"OVERSIGHT OF THE SOCIAL CARE MARKET" DISCUSSION PAPER

GMB RESPONSE

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Contact:

Justin Bowden
National Officer
GMB
22-24 Worple Road
London
SW19 4DD
justin.bowden@gmb.org.uk

GMB welcomes the opportunity to contribute to this discussion. GMB is the largest trade union for care-home staff in the independent sector. We also have a substantial membership in domiciliary care.

We note that the Department's discussion paper focuses on large residential care providers, and we do likewise in this response. We do however also want to bring to the Department's attention a worrying development in domiciliary care, which is now the latest sector to attract the interest of private equity (full details below).

1. Reflecting on past experience and the Southern Cross case, does more need to be done to oversee the social care market or is the existing framework adequate?

Much more needs to be done. The lessons of Southern Cross must be learned. The existing framework has proved woefully inadequate. It does not meaningfully check the financial health of care providers, nor protect the care sector from financial predators. Given that the sector is there to care for the most vulnerable and dependent people in our society—those least able to defend themselves—it is incredible that they are, ironically, the people with the least protection and security.

Since the Credit Crisis began, the care sector has had to contend with the toxic legacy of privatisation and financial engineering. Speculative deals in the boom years by private-equity groups and others, attracted by the prospect of capturing supposedly secure, publicly-funded income

streams, have left behind a trail of unsustainable debts and liabilities. The spectacular collapse of the UK's largest care-home operator ought to be a wake-up call to policymakers and regulators. Sadly, it appears not to be the case. As recently as September, Paul Burstow wrote about the break-up and wind-down of Southern Cross: "no homes will close while the restructuring is ongoing. After that, we will see the market operating as usual" [letter to Emily Thornberry MP]. This is a potentially alarming prospect.

GMB warned time and again that Southern Cross's financial model was unsustainable. The lethal sale-and-leaseback growth strategy, developed under private-equity ownership and backed by many leading British and American financial institutions, guaranteed unrealistically high rents to the speculative investment funds that bought up the care-home freeholds. These rents absorbed large amounts of public money meant to fund the care of residents. The rental burden and lack of assets ultimately rendered Southern Cross unviable.

The collapse of Southern Cross is not a one-off. Over the past 12 months the number of operators going into administration has doubled; "many care homes found themselves unable to service their debts".[1] In this troubled context, GMB is far from convinced that the landlords and financiers responsible for the carve-up of Southern Cross have found a safe berth for all of the company's 31,000 elderly and vulnerable residents and 44,000 staff.

Our primary concern is for the viability of debt-soaked Four Seasons Healthcare, 40%-owned by RBS, which as the Department will know has debt of £780m due to be repaid next September. According to a recent financial analysis commissioned by ADASS, Four Seasons "has twice gone to the brink in debt negotiations where a 'fire sale' of the business was being actively considered." The same report starkly warns that:

> "in the short to medium term (14 months to 3 years) financial risks are very high due to the need to restructure a complex and antagonistic debt portfolio, and implement a strategy that copes with tight fees from the public sector and a demand for increased quality. ADASS may want to actively plan for a worst case scenario within this time frame."[2]

Why was no action taken to pre-empt the present debt crisis in social care? Regulation 13 of the Care Quality Commission (Registration) Regulations 2009 states that "the service provider must take all reasonable steps to carry on the regulated activity in such a manner as to ensure the financial viability of the carrying on of that activity"; or, as the CQC's accompanying guidance puts it, to "ensure quality through adequate finances".[3] GMB recently called on the Care Quality Commission to establish whether Four Seasons has the financial stability to take on Southern Cross homes. However, the CQC is reportedly of the opinion that the operating models of the firms it is expected to regulate are "beyond our regulatory remit".[4] This has to change. Either the CQC is unaware of its own responsibilities or it is ducking them.

[1] Wilkins Kennedy, "Number of care homes going bust doubles over last year", 14 November 2011.
[2] Impact Change Solutions, "Four Seasons Care Homes Viability Analysis", August 2011.
[3] CQC, "Guidance about compliance: Essential standards of quality and safety", March 2010, pp. 192-3.
[4] Christopher Thompson and Simon Mundy, "Four Seasons in debt refinancing talks", *FT*, 4 October 2011.

