

# Care Analytics homecare cost of care survey: Frequently asked questions

11 July 2022



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Click  return to the list of questions

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Click on question go to answer.  
Click  to return to the list of questions

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Click on question go to answer.  
Click  to return to the list of questions

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[Q: Should we put down the equivalent cost for director/trustee input for unpaid work to provide a better picture of cost?](#)

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# Finance tab 2 (Account information) questions


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Click on question go to answer.  
Click  to return to the list of questions

# General questions

# Is my service included in the homecare cost of care exercise? (1)



The government guidance says the following around scope for homecare:

*“Local authority contracted domiciliary care agencies (for those aged 18+) providing long-term care, with a regular pattern per week, consisting of relatively short visits to support a person living in their own home with daily living tasks.*

*Exercises should exclude rapid response provision, short-term / reablement support, local authority in-house care, live-in care, shifts or blocks of care, sitting services, extra care and supported living.*

*Whilst ExtraCare is in scope [included] for the use of the fund, the cost of care exercises are not required for this setting.”*

For many homecare providers it is obvious they are within the scope of the exercise.

However, some providers supply a mix of services, which makes it trickier to work out if they should be included. We discuss such situations on the next page.

For the purposes of the exercise, the aim is to identify the cost of care for standard visit-based homecare. If you have a mix of services in addition to standard visit-based homecare, we will need to find a way to split your costs appropriately.

# Is my service included in the homecare cost of care exercise? (2)



<p><b>Supported Living</b></p>	<ul style="list-style-type: none"> <li>Supported living is <b>excluded</b> according to the government guidance. However, many supported living providers are also registered for homecare. So, the correct interpretation would depend on the provider's business model.</li> <li>Where the provider principally delivers supported living provision to (mostly) unrelated tenants sharing a home then they would certainly be excluded.</li> <li>Supported living and other providers supplying hourly support that is principally delivered in blocks of care longer than an hour (i.e. not a typical 15-60 minute standard homecare visit pattern) should also be excluded. Even if this provider also undertook some standard visit-based homecare, it would be impossible to separate out their costs.</li> </ul>
<p><b>ExtraCare</b></p>	<ul style="list-style-type: none"> <li>ExtraCare is <b>excluded</b>. Any homecare delivered by the same provider who manages an ExtraCare scheme is excluded.</li> <li>However, homecare delivered in an ExtraCare setting by an external domiciliary care agency which is identical in practice to homecare in people's homes in the community should be <b>included</b>. It would distort analysis of that provider to exclude these hours as there would be no way of separating out their overheads to different types of homecare.</li> </ul>
<p><b>Reablement homecare</b></p>	<ul style="list-style-type: none"> <li>Reablement services are <b>excluded</b> as per DHSC guidance.</li> <li>However, spot or framework reablement homecare which is identical in practice to ongoing homecare in people's homes is in scope.</li> </ul>
<p><b>Live-in care services</b></p>	<ul style="list-style-type: none"> <li>Live-in care services that are paid a daily or weekly rate (and may be inclusive of free housing) are <b>excluded</b>. If a branch mixes live-in care with standard homecare, we will need to separate out their costs.</li> </ul>
<p><b>Sitting services</b></p>	<ul style="list-style-type: none"> <li>Sitting services which are a dedicated service are <b>excluded</b>.</li> <li><i>Sitting services which are paid in the same way as visit-based homecare</i> (particularly at the same hourly rate) should be <b>included</b> irrespective of the guidance. It will be impossible to separate out the costs from other homecare visits delivered by the provider.</li> </ul>



# How to fill in the survey / IT issues




## **Q: What do I need to have to hand before I complete the survey?**

- We strongly recommend you gather the following information, so the survey is simple and quick to complete:
  - i. Recent care rota/schedule
  - ii. Recent payroll (must be since April 2022), and
  - iii. Last 2 years of completed accounts (see later advice if you have not been in business that long).

