an opportunity or whatever else, I've done this before, you know, and us as a company, we're growing, you know. So for a number of years over Christmas, Easter, if there's inclement weather or anything like that, we set teams of girls up to support the demand in the area. And then obviously when COVID 19 come about, and it was really important anyway for us in the beginning that anybody that got COVID-19 stayed separately from the mainstream schedule, to sort of manage infection control, etc. And again, you know, is, you know, we've never been through this sort of pandemic, you know, so I can't say a foot snow was bad. But you know, this really taught me a lesson, you know. But, again, got talking to the local sort of hospital and things like that. And I'm from the community, so I live local. You know, so I work in Havering, I live in Havering. And you know, that's my hospital that's been impacted. And, you know, I've done special teams and things like that for years, it would be bad if I'm sitting there with a skill set that I knew I could help if I turned a blind eye to it, you know, because you get a bottleneck effect. So the local hospital won't be able to admit anybody, and who could be a family member to any of us. If there isn't somebody on the other side, willing to help people out at home from hospital. And so actually, we just started, get well, yeah, we started last year, we've done it all over Christmas, and everything like that. And I think as well, it sort of everybody was scared of COVID. So we had a lot of resistance from care staff in the beginning saying that, I'll go out and work. But if anybody's got COVID, I don't want to go into care for him, because I've got to worry about my family and things like that. Whereas we did have girls that said, Look, you know, I don't care, like as long as you give me everything I need, and I'm trained, and you're there to support me, I will go in and I will look after people with COVID. Because somebody has to you have to have those different minds within your organization. So we set up COVID Team anyway. And then all I did was I just expanded on the numbers. And you know, I was very transparent with the local authority and said, you know, this is it guys if any of these carriers have to test and try to solve it, they go off with COVID themselves, or whatever else, we may need to reduce the numbers of people that they're are supporting and all things like that supporting the emergency discharges. And it just works. Because, you know, we are transparent with the commissioners. They understand, you know, we work with them. And I think it was a good message as well, in reality to, you know, at the beginning, you know, oh my god, I'm gonna get COVID And I'm gonna die. You know, I'm a god, you know, and even though that's, you know, you can get COVID at 19 you can pass away from it. It's a dreadful thing. We needed to have people that were in the workforce that were looking after people with positive COVID 19. And was okay. You know, we it showed the effectiveness of the PPE. You know, if you wear your full PPE correctly, and you follow, you know, the donning and doffing videos, you know, you make sure you wash your hands, you make sure you sanitize all of these things we sort of outlined, and, you know, showed that actually it's effective. They all have the staff, whether they was COVID-19 teams or not wore the same PPE. So we had a standardized approach. So it was like, well, listen, now we're going to we'll find out we're going to talk to you about or whatever else, but just a little bit of reassurance. We...our carers on the other side, you know, they know them, because we, you know, we obviously promote them on the wall and things like that we share stories, and they, they've never got it. They've

never ever got none of the girls that have ever got touch wood have ever gone into the service users for since March last year looking after people with COVID have never ever got it. And they've been tested weekly. And they've never got it. So you know, PPE works?

Pia Rathje-Burton 28:52

Yeah, that's a really good message, isn't it to remaining of your staff? So you mentioned a lot in that about transparency? What are your sort of kind of top tips for working with partners in terms of you're talking about local authority, hospital commissioners, clearly transparency is important to you, but are there other things that you would suggest in terms of working with others?

