

# **SOCIAL AFFAIRS SCRUTINY PANEL OVERDALE SUB-PANEL**

## **OVERDALE REVIEW**

**WEDNESDAY, 4th OCTOBER 2006**

### **Panel**

Deputy A.E. Pryke of Trinity (Chairman)  
Deputy R.G. Le Hérissier of St. Saviour  
Deputy S.C. Ferguson of St. Brelade  
Deputy D.W. Mezbourian of St. Lawrence  
Deputy S. Power of St. Brelade

### **Witnesses**

Mrs. S. Gartshore (Home Manager, Silver Springs Care Home)

### **Present**

Mr. W. Millow (Scrutiny Officer)

**(Please note:** All witnesses and Panel Members were given the opportunity to comment upon the accuracy of the transcript. Whilst the transcript remains a verbatim account of proceedings, suggested points of clarification may have been included as footnotes to the main text.)

### **The Deputy of Trinity:**

Good morning, Mrs. Gartshore. Thank you very much for coming to the Scrutiny Panel. As you know, we are in the process of reviewing the decision to close the 2 continuing wards up at Overdale and transfer the patients into the private sector. Part of our evidence gathering is to get information from other sectors. I would just like to introduce myself. I am Deputy of Trinity and Chairman of the Sub-Panel.

### **Deputy R.G. Le Hérissier:**

Roy Le Hérissier of St. Saviour.

### **Deputy S. Power:**

Sean Power of St. Brelade.

### **Deputy S.C. Ferguson:**

Sarah Ferguson of St. Brelade.

**Deputy D.W. Mezbourian:**

Deidre Mezbourian of St. Lawrence.

**The Deputy of Trinity:**

And on my left is William Millow, our scrutiny officer. There is certain protocol and I understand that you have read the copy of this statement. This hearing is going to be held in public. It will be transcribed and it will be put on the website but you will get a copy of it before it does that. When we had the Minister of Health and Social Services, part of his hearing was in camera because of the agreement that he had arranged with you at Silver Springs. There are different points that we might want to bring up so if we ask any questions that you feel are sensitive, we will ask them again when we are in camera and at that point we will ask any members of the public to leave. Thank you very much. Just to start the ball rolling, could you explain to us your underlying philosophy of care at Silver Springs?

**Mrs. S. Gartshore (Home Manager, Silver Springs Care Home):**

Our philosophy of care really is to deal with clients as individuals, respecting their privacy and dignity; to deal with them on a one-to-one basis and their needs and preferences; to get involved with their families and any members of the team that work with them to make sure that we are delivering the type of care that they require and that the families and themselves are expecting.

**Deputy R.G. Le Hérissier:**

We did allude to this issue during our visit, but can you describe to us what autonomy you have as the home manager?

**Mrs. S. Gartshore:**

Obviously my role is to ensure best practice is carried out within the home. Staffing issues and training. The rights, respect and the dignity of my clients are my main priority and obviously what I am looking after. Obviously, Four Seasons is a big company and I have support from personnel departments, the training departments, and HR departments. I have got a lot of support. On the Island, because I am the longest manager, I am the senior manager for Four Seasons for both La Haule and Silver Springs so any issues would obviously go through me. If I felt there was any need it would then go to the biggest departments within Four Seasons.

**Deputy R.G. Le Hérissier:**

When you, for example, compile your budget do you have to submit it to head office for approval?

**Mrs. S. Gartshore:**

Yes, my budget is done by myself and my regional director. We sit down and go through my budget, go

through any changes last year, fuel rises and what the cost of living was and that type of thing. That is all borne in mind prior to us sitting down and doing the budget. Obviously, pay rises and things are all taken into consideration.

**Deputy R.G. Le Hérissier:**

When you put in the tender for the work of HSS, was that referred to head office?

**Mrs. S. Gartshore:**

Yes, it was all done through head office. Initially we had La Haule for 4 years and because La Haule had been doing so well and had such a good name - we had built it up from the poor home that it was to having a good reputation and doing really well - the company then looked at purchasing another home. They had looked at several homes within the Island and they were looking at homes that were already functioning. Then they decided that they were going to look for something that they could do something with on the site and they decided on Silver Springs.

**Deputy R.G. Le Hérissier:**

When they did the finances or the financial projections for Silver Springs, did they at any point assume there was going to be a big input of public money into the home?