## **Q: I can't enter any data into the spreadsheet. What do I do?**

- The survey is a protected spreadsheet. You can enter data into white cells only.
- You can use the 'tab' key to move between such cells to enter data easily and at the end to check you have completed all requested fields.

## **Q: I am not sure how to answer a question. What do I do?**

- In the first instance click on any information button near to the question (buttons like this  ) and further information will pop up in the spreadsheet which may help you answer that question.
- If there is no relevant button or the in-tool guidance does not answer your question, please check this FAQ document, and if you still cannot find a relevant answer then email [contact@careanalytics.co.uk](mailto:contact@careanalytics.co.uk)

# Free-text boxes and answers



## **Q: The free-text boxes are too small. How can I expand the boxes?**

- Free-text boxes cannot be expanded. However, if you enter more text than can be seen in the cell, it will still be captured and visible within the formula bar for the selected cell.
- You can expand the formula bar so you can see the entire text and type more easily.
- To start a new line within a free-text box, use Alt+ Enter.

## **Q: What length of answers are you expecting for free-text questions?**

- We generally expect brief answers for free-text questions. However, there may be certain questions, where you wish to write longer answers in order to give us the relevant information.



**Q: Where do I send the survey when I have completed it?**

- Completed surveys should be sent to [contact@careanalytics.co.uk](mailto:contact@careanalytics.co.uk)

**Q: I have a query about the exercise, where do I send it?**

- Any queries about the overall process and purpose of the exercise should be sent to the council. The email address will have been specified in the email which had this FAQ attached.
- Any queries about completing the surveys or how the data will be analysed should be sent to [contact@careanalytics.co.uk](mailto:contact@careanalytics.co.uk). We aim to respond to queries within 48 hours.

**Q: I have received a request for a survey from more than one council for my homecare branch. What do I do?**

- You only need to complete one survey per homecare branch for all the councils that Care Analytics are working with. We are using the same survey across each council (except for some personalisation around the council name).
- If you receive a request from another council using a different survey, you should complete both surveys (or prioritise the one where you deliver the most care). If you have also received a survey from a council that Care Analytics are not working with then this will be a survey in a different format. This would need to be completed separately, although a considerable amount of information will be the same, particularly the accounts information.
- The Care Analytics survey is more holistic than other surveys as we are undertaking a wider piece of analysis than required to meet the government FCOC grant requirements, including capturing information in order to inform the council's Market Sustainability Plan.



## Q: Who will see my data?

- All information submitted via a survey is confidential and will only be seen by Care Analytics.
- Care Analytics will only share with council staff which providers have submitted surveys. The contents of those survey responses will remain confidential.
- The council will only receive an aggregated analysis of the cost of care exercise that will not identify any individual providers.
- This is an independent, third-party piece of analysis.

## Q: Will my data be used for anything else?

- Data will only be used for the purposes of this cost of care exercise. This may include regional analysis amongst councils.

## Q: Will my data be held in a secure manner?

- Care Analytics routinely process confidential information and data from councils and providers, and every member of staff is acutely aware of importance of information security and data protection. Every sensible measure is taken, and all data is stored in encrypted computers.

# Survey-specific questions (Homecare)



**Q: I am unable to provide accurate answers to some of the questions in the homecare survey because we do not collect the data or do not collect it in the way requested. What do I do?**

- We appreciate that some providers will not be able to answer some questions because of their IT system or lack of IT system. Please do not to undertake a manual exercise to produce the information. Simply write in a relevant free-text box that you cannot answer the question or provide an estimate and give your reasoning.

**Q: Our branch deals with services other than standard homecare. Do I include back-office staff that deal with other services?**

- Please only include staff whose work involves standard homecare. If staff work across services use column H (% working time) to give the approximate proportion of time relevant to standard homecare for your branch.

**Q: Should I be entering actual names under the 'Back-office staff' question or listing them by role?**

- Please give staff roles in this section. If two people have the same role, if possible enter them separately so that costs are not inadvertently missed. You might want to label them with (1) and (2) for example, Care coordinator (1), Care coordinator (2).