Carly Rochester 29:15

And just to have sort of, I don't know, like, we was all working within a pandemic. And you know, so I don't know if if people were discharged from hospital and they didn't have, you know, certain things in place and everything like that it was about working together to resolve the problem rather than mudslinging. Yeah, so rather than go you didn't do this. It's rather that needs instead of that, we say, we need this, how can you help? You know, and, and I think that, you know, we can't work in divisive ways. You know, I've seen lots of meetings and, you know, people all the time say, well, they should do this and they should do that. Well, you know, we're working under pressure. And yes, you know, we need systems that work. But, you know, let's not walk down the situation that everybody's working in, and, and let's work together on getting the best outcome. And then afterwards, after this is all over, let's retrospectively look back to find out how we did things and how we could do things better for the future. Because I don't think at any time we can sit in a room, you know, in the beginning, you know, when we, you know, we're just coming for our last peak, but at the last peak or anything like that sitting there saying, well, actually, we did this, and we did that.

Ali Rusbridge 30:38

It's such an important message about not blaming each other, that's such an important message.

Carly Rochester 30:43

You just can't you just you just can't do it, you know, everybody's working under pressure. And, you know, I've got no problem at the end of it's sitting in a room saying, right, guys, look, what could we have done better? What could you have done better? And if this happens, again, what what do we need in place to make sure that something, you know, we're in it isn't such a fight or flight mode, you know, nobody expected COVID to be as it was, I mean, I'm a little bit of, you know, I mean, when it first came around COVID I mean, my mom and dad were in Vegas. And and I was sort of ringing them up saying that was in the Bellagio Hotel, and I'm saying, wipe the tables, wipe this, and I thought I was nuts. And because it wasn't in the UK at the time, and you know, but it started to sort of just before they flew back, it sort of started to come in. And I remember sort of about two weeks after I was listening to on the nose, I sort of done a crisis shopping work filled up every cupboard with tins, and like we was going into a war. I don't know, you know, but I'd rather be prepared than not. Because, you know, we had all the food around us, which Thank God, we did, because you know, you couldn't get into Tescos, or the delivery slots went out for weeks at a time and people lost their next of kin that couldn't no longer go, or they were shielding or whatever else it was, you know, thank God, we had this food around and things like that. But even if we had to waste it...

Pia Rathje-Burton 32:11

Where did the food go to the to your clients?

Carly Rochester 32:14

Yes, so we had certain clients that part of their daily routine was to go to the shop, right? They couldn't go to the shop anymore. Because I was in the at risk group and things like that. So we was able to sort of drop around parcels and bags of food and things like that. And I mean, the drawback of it is I've got a client that rings me every week that thinks I'm her shopper. She loves what I get her, and what, um, what the girls in the office shop for and things like that, you know, I had an next of kin the other week saying, you know, you never come round with a pear recently. And I was like, Well, you know, it was a crisis thing. But you know, but you know, and the thing is, is well, you know, if you think you do things like that, and you don't use it, it's never gonna go to waste, because there's plenty of charities around that need these these items from me, you know, so, I mean, we did it the second time around as well. And we've got an office full of staff. And we're sort of, you know, we'll have a balance now, who we, you know, people that need it in the community plus the homeless shelters that's local to us. But yeah, I think that I'm all up for looking back retrospectively at what we could do different how we could have managed them better. Not us, as in not only as I just want to get to the end of it, and learn lessons, I think that's the most positive way.

Pia Rathje-Burton 33:39

Thank you for that.

Ali Rusbridge 33:43

You've told us so much and you've told us so many stories already, Carly. But the next bit, we ask everybody, what story or experience do you always tell people like your go to story, whether it's to colleagues or to friends? What stories do you tell?

Carly Rochester 33:57

I mean, you know, you get carers that start in home care, they've never worked in care before. So they're like, Oh, my God, I'm nervous. And, you know, people who meet me think I'm confident and bubbly all the rest of it, and I couldn't get nervous and things like that. But you know, because I've done lots of on calls over loads of years. The first time I ever went out to do homecare done it for this little lady that lived quite local to me. And I was really nervous. The first call I'd ever been in, and I remember sort of, I said, Right, okay, looked at her care plan and everything, had a good little chat with her. And I had to empty a commode and the nerves just took over me. And I ended up walking in with her commode up about three or four steps to go and empty it and everything. And she said to me, excuse me love. Oh, yes, sorry. I will back down with the commode she said. They don't normally bring the chair with them. I bought the whole thing. I pull the whole thing up. You just bring the bucket. So you know, and I said, Oh, I'm sorry, you know, and I just, I don't know, I just lost my foot in. And then I bought the bucket. And she didn't realize the next day that I was on call. And so she rang up to find out who her carer was. And she said, You know, I want to know, my carer was and she said, It ain't that woman from last night is it? She didn't have a clue? So, you know, I've been on every training call. So I