After the damage inflicted by asset-strippers in the residential care sector, GMB notes with acute concern that private equity is now moving into home care, with the private-equity-owned AA taking over Nestor Healthcare Group Ltd and Allied Healthcare Group. AA has loans totalling some £6 billion and no obvious way of repaying them. It is moving into social care presumably in search of new income streams to cover its sky-high interest payments. This is a very worrying development. We already know from our experience with Southern Cross how a care provider can be fatally destabilised by a combination of profit-seeking, private-equity, and financial speculation. Private-equity-owned AA has amply demonstrated over the years that making vast profits for the multi-millionaire elite is its number-one objective. GMB wants to alert the Government to the danger of a Southern Cross-style plunder by private equity of domiciliary care and possible resultant debt debacle. We make a detailed presentation on AA's extensive interests in this sector in the appendix to this document.

2. If there is a case, what do you think of the overarching objective for reform we outline? Is our approach the right one? Are we focusing on the right issues?

The headline objective of providing "greater protection to people" is all very well, but the discussion paper immediately rules out the most effective means of delivering it: introduction of security of tenure for residents. It is scandalous that elderly and vulnerable residents have no right to choose to stay in their home, in spite of the known risks of premature death associated with forced moves. In reality most residents have a notice period of one month. Whatever happened to "empowering" service users? Home closures are inevitably traumatic events. Where they are driven by concern for profit rather than standards of care, closures ought to be prevented in the interests of residents' welfare. Care homes are not an ordinary business; elderly and vulnerable people are not packages to be bought, sold and moved about in some free-market way.

Southern Cross's lenders and landlords came to a behind-the-scenes agreement to avoid closures during the company's break-up. This was, in truth, the only thing that has ensured even the short-term security of residents in ex-Southern Cross homes. It is simply not acceptable to bet the welfare of residents caught up in any future provider failure on the unpredictable outcome of discussions between anonymous organisations meeting in secret in smoke-filled rooms.

3. Is the list of key considerations set out in this paper complete? If not, what other factors must be taken into account? Should any measures apply to all providers, or be targeted on a risk basis?

GMB fundamentally disagrees with the starting position for this discussion paper ("it will be important that any new measures encourage, rather than hinder, the development of the social care market"). After more than 20 years of privatisation, only 70% of residential care meets the CQC's *minimum* requirements. The "standards of board and lodging" have recently been described as "probably one of the worst in Europe".[5] The biggest care-home operator has just collapsed, bringing months of dreadful uncertainty to its 31,000 elderly and vulnerable residents. The new market leader, Four Seasons, is struggling under a mountain of debt, with the ADASS-commissioned report already cited warning that "in the short to medium term (14 months to 3 years) financial risks are

[5] Bruce Moore, chief executive of Hanover Housing, cited by Stephen Dorrell, Chair, Health Committee, uncorrected transcript of oral evidence, 8 November 2011.

very high". Other care-home and domiciliary-care companies are also in poor financial health. We already have a market in social care, and it's performing dismally.

GMB believes that transparency and open-bookkeeping ought to be key considerations, in order to show where the public money that is invested in care actually ends up. Care providers and care-home landlords should be required to register themselves in the UK and to pay tax here. They should provide the same access to information, especially for service users and their families, that local authorities now do.

A further consideration that the discussion paper neglects is the opco-propco split in residential care. Southern Cross may have taken sale-and-leaseback to an extreme, but other large operators continue to rent a considerable proportion of their properties, typically around 25%-40%. The rentier care-home landlord is a figure of the utmost importance in moments of provider failure or distress, yet they appear to be subject to less due diligence than a council refuse contract. After Southern Cross part-defaulted on its rents, the company was broken up by its landlords. Councils and regulators effectively merely rubber-stamped their choice of replacement operators. The landlord occupies a position of enormous, unaccountable power. GMB research has found that more than half of the homes operated by Southern Cross were (indeed, still are) owned by companies based outside the UK, mainly in tax havens. Some of the landlords have sizeable debt burdens of their own: vehicles such as Loyds have already collapsed. More is known about the mafia than is known about some of these landlords.

Landlords should also be subject to regulatory scrutiny, indeed it is difficult to see how the discussion paper's proposals could otherwise work. What would be the point of requiring operators to post capital upfront to guard against a sudden home closure if their landlords—or their administrators—were still free to shut the home at minimal notice?

4. If you believe that further measures are required, what should these be?

With providers buckling under unsustainable debts across the sector, GMB believes the time has come for all care homes to be taken out of private-sector ownership. It is surprising that the Government has not so far applied its interest in social enterprises to the private residential care sector.