**Q: What is the difference between client visits and care worker visits?**

- If all your care delivery is singlehanded there will be no difference between the two figures. One client visit = one care worker visit.
- If some of your care delivery involves doublehanded support, then some visits will have two care workers attending. One client visit = two care worker visits.
- The difference between the two figures will be the number of doublehanded visits, which is auto-calculated in the next column.



**Q: I cannot identify the proportion of doublehanded support from my records without a manual exercise? What do I do?**

- Please give us an estimate as this is an important figure to help understand the nature of your delivery.

**Q: What do you mean by homecare 'delivered in another setting'?**

- Other settings could include a supported living home, a prison, or a care home.

**Q: I cannot split out which setting homecare is delivered in. What do I do?**

- Just use row 60 headed "Delivered in the community (private house)" for all your delivery.

**Q: What do you mean by 'average', 'lowest' and 'highest' mileage per week? Is this for all staff or individuals?**

- Regarding mileage, this should be for all staff during the most recent payroll period. The average is the average for all staff during that period and lowest/highest mileage should be for all staff in any one week. For example if your total miles for each week in a four week payroll period were: 1500, 1600, 1700, 1800 – the average would be 1650 miles, lowest would be 1500 miles and highest would be 1800 miles.



**Q: For the payroll, what staff should be included?**

- Ideally, the payroll data would be specific to branch staff whose work relates to standard homecare. If your branch operates a portfolio business and it is not possible to exclude some staff, please note on the blank tab.
- If for accounting reasons, head-office staff are paid through a specific branch they should be excluded if possible as they would be included in central costs apportioned to branch (Finance2 tab).

**Q: I have some current costs that would not be captured by inflating my past accounts. What should I do?**

- If you have current costs that have changed by more than inflation, there is a specific free-text question on the Finance 1 tab for you to inform us of these costs, so we can use those in the FCOC submission instead.
- Please be specific about costs and state the period that they apply.
- Common costs that have gone up more than inflation might include insurance or energy costs.
- This is an area where we would appreciate detailed responses as it will be very helpful for the overall analysis.



# 'Finance 2' tab queries (Accounts information) 1



## **Q: Why are you asking us for data from completed accounts, rather than current costs?**

- We appreciate it would be challenging for many providers, particularly small ones, to provide up-to-date cost information, particularly given the survey deadline. We will apply inflation to all costs to bring them up to 2022-23.
- By asking for data from your completed accounts, you will already have the information available. The previous year is usually side-by-side in your most recent completed accounts.
- Please do not go to your accountant to bring your accounts up to date, unless you have another business reason to do so.
- We understand some homecare groups are producing cost data for the 2021-22 financial year and (possibly) estimated costs for 2022-23. If you have taken that approach in your batch processing, we are happy to receive this cost data rather than our standard request for accounts data from your two previously completed financial years.

## **Q: My last completed accounts finished in 2020, is that okay?**

- That is fine. The number of months of inflation we apply to your data will be based on the dates of your accounts.

## **Q: I only have one year of completed accounts? What do I do?**

- If you have only just started as an organisation or as a branch, one year of completed accounts is fine as it is all you have.

## **Q: I do not have any completed accounts? What do I do?**

- If you are a new organisation without one year of completed accounts, we suggest you do not complete survey as you will have start-up costs, which would overstate your ongoing costs. If you want to submit a survey then you may supply your most recent management accounts, but you need to strip out or separately identify start-up costs.

## 'Finance 2' tab queries (Accounts information) 2



**Q: I do not know the total homecare hours for each year of accounts. Should I leave this blank?**

- No, please provide an estimate. Even an estimated figure is vital as we have to calculate a unit cost for each cost line for the FCOC return.

