

Amanda Rae: From 16-Year-Old Care Worker to Head of Quality and Compliance at Canford Healthcare

Q: Amanda, you have a rich and varied career. Can you tell us about your journey into social care and the roles you've held?

I started as a nurse at 16, which laid the foundation for my career in care. Over the years, I expanded into various roles, including HR management and business management, becoming a Fellow of the CIPD and completing a Level 7 postgraduate degree. These qualifications support my current role as Head of Quality and Compliance at Canford Healthcare. I've worked as a registered manager, peripatetic manager, operations manager, and quality manager, overseeing 11 homes, where I conduct mock inspections, monitor performance against CQC standards, and implement solutions to improve care.

Q: What inspired you to pursue a career in social care?

My inspiration came from my grandparents and great-grandparents. I spent a lot of time with them. Their stories and the time we spent together sparked my interest in supporting older people. At school, I started visiting an elderly lady named Ethel, who was lonely, and I'd spend time with her, talking and keeping her company. This experience made me realise the impact small acts of kindness can have, and I decided to pursue a career in care. Over time, I worked in residential homes where I truly learned the value of care, from supporting residents with basic tasks to developing a deeper understanding of their individual needs.

Q: How did your early experiences in care shape your approach to leadership today?

Working with ex-servicemen, many of whom had complex needs, taught me the importance of person-centred care. Despite similar physical challenges, each person's care preferences were unique. This experience solidified the importance of treating people as individuals and respecting their choices in how they want to be cared for. I've carried this approach throughout my career, ensuring that care is tailored to the person, not just their diagnosis.

Q: Can you share a turning point in your career when you realised the impact you could have in social care?

One pivotal moment came when I was nominated for an award 25 years ago. I collaborated with a doctor to create a programme for medical students to help them communicate with residents in care homes. Many of these students had not been trained to engage with people with physical differences, so this programme helped them understand that residents still had the capacity to make decisions. Winning that award helped me see the power of making a difference, even with small actions, and how much impact we can have in social care.

Q: What challenges did you face transitioning from charity work to the private sector, and how did you overcome them?

The biggest differences were in culture and financial approach. The private sector is often more process-driven, and it can be harder to be heard amidst many layers of management. The focus on profitability in the private sector also made it more challenging to secure resources, but it's important to get creative and find ways to support residents in meaningful ways. The perception of care in private vs. charity settings also varies—people often expect more from private care, though the costs involved do not always reflect the expectations.

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Q: How have your roles in nursing, HR, and quality management contributed to your perspective on quality care?

Each role has provided a different perspective. As a nurse, I focused on clinical care and policies. In HR, I understood the importance of staff development in delivering quality care. My experience in governance helped me understand the importance of measuring compliance against standards. These roles have allowed me to approach care from multiple angles, ensuring a balanced, holistic approach to quality care.

Q: Have you encountered barriers in your career, especially as a woman in social care, and how did you navigate them?

I've been fortunate not to feel undervalued, but there was a time early in my career when I was overlooked for operational roles due to being a mother. Some people assumed I wouldn't want to progress, but I made it clear that wasn't the case. It was a challenge, but I pushed through by proving that my family life didn't limit my professional ambitions. Thankfully, my current organisation supports me fully.

Q: You've been a finalist for a digital transformation award. What sparked your interest in digital tools, and how do you see technology improving social care?

My interest grew during the pandemic when I had to find ways to monitor homes safely without cross-contaminating. I started experimenting with Microsoft tools to build a communication platform for updating home managers on policies and guidance. Over time, I expanded this into audits and action plans, using digital tools to create transparency and improve the quality of care. Technology is invaluable for improving care, but it's important to ensure staff are trained to use it effectively. While AI and digital tools can support care, they cannot replace the vital human interaction that makes care truly personal.

Q: How do you encourage staff to embrace digital tools in a hands-on field like care?

It's all about training, patience, and support. Staff can feel intimidated by technology, so I make myself available to guide them. The key is to show them how the tools benefit them, not just save time but increase transparency and accessibility. It's also important to keep reinforcing training to build their confidence, as repeated exposure helps them feel more comfortable with new tools.

Q: How do you balance compliance requirements with maintaining a person-centred approach to care?

Person-centred care is at the core of everything I do. While we must meet regulations, the people we care for are at the heart of these standards. Compliance is necessary to ensure safety, but it's crucial to make sure the policies we implement are relevant to the individuals we support. The goal is to make compliance feel natural, part of the daily process, not a box-ticking exercise.

Q: What are the biggest compliance challenges care homes face today, and how are you addressing them?

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One of the biggest challenges is the inconsistency and lack of transparency in the CQC inspection process. The new assessment framework hasn't provided enough clarity on how scores are determined. Another challenge is maintaining digital competency among staff to ensure accurate records. To address these issues, I focus on ongoing training, clear communication, and ensuring that policies are implemented in a meaningful way.

Q: How has growing up in a pub helped you manage diverse situations and people in your career?

Growing up in a pub exposed me to a wide variety of people, each with their own communication styles. I learned quickly how to adapt my approach to different individuals to get the best results. This has been invaluable in care, where understanding how people prefer to communicate and tailoring my approach to each person is key to providing quality support.

Q: Working in social care can be emotionally challenging. How do you manage the emotional toll, especially when working with vulnerable residents and grieving families?

Communication and support are crucial. I'm fortunate to have a strong support network, and I make sure to talk through difficult experiences with colleagues. It's also important to maintain perspective—while the work can be tough, we are privileged to be in a position to make a difference. I try to laugh at myself, stay grounded, and avoid taking things too seriously. We all need to take care of ourselves so we can continue caring for others.

Q: What changes would you like to see in the social care sector, particularly regarding compliance and quality management?

I'd like to see care plans simplified and refocused on what's truly important to the individual, rather than being bogged down by unnecessary detail. The bureaucratic side of care planning has made it difficult to truly capture the person's needs and preferences. Additionally, I'd like to see more voices from the ground level involved in creating policies, ensuring that practices are truly reflective of what's happening in care homes.

Q: How do you see digital transformation continuing to shape the future of social care?

Digital tools will increase transparency, streamline audits, and support care planning. AI will play a larger role in analysing data, identifying trends, and supporting staff in real-time. However, technology will never replace the human aspect of care. We need to ensure that staff remain at the centre of this transformation, using digital tools to enhance the care they provide.

Q: Finally, what advice would you give to women aspiring to leadership roles in social care?

Believe in yourself and be brave. Don't be afraid to voice your opinions, even if you're the only one with that perspective. Change starts with one person having the courage to speak up. Also, make sure to take care of yourself—self-care is crucial to being able to support others. And always reach out to others in the sector to share experiences and learn from each other.

Q: What key piece of advice has been pivotal in your career?

A colleague once told me, 'Just because you're the only person in the room voicing a concern doesn't mean you're wrong. It means others have yet to realise the issue.' This advice has stayed

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with me because it reminds me that change often starts with one person having the courage to speak out. Keep pushing forward, even if you're the only one at the time.

Q: Is there anything else you'd like to share about your journey?

I've truly enjoyed every minute of my career in social care, even during the challenging times. It's been a rewarding journey, and I've been fortunate to work with some incredible people. Social care offers so many ways to make a positive impact, and I couldn't imagine doing anything else.