sit in meetings, and I talk about all of the time. Yeah, the nerves just hit me. And I brought a whole bucket with me. So.

Ali Rusbridge 35:34

That's a brilliant story. But it's so lovely. I can imagine you selling that's a new staff member? Do you think you've got problems visible I did on my first day.

Carly Rochester 35:42

So it can't get any worse than that. And I was literally straining bringing his chair thinking, how are they lifting this? But anyway,

Ali Rusbridge 35:52

Thanks for that one. There's a lovely story, you can laugh about that that, um, you come across as really passionate all the way through this conversation. But I'm gonna ask you, what you really, really like about what you do is the second reason, it's really important that you know, what is it that really inspires you about your job?

Carly Rochester 36:08

I just like making the difference. To be honest, I think not what we do is so important. It really is, um, you know, I would want people to feel the way I do and the carers of work with my family members, it's, you know, you know, even going in to meet service users and listening to their life stories and everything like that. I just think it's a privilege. And, you know, it's yeah, just making a difference. I couldn't think of doing anything else to be honest.

Ali Rusbridge 36:39

About you, when you started your job as a stopgap and you were here, how many years later?

Carly Rochester 36:44

I know, 10 years later, and yeah, yeah, yeah, no, it's

Ali Rusbridge 36:52

just moving on. So we got a slot, we call time for care slot. So this is where we're asking you to share your most time saving tip with other managers. So imagine, what have you learned that works for you, that you'd recommend to others,

Carly Rochester 37:08

Learn to delegate. Seriously. I mean, if I think now, prior to the pandemic, you know, I used to go on holiday and say, it was a 10 hour flight, I couldn't wait to get off the flight to check my emails, I'd sit on a beach and think, Oh, my God, I've lost Wi Fi, I need to go back to the hotel, like, you know, it's, it's, I needed to, you need to empower your workforce and learn to delegate because you can't be good at everything. And if you're not good at everything, then you know, something has to sacrifice and that thing that sacrifices, maybe, you know, something really important, this is all important. So I think that yeah, learn to delegate and trust and empower people. I mean, I felt that I was quite an empowering sort of person anyway, but I realized that I was holding on to too many things, you can't juggle all the

balls, those around you, and even bringing in, you know, like, like I said earlier, the girls in recruitment, and, you know, you have these very sort of identified job roles. But actually, it's really important for them to engage with service users, because they're recruiting the staff to provide to the service users. And I found that so valuable, because you know, they're passionate about Peggy. Now, Peggy is just not somebody that rings up for the back office, Peggy, somebody they talked to, and picking somebody they want to please. So, you know, and yeah, sharing the workload out. So delegation, given people in the organization who wouldn't naturally do the sort of roles or polls or whatever else it is empower them to do so we all have to pull together. And we all have to feel the same that you know, it is such such an important job.