Irrespective of whether or not the Department shares this view, we predict that Four Seasons at least will require urgent Government attention and possible intervention to stop it becoming "the son of Southern Cross". In fact Four Seasons tell us that they "are currently sharing with government and ADASS in the spirit of transparency and partnership", in relation to their business model and operational performance. We can only speculate at this stage about the reasons for the sudden interest in transparency and openness, but it begs the question: why was this scrutiny not done *before* the transfer of 140 Southern Cross homes to Four Seasons, especially when the Impact Change Solutions report highlighting Four Seasons' "very high" risks was known about prior to any transfer having taken place?

As long as care homes remain in private hands, GMB will call for an end to the lack of financial accountability of care-home operators and their landlords, by means of the following:

- Legislation to require that those companies who receive taxpayers' money in order to house and care for UK taxpayers are registered in this country, pay taxes in this country, and "open their books". If local authorities must publish all spend over £500, so that taxpayers can see where their money goes, why not also the care industry?

- Introduction of regulatory "firewalls" that prevent public money intended to fund the care of residents being used by either operators or landlords to service their debt. It is totally unacceptable that companies such as Four Seasons are free at present to use a portion of the income they receive from local authorities—which is meant for the care of the elderly—to pay the interest on debt amassed through irresponsible financial speculation.

5. What would the impact of any measure – both positive and negative? Would it be practical and workable?

Market intelligence and monitoring

"Improved transparency" is vital but it is not achievable on a voluntary basis. We are dealing here with large-scale corporations with complex group structures commonly registered outside UK jurisdiction. In the case of Four Seasons, whose ultimate parent company is registered in Guernsey, ADASS-commissioned analysis has found that: "Given the complex group structure and tax avoidance on the property portfolio, it is impossible to say that the care home operation could be extracted as a profitable standalone operation". Such lack of clarity in the structure and viability of the largest care-home operator is simply unacceptable . Hence our call for all companies to be required to abandon their off-shore status, base themselves in this country, and open their books , if they wish to continue to play a role in the care sector.

Measures to try and avoid provider failure

The discussion paper tentatively tables proposals around pre-contract auditing, ongoing checks, and triggers for highly leveraged transactions, which are broadly to be welcomed. The question is whether there is the political will to implement them and whether they are sufficient? We think it is absolutely vital for a rigorous financial check to be conducted at the point of registration and regularly thereafter. A national body to analyse and stress-test providers is a good idea and one worth pursuing. But it would have to have "teeth" and independence for it to be able to extract meaningful information.

Resolution/post-failure regimes

The proposal to rely on rival providers voluntarily to take over the homes of a failed provider threatens to repeat the unsatisfactory process that unfolded with Southern Cross. The break-up of Southern Cross was instigated and led by landlords and financiers when it should have been

controlled by public bodies in consultation with residents and staff. As things stand, it is a sticking plaster. There remains a great deal of uncertainty about what happens next to former Southern Cross homes and how many may close under their new operators. The discussion paper envisages a solution that is actually worse than the Southern Cross scenario because it is explicitly intended only to last for "the short term". What happens at the end of this period? The Department needs a far more robust plan to avert financially-driven mass home closures. Public agencies are going have to be equipped and required to intervene.

A requirement to post capital upfront "to make sure that a care home cannot [be] close[d] suddenly" would be welcome, but the Department will have to look at landlords as well as operators for the reasons given above. GMB notes the Fitch Ratings report of 14 October 2011 which stated that a deposit scheme "is unlikely to work because several large care-home providers do not have sufficient cash reserves to post capital". (This of course again begs the question, how a sector so financially unstable could be responsible for people so vulnerable?). The Fitch report is a tacit admission that several major operators are in or close to serious financial difficulty. It highlights the challenges that must be faced in attempting to introduce regulatory safeguards into a chronically underfunded sector that has already been brought low by financial speculation. Of course, if the care-home companies cannot be righted, if the debt crisis in social care cannot be resolved, then Government really is going to have to look beyond deposit schemes to entirely different models of ownership and provision.

6. Is there anything that we can learn from the approaches taken in other sectors?

GMB cautions against using the privatised utilities as a model for the care sector when the natural benchmark is the NHS. We have long campaigned for the "leveling-up" of social care to NHS standards through alignment of funding mechanisms and entitlements, and comparable investment in the workforce. Since the care sector has been thoroughly infiltrated by private-equity firms, investment banks and other investment and speculative vehicles, financial regulation of care companies does have obvious links to the broader question of reform of the UK financial sector. On this issue GMB has likewise urged the maximum possible regulatory safeguards and a complete separation of casino banking from retail banking.