**Mrs. S. Gartshore:**

No. Obviously the States of Jersey were aware that we were doing Silver Springs because we had got together with Christine Blackwood at Public Health and the States to look at what the Island needed, to see if there were any different avenues that we had not looked at. There was discussions about a brain injury unit and things like that. We were looking at something the Island needed rather than just another nursing home. We did look at that. They were aware that we were purchasing Silver Springs but nothing in concrete at that point.

**Deputy R.G. Le Hérissier:**

So the assumption was, based on your financial projections, there would be enough private or parish-assisted clients to fully fill your home?

**Mrs. S. Gartshore:**

Yes.

**Deputy S.C. Ferguson:**

So, in effect, you are financially accountable to your regional director for the performance?

**Mrs. S. Gartshore:**

I am, yes.

**Deputy S.C. Ferguson:**

Presumably then it is further up the structure that they dictate the sort of return that you are meant to have?

**Mrs. S. Gartshore:**

Yes. Again, that is something that we sit down and discuss based on how many clients are occupying the beds and based on either full occupancy or minimum occupancy. That is looked at and discussed with the regional director and myself.

**Deputy S.C. Ferguson:**

Presumably if it looked as if you were not going to be filling beds, he would look at a figure for the financial return and say: "This is not a goer"?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

This panel has asked the Royal College of Nursing and the Jersey Nursing Association for information on the qualifications and training required of nursing staff in order to provide continuing care for the elderly. You are aware of the tendering process for the provision of nursing beds. What qualifications and experience has Silver Springs got now and what does it require of its nursing staff?

**Mrs. S. Gartshore:**

I have brought along some information about care standards, the induction packs that I do for my care staff and all my nurses, just for you to have. All my nurses need to be registered with the NMC and have experience in elderly care. All the staff I do have, have all worked either in a hospital for over 3 years doing elderly care prior to taking up positions at Silver Springs. All my staff nurses are inducted by myself; I assist them on administration, medications, lifting and handling, confidentiality and understanding. That is all detailed in the documentation that they have to complete prior to their induction. They do not practice as qualified nurses until I am satisfied that they are practising well, they have a good understanding of what we are looking for at Silver Springs and that their care is of a high standard.

**Deputy S. Power:**

For panel purposes this morning, can you give us a rough, quick assessment of the mix of staff starting with the most qualified down? Roughly, what are the numbers?

**Mrs. S. Gartshore:**

I have 9 qualified nurses currently working for me at Silver Springs and then myself. I have senior care staff. I have 2 deputies, one on residential and one on nursing, and then I have my care assistants. At least half my care assistants have done NVQ or started NVQ now.

**Deputy S. Power:**

Of the 9 nurses that you have just referred to, are they all up to full speed now?

**Mrs. S. Gartshore:**

One is not; she has been a nurse for a long time but she has been out of practice, so she is being supervised currently.

**The Deputy of Trinity:**

So, are you talking about 9 qualified staff?

**Mrs. S. Gartshore:**

9 qualified staff.

**The Deputy of Trinity:**

Is that for both units?

**Mrs. S. Gartshore:**

I only have qualified staff on the nursing floor. Each floor is run independently of each other and my nursing floor has a deputy and nurses and care assistants. The residential floor has a deputy, senior care staff and care staff. Both floors report to me.

**The Deputy of Trinity:**

So the 9 qualified staff are for your nursing home? What ratio does that work out to?

**Mrs. S. Gartshore:**

I always have 2 qualified nurses on every shift except on night duty; night duty has one qualified nurse on whereas during the day, throughout the day, there is 2.5 RGNs (Registered General Nurse) on duty.

**The Deputy of Trinity:**

How many patients do you have?

**Mrs. S. Gartshore:**

In total, when I am full, I have 33.

**The Deputy of Trinity:**

In the nursing home?

**Mrs. S. Gartshore:**

Yes, in the nursing home.

**Deputy D.W. Mezbourian:**

At the moment you carry out inductions. Do you also deal with recruitment?

**Mrs. S. Gartshore:**

I do. I do all the recruitment for Silver Springs.

**Deputy D.W. Mezbourian:**

What are your responsibilities in terms of recruitment? Do you advertise and interview?