Ali Rusbridge 38:54

The hardest thing we can ask you to do now, is trying to think of three words that kind of summarize all the things you talked about today. So what are your kind of three words you leave, leave people leave the listeners with

Pia Rathje-Burton 39:07

sort of takeaways,

Carly Rochester 39:08

yeah, just the importance of value in your workforce, and the important the importance of empowering people with you know, different skills and abilities and everything like that. And, and delegation, I'll come back to that, again, giving out tasks that you keep hold of that people around, you could likely, you know, at times, do not spit out, these girls have done great, they've done magnificent they've showed me up she'd been holding on to this stuff and they've made it much better. So you know, learn to delegate because if you learn to do that, as well, you know, it helps your own well being I don't feel, you know, i've worked through this crisis. We've had all of these events, staffing issues about 74 people with COVID since Christmas. So in a very short time but I don't feel drained. Because I'm not holding on to all of that stuff. And I was walking around like a washed out rag. Before before I sort of, you know, I've got this little skill set now that, you know, I've got this fantastic team around me that rose to the challenge. And I think empowerment to staff to help them flourish because people stay as well you get, you know, lots of our carers. For as long as I have, and the Office team they've stayed, they don't go anywhere, you know. And I think that's just, you know, all part of that we trust each other. We value each other. And and now I'm much more empowering.

Ali Rusbridge 40:44

Thank you. I think there was slightly more than three words there. But yeah.

Carly Rochester 40:49

I'm never good at wrapping up.

Pia Rathje-Burton 40:50

I was just thinking if I could summarize as I think you're free words for value, empower delegate. Yes. Yeah. That's a great way to finish. Thank you so much for today. Again, you've spoken so many about so many important part. And I think it's really interesting to hear about home care, and how you've

managed for the pandemic and your leadership style has been really coming through very strongly. So thank you so much for today.

Carly Rochester 41:17

No worries at all. Thank you, bye.

Pia Rathje-Burton 41:31

Oh, thank you to our guests. Carly Rochester.

Ali Rusbridge 41:33

Yeah, she was great. I knew she'd have a lot of things to say I love listening to Carly, I think I could this is where all they know, she's got so many stories. It's great.

Pia Rathje-Burton 41:42

Yeah, you know, I think her personality comes across so well in terms of how she is how she is with everybody. You know, it was really, really interesting to talk to her. And I learned so much. I thought it was really interesting how she talked about how she worked in partners with others. It's clearly something that registered manager is going to have to do much more how we how the situation with integrated care. And I thought it was really interesting how she was talking about kind of how she, you know, not about blaming each other about working with Antoine to kind of come find find a solution to any issues there are, we do have a new resource. So if you are a member of Skills for Care, and you renew your membership you get, we always provide a resource from if you renew your membership, and this this year, that membership and that membership resource is a partnership with source about how to work, how to work with partners. If you're a member, you just renew your membership, if you're not a member of Skills for Care, you can purchase that membership is £35 a year. And there will be more details in the show notes.

Ali Rusbridge 42:53

Yeah, I think she really was good on partnership working. And also, when she was mentioning the project, the care workers were involved in in taking on some of those clinical tasks, you know, things that might be considered to be healthcare tasks. And it's interesting, because we that's obviously something that's increasing. And I really think it was important what she was saying about how the care workers felt much more valued because of that as well. But we've got a new delegated health care task guide that looks at just this topic, actually. So I think that would be useful for any manager who's looking for guidance, because obviously, there's the importance of being able to deliver delegated health care tasks safely and competently. And I think that guide does give some tips for that. So you can search for delegated healthcare tasks on our website, if you want to find that guy who's out there now.

Pia Rathje-Burton 43:41

Yeah, and again, it will be in the in the show notes if you have a look on our website. So yeah, again, I thought it was really interesting when she was talking about the how how enjoyable the the frontline staff found and how they felt much more empowered to to have these additional skills. You know, really great.

Ali Rusbridge 44:00

It really values care workers more.

Pia Rathje-Burton 44:03

Absolutely, absolutely. So thank you for listening today. Do have a look at the show notes. I mentioned a few times more details on those resources that we just mentioned. Really useful to kind of be able to see some of the resources to help you to implement some of the ideas that Carly had.

Ali Rusbridge 44:21

Yeah, great. And don't forget the care exchange conversations a monthly podcast so make sure you click on the subscribe button so you can get notified this episode and we hope to see you in the next episode.

Thank you for listening. Bye