**Q: Our costs categories are somewhat different to those in the spreadsheet. What should I do?**

- Please match our suggested categories as best as possible.
- If the most detailed cost categories supplied by your accountant do not have figures match with one of our cost categories, then it is fine to leave the line blank. It is common for accountants to use slightly different cost categories. We are not expecting you to undertake further work with an accountant.
- If you have a cost category that does not fit our suggested cost lines please use a row headed by 'Other (specify by overwriting)'. An example cost category that has come up is 'payroll company'.
- We recommend that you avoid placing large costs against unspecified 'other' categories, as we will need to query such costs.

**Q: I have costs that a council has previously informed us will not be paid for by the council. What do I do?**

- As per the government's requirements, we are asking for ALL costs of running your organisation. Please do not restrict types of costs to those that councils have previously indicated they will pay for.

## 'Finance 2' tab queries (Accounts information) 3



**Q: We have not included any of the COVID grants as income for delivering hourly homecare. Is that correct?**

- We would prefer grants to be collectively entered as they represent income that would have met costs. In your corresponding accounts you may have additional costs that are no longer necessary. If you do not include them, it would show us an incorrect profit/loss.
- There is a box for you to enter any information that will help us interpret your income or costs. This could include what you spent covid funding on.

**Q: Should we strip out Covid-related expenditure?**

- No, this is unnecessary. While this might be the ideal presentation of data for the cost of care analysis, most providers will not be able to do this, so your data would not match other surveys.
- We are aware that some cost lines will be overstated but that cannot be helped given government deadlines for the Fair Cost of Care return. We would appreciate any commentary about which lines are affected and how.

## 'Finance 2' tab queries (Accounts information) 4



### **Q: Should we put down the equivalent cost for director/trustee input for unpaid work to provide a true picture of cost?**

- No, as per government guidance, this exercise is about actual costs. There would also be no consistency between how directors/trustees would cost their time, and it would further complicate an already complicated area.
- For our market reviews, we give extensive advice to councils on the cost implications of different types of business model; this includes pointing out the issue you identify.

### **Q: What should I do if my homecare branch delivers multiple services in addition to standard homecare, e.g. live-in care, supported living?**

- Ideally the costs you give in the survey should be specific to the delivery of standard homecare and your other services will be separately accounted for.
- If not, it would be very helpful if you can separately split out cost lines not relevant to standard homecare and either (i) do not include them or (ii) comment in the free-text box for commentary on these costs that the costs lines are not relevant for standard homecare.
- There will often not be a technically correct way of splitting up costs between multiple services, so this is why we ask about income by type of service. In the absence of another option, we will proportionately allocate costs by income.

## 'Finance 2' tab queries (Accounts information) 5



**Q: We have two CQC homecare branches but our accounts do not differentiate between them. What do I do?**

- We need the costs from your accounts split appropriately between the branches. You could do this in several ways such as:
  - Equally splitting by branch (if branches are relatively similar in size).
  - Split proportionately between branches based on a key metric, e.g. total hours, visits, staff or income.
  - Split based on some combination of the above factors.
- Unless your branches are close to the same size, our recommendation is that allocating by hours is likely to be the simplest way to split costs. Your hours should be relatively easy to calculate or estimate per branch and it takes into account the different sizes of branches.

**Q: How should I split my head-office overheads if the company runs multiple branches?**

- Groups will need to split up central overhead costs to branches. Please provide a simple explanation of the method you use to do this, e.g. by branch, total hours, total visits, total staff, income, etc. This will help us accurately interpret your costs and minimise the need for queries.

## 'Finance 2' tab queries (Accounts information) 6



**Q: I run a large group of homecare branches. Can I submit one spreadsheet with the costs for each branch separately identified?**

- Yes that is fine. We appreciate most groups will be processing all branch accounts as one process. Just ensure that each branch is clearly identifiable.
- We will merge this financial data into each survey when it is submitted with the answers to the operational questions.

**Q: We are a national group and we are updating all our cost data to 2021-22 as per requests in other areas of the country. Can I submit this data rather than your cost category format in this tab?**

- Yes, that is fine.

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