7. If you think we should introduce a new measure, who would be best placed to oversee your recommended approach?

There needs to be a new, independent and "fit for purpose" public regulator sufficiently resourced, and with the necessary legal powers, to conduct financial checks and due diligence on care home operators and landlords, and to undertake a comprehensive inspection regime backed by statutory minimum standards and staffing levels. Its purpose should not be to promote competition in the manner of the new-look Monitor, but to assess provider viability, prevent over-leveraged acquisitions in the sector, and trace any leakage of public money into off-shore corporate accounts. In short, it must ensure people are put before profit.

8. Do you have any further comments or ideas?

The Southern Cross debacle highlights the dangers of corporate failure in a sector where service continuity is vital. The Government really needs to get a grip of the care market before it sinks under the weight of its debts. Narrowing income streams from cash-strapped local authorities would not appear sufficient to sustain a set of over-leveraged providers. The Government should be developing alternative models of care provision as a matter of urgency. GMB therefore calls for a root-and-branch review of the social-care market, to include:

- A public inquiry into the background to the Southern Cross debacle, to establish who profited from the financial engineering, including landlord links to tax havens. Those who made a killing out of Southern Cross should take a "hair cut" in the form of a levy.

- Introduction of security of tenure for residents. Residents, their families and staff all crave long-term stability, yet at present residents appear to have less rights than squatters to stay in their homes. Indeed, perversely, the most vulnerable and dependent members of our society have the least rights and protections, even though it is fact that moving them can kill.

- After more than 20 years of failed privatisation, measures to take all care homes out of private-sector ownership, so that profit never again takes precedence over care.

- Barriers to the further penetration of private equity into either residential or domiciliary care, and close monitoring of existing private-equity activity in the sector, including the private-equity-owned AA.

We also believe that urgent attention and intervention by Government is required to ensure Four Seasons—or any other care-home chain—does not become "the son of Southern Cross".

Government has obligations toward the most vulnerable and defenceless people in our society, and ought to ensure that their interests are paramount. As things stand, and as proposed, profit will still be put before people.

Appendix: details of Nestor Healthcare Group Ltd and Allied Healthcare Group, taken over by private-equity-owned AA

NESTOR HEALTHCARE GROUP LTD

· Bought by Saga Group 6 December 2010 for £124m. Year ending 31 December 2010, Nestor Healthcare had sales of £155.2m and an operating profit before exceptional charges of £12.1m (Gross profit £54.3m). It made a loss before tax of £5.1m. Year ending 2009 it made a profit of £7.3m.

· Average number of persons employed year ending 2010 was 7,733 (6,905 part-time, 828 full-time). 6,751 were employed in the social care sector, 944 in Primary Care and in Corporate.

· Directors were Roger Dye, Martyn Ellis, Sir Andrew Foster, John Rennocks and John Ivers. Following the acquisition, Rennocks, Dye and Foster resigned as directors.

Current Directors:
John Ivers - Chief Executive
Stuart Howard
Martyn Ellis

The emoluments of the highest paid director in 2010 was £401,000, up from £343,000 in 2009. For information, the emoluments of the highest paid director of Acromas were £1,476,000.

Stuart Howard is Chief Financial Officer of Acromas and ranked 1,474 in the 2011 Sunday Times Rich List with wealth of £45m made from the management buyout of Saga and subsequent merger with the AA. Andrew Goodsell, Chief Executive of Acromas, is ranked 527th with wealth of £133m.

· Nestor Healthcare provide domiciliary care through the following companies:

Goldsborough Home Care. Individual Care and support within own homes.
http://www.goldsborough-homecare.co.uk/
Beccles, Birkenhead, Bromley, Bury St Edmunds, Eastbourne, Enfield, Cardiff, Corby, Croydon, Hackney, Harrow, Hemel Hempstead, Hitchin, Hornchurch, Ipswich, Leeds, Lewes, Maidstone, Maldon, Mitcham, Norwich, Peterborough, Sawston (Cambridgeshire), Shefford (Bedford), Sheffield, Solihull, Stafford, Sutton Coldfield, Tunbridge Wells, Urmston, Wembley, Worcester, Worthing, York