**Mrs. S. Gartshore:**

Yes, I advertise and interview. We also advertise on web pages, the job centre, and different places like that. I would advertise and get a response back then I would do all the interviews: myself and my deputy would interview depending on which floor it is. For nurses on the nursing floor it would be my deputy and then if was for residential then my deputy would also assist with the interviews for that.

**Deputy D.W. Mezbourian:**

Is your induction programme based specifically on Jersey needs or is it something that has been sent to you?

**Mrs. S. Gartshore:**

It is Four Seasons' policies and procedures. In any Four Seasons home we comply to UK standards. Obviously, it is all current for what is required in Jersey but because it is a UK company the standards that we work to are minimum care standards in the UK.

**Deputy D.W. Mezbourian:**

So you say it has been adapted somewhat to Jersey situations?

**Mrs. S. Gartshore:**

To Jersey, yes.

**Deputy D.W. Mezbourian:**

How has it been adapted?

**Mrs. S. Gartshore:**

Obviously, the different legislation, rules and regulations we are governed by in Jersey differs to what my colleagues in the UK would do. We do not have CSI (Clinical Systems Improvement) and things like that. Again, referrals are put through Christine Blackwood and public health. So for that it would go to her rather than CSI.

**Deputy S. Power:**

What proportion of your staff are English speaking or fluent in English?

**Mrs. S. Gartshore:**

All my staff are fluent in English. I have 3 care assistants whose written English is passable, but they do not record any notes because of that. Everyone else's written English is excellent and their spoken English.

**Deputy D.W. Mezbourian:**

Do you have any non-English speaking residents?

**Mrs. S. Gartshore:**

I have one lady who speaks Jersey French but can speak English. She prefers Jersey French, but 3 of my carers also speak Jersey French and so she is quite happy.

**Deputy S. Power:**

I have got a question really related to a question Roy asked you earlier. The pricing structure for Silver Springs is set in the UK. Do you have any discretion?

**Mrs. S. Gartshore:**

Yes, we have larger rooms that are at a higher fee depending on the room. If a client comes in that prefers that room and I feel their needs are not of a high level that warrant that fee, I will adjust the fee. I will need to discuss it with my regional director, but I have done it in the past several times. It is not a big problem as long as I can justify my reasons why I do not think they need as much input.

**Deputy S. Power:**

So your guide prices are set at regional office level and you have a degree of discretion then depending on individual cases?

**Mrs. S. Gartshore:**

Yes, depending on cases and depending on the needs of the client.

**Deputy S. Power:**

One of the submissions we have had pointed out is that sometimes workers employed in care in the private sector - the terms and conditions under which they are employed - are sometimes not as good as in the state sector. I think you indicated when we were out there that you do not have a pension scheme at the moment for staff. How do you feel about that?

**Mrs. S. Gartshore:**

I think a pension scheme is of benefit. I come from a hospital and obviously I paid to a scheme while I was at the hospital but it was my choice to move over to a private company that I felt was appreciating me a bit better. I feel they do; I think there are a lot of pros and cons about the pensions. It was a big thing initially but I weighed up my salary, I weighed up how the company was retraining me and how I was going to develop as a manager, and all those factors went against the fact that, yes, I was not getting a pension.

**Deputy S. Power:**

So you are quite comfortable with the fact that you do not have a pension?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

Do you think that might apply to the rest of the staff?

**Mrs. S. Gartshore:**

Again, my deputy came to me from the States of Jersey and that was a big thing I made clear initially to him: "We do not have a pension scheme. You need to think. Is this a step you are wanting to take where you are going to have to look at taking out your own private pension?" His decision was obviously to come to Silver Springs.

**Deputy R.G. Le Hérissier:**

I wonder if I could build on Sean's question. In terms of the fees you are looking at for the States, and we are not looking at the numbers here, what is the percentage that you are above or below UK fees that you are charging in Jersey?



**Mrs. S. Gartshore:**

According to the strategy for the company, we have looked at the pricing structure for the UK and basing us on somewhere like London, our fees are the same but basing us on somewhere like the outskirts of Birmingham or somewhere like that, our fees are much higher. But in corresponding with somewhere like Birmingham or South East England, our fees are the same.

**Deputy R.G. Le Hérissier:**

What leads to you charging at the high end of the market?