Medico. Individual Care and support within own homes and supply of nurses and care workers to the NHS and to people in their own homes.
http://www.medico.co.uk/
Aberdeen, Birkenhead, Blackburn, Buckley, Colwyn Bay, Coventry, Crewe, Edinburgh, Elgin, Glasgow, Grantham, Inverness, Leighton Buzzard, Long Crendon (Bucks), Lowestoft, Nottingham, Oban, Portsmouth, Reading, Sharston (Cheadle), Sheffield, Southampton, Spalding, Stockport, Tredegar, Wakefield, Warrington, Wellingborough

Briarcare. Homecare services for children, the elderly and those with learning difficulties.
http://www.briarcare.co.uk/
Clare (Suffolk), Great Yarmouth, Ipswich

Care Initiative Ltd. Homehelp and personal care in Sidmouth and other areas of Devon. Part of Medico.

Cavendish Homes Care Services. Care provider, approved provider for Telford & Wrekin Council.
http://www.cavendishhome.co.uk/
Telford

Celtic Care. Home care in North Wales. Part of Medico.

Country Cousins. Introduce carers throughout the UK, to Clients requiring support to remain living in their own home.
http://www.country-cousins.co.uk/
Horsham

Empathy Private Home Care Services Ltd. Home care in Aylesbury and other parts of Buckinghamshire.
Aylesbury

Evergreen home. Home help and personal care.
Stockton on Tees

Greenbanks Homecare Ltd. Home help and personal care.
http://www.greenbanks.co.uk/
Bargoed, Barry, Bridgend, Cardiff, Bristol, Chichester, Guildford, Liphook (Hants), Newport, Swansea, Totton (Hants), Wickham, Winchester

Lindum Care Services. Home care in Gainsborough and other parts of Lincolnshire.
Gainsborough

McKinnon's. Post operative care, respite care and care for post-natal mothers. Part of Medico.

Miller Care Services. Home care in Reading and other areas of Berkshire. Part of Medico.

New Horizons Ltd.
Colchester

Now Care. Home care services.
Coventry

Patricia Whites. Personal home care.
http://www.patriciawhites.co.uk/

Esher (Surrey)

Premier Home Care Services. Home care. Part of Medico.

Premier Homecare. Home care on the Isle of Bute.
http://www.premierhomecarebute.co.uk/
Rothesay, Isle of Bute

Primecare Social Care. Social care in Devon

Primecare. Primary care, secure health care and dental practice.
http://www.primecare.uk.net/

Primary Care:

Scarborough	Primecare Scarborough
Stockton on Tees	Primecare Thornaby
Sunderland Primecare	Sunderland
Sheffield Primecare	Sheffield
Birmingham Primecare	Birmingham
Dudley	Dudley Walk In Centre
Hereford Primecare	Hereford
Cardiff Primecare	Cardiff
Swansea Primecare	Swansea
Chelmsford	North Chelmsford NHS Healthcare Centre
Redruth Primecare	Redruth

Secure Health Care:

Hull	HMP Wolds
Wilmslow	HMP Styal
Strathaven	Dungavel Immigration Removal Centre
Rugby	Rainsbrook Secure Training Centre
Milton Keynes	Oakhill Secure Training Centre
West Drayton	Harmondsworth Immigration Removal Centre
Rochester	Medway Secure Training Centre

Dental Practice:

Barnsley	Gateway NHS Dental Practice
Stoke	The Liverpool Road NHS Dental Practice
Sandwell	The Bridge Park NHS Dental Practice
Worcester	The Green NHS Dental Practice
Saltash	Fore Street NHS Dental Practice, Cornwall

Saga Independent Living.
Folkestone, Hove

· With the purchase of Allied Healthcare, Acromas is showing it is a major player in the homecare sector with over 5% of the UK's £5bn homecare market (www.prestigenursing.co.uk/blog/?m=201108) making it the largest provider in the sector.

· Saga and the AA were acquired in 2007 for a total cost of £6.3bn, funded by £4.8bn of bank borrowings and £1.5bn of shareholder loans and share capital. The bank borrowings do not have capital repayments before 2015. The 2011 closing net debt is £6.6bn.

Nestor Healthcare Group operate from branches throughout Great Britain:

North East	**West Midlands**	**South East**	**Wales**
Stockton on Tees	Birmingham	Aylesbury	Bangor
Sunderland	Coventry	Chichester	Bargoed
	Dudley	Eastbourne	Barry
	Hereford	Esher (Surrey)	Bridgend
North West	Rugby	Folkestone	Buckley
Birkenhead	Sandwell	Guildford	Cardiff
Blackburn	Solihull	Horsham	Colwyn Bay
Crewe	Stafford	Lewes	Dolgellau
Sharston (Cheadle)	Stoke	Liphook (Hants)	Newport
Stockport	Sutton Coldfield	Long Crendon (Bucks)	Powys
Urmston	Telford	Maidstone	Swansea
Warrington	Worcester	Milton Keynes	Tredegar
Wilmslow		Portsmouth	
		Reading	

Yorkshire & The Humber	**Eastern**	**South East (cont.)**	**Scotland**
Barnsley	Beccles	Rochester	Aberdeen
Hull	Bury St Edmunds	Southampton	Edinburgh
Leeds	Chelmsford	Totton (Hants)	Elgin
Scarborough	Clare (Suffolk)	Tunbridge Wells	Glasgow
Sheffield	Colchester	Wickham	Inverness
Wakefield	Great Yarmouth	Winchester	Oban
York	Hemel Hempstead	Worthing	Rothesay (Isle of Bute)
	Hitchin		Strathaven
	Ipswich		

East Midlands	**Eastern (cont.)**	**South West**
Corby	Leighton Buzzard	Bristol
Gainsborough	Lowestoft	Redruth
Grantham	Maldon	Saltash
Nottingham	Norwich	Sidmouth (Devon)
Spalding	Peterborough	
Wellingborough	Sawston (Cambridgeshire)	

Shefford (Bedford)

London
Bromley
Croydon
Enfield
Hackney
Harrow
Hornchurch
Mitcham
Wembley
West Drayton

ALLIED HEALTHCARE GROUP

· Allied Healthcare is a provider of flexible healthcare staffing services to the healthcare and social care industry in the UK, providing personal or basic care and nursing services in the home, in nursing and care homes and hospitals. In Ireland they trade under the Homecare Independent Living banner.

· Have contracts with over two thirds of commissioning local authorities and work with over 100 Primary Care Trusts.

· They maintain a list of about 12,000 homecare and support staff and registered nurses who are available to staff their customers and employed approximately 1,160 people as of November 2010 in their head office and branch network, none of which are in a trade union. During the 2010 financial year they placed, on average, about 8,000 care and nursing staff every week. Three of those are in a trade union.

· Bought by Acromas August 2011 for £107m. Year ending 30 September 2010, Allied Healthcare had total revenues of $271m and a Gross profit $82.3m and an operating income of $13.5m. Year ending 2009 it made a gross profit of $76.3m.

· Allied Healthcare International is quoted on Nasdaq in New York but provides nurses and assistants to the elderly at home and care homes in Britain with over 110 branches throughout the UK.

· Current Directors:

Sandy Young - Chief Executive Officer. Joined in January 2008 and previously with Chubb Electronic Security and Rentokil Initial. Forbes quote his 2010 remuneration (including salary, bonus and all other compensation) as $458,577[1].

Paul Weston - Chief Financial Officer. Joined in September 2004, previously with SSL International PLC and Fruit of the Loom. Forbes quote his 2010 remuneration (including salary, bonus, restricted stock awards and all other compensation) as $440,603.[2]

Stephen Bateman – Service Director. Joined in 2003 and previously head of Audit and Risk at NHS Logistics and British Gas.

The company operate through 6 divisions:

· Local Authority and Private Home Care
· NHS Continuing Care and Private Healthcare
· Learning Disabilities
· Nightingale Nursing
· Hospital Staffing
· Residential, Care and Nursing Home Staffing

Other companies which fall under the Allied Healthcare Holdings Group include:
· Allied Staffing Professionals Ltd
· Crystalglen Ltd
· Staffing Enterprise (PSV) Ltd
· Helping Hands Agency Ltd
· Country Home Care Ltd
· South West Nursing Agency Ltd
· Balfor Medical Ltd
· Care Concern (Darlington) Ltd
· Care Concern (South Tyneside) Ltd
· Care Concern (Durham) Ltd
· Care Concern (Newcastle) Ltd
· First Force Medical Recruitments Ltd
· Transworld Healthcare (UK) Ltd
· Primary Care Training Ltd
· Care Link (Scotland) Ltd
· Home Care (Wales) Ltd
· Inver Healthcare Services Ltd
· Nightingale Nursing Bureau Ltd

[1] http://people.forbes.com/profile/alexander-sandy-young/3365
[2] http://people.forbes.com/profile/paul-d-j-weston/121349