**Mrs. S. Gartshore:**

Again, we looked at true cost of care; we looked at the facilities that you would get at Silver Springs; we looked at the staffing ratio that we could give and the quality of care. Obviously, the staff are trained really highly in delivering care to the elderly. We are looking for staff to come and work for us that are motivated and want to work in a care environment. You do not want people coming in who are just wanting a job; you want them to have an interest in their work, an interest in the environment and caring for these people. So, that is why the fees were set at the mark they were.

**Deputy D.W. Mezbourian:**

I would like to go back, if I may, to Sean's question earlier about the pension scheme. You mentioned that when you recruited one of your deputies they had been in a scheme and were going to not be in one at Silver Springs. What about the domestic staff, the lower grade staff, at Silver Springs? Have you spoken to them about any concerns they may have?

**Mrs. S. Gartshore:**

I have staff meetings with my staff every month and we chat about different things that are happening in the home and about any new policies that come up like pay rises and things. We all sit down and chat and ask what are they looking for, what are they wanting? I did recruit a domestic who applied from the hospital and I had said: "We do not have a pension scheme. You would have to get a private scheme" and she was taken aback by that. At that point I spoke to my housekeeper and my domestic staff and I said to them about the fact that they do not have pensions: "Is anyone concerned about this?" Well, it was made clear at the interview. They did understand and as individuals they were happy enough to take up a private scheme.

**Deputy D.W. Mezbourian:**

So, presumably then, the salaries that you offer your staff are not an improvement, or not higher, to compensate for the lack of a pension scheme?

**Mrs. S. Gartshore:**

No.

**Deputy D.W. Mezbourian:**

Silver Springs has only been open for a relatively short time?

**Mrs. S. Gartshore:**

Yes.

**Deputy D.W. Mezbourian:**

What are your contingency plans for staff should you all of a sudden lose them, perhaps because of the lack of pension?

**Mrs. S. Gartshore:**

I have managed La Haule for 4 years – with the same ideals that Four Seasons always had (we never had a pension scheme) - and I have never had an issue with staff. I have never had a problem. It is a good company that looks after their staff. The training is excellent; all training is funded by the company rather than by the staff. They are given paid time off to do these courses. I think individuals are weighing that up. We have heard of other places where people need to attend training but they do not get paid for that and they have to pay for it themselves and things like that. Again, with time off, if they need time off, any one of my staff could come to me with a problem and I would do my best to help them and they know where they are. They know that it is a company, it is a business, but we do care about the staff; they are important to us.

**Deputy D.W. Mezbourian:**

I would like to go on to a question about nursing care. I understand that family nursing and home care work in conjunction with residential homes should residents need some nursing care. Is the same true of Silver Springs? If a resident was to need nursing care who would that be provided by?

**Mrs. S. Gartshore:**

The nursing staff. We are currently having quite a bit of input with family nursing services and the hospice staff, and they have come in and done a lot of training of staff about the role of hospice, about pain relief, about syringe drivers and that type of thing. So they still have an input and they are coming in and helping alongside myself and the trainers that I have from the UK, in training my staff. So we still having a bit of input about anything, catherisations, et cetera and things like that, that are done by my staff.

**The Deputy of Trinity:**

In the nursing ...?

**Mrs. S. Gartshore:**

On the nursing floor only. On the residential floor the district nurses still need to come in and do that type of care.

**Deputy D.W. Mezbourian:**

When you say “district nurse”, do you mean family nurse?

**Mrs. S. Gartshore:**

Family nursing, yes.

**The Deputy of Trinity:**

Some of these questions we are going to ask about the tendering process, shall we just carry on and see, and if you feel there are areas that you think are areas of confidentiality we will leave those because some of them are quite broad.

**Deputy S.C. Ferguson:**

When did Four Seasons first become aware of the plans to close Leoville and McKinsty and transfer patients to the private sector?

**Mrs. S. Gartshore:**

Our managing director had been over because we had been looking at purchasing other homes. At that point he had said there was maybe going to be changes to the public sector but as far as he was aware it was not going to involve the private sector. The first we heard about it was when the tender document was brought to my attention; it was sent to Silver Springs, to me, and I forwarded it on to our contracts manager. Then the managing director called me and asked me about it and said he was going to get in touch with Overdale. That was as much as I knew at that time.

**Deputy S.C. Ferguson:**

But your managing director had, in fact, been into see ...? When he came over, when was that?

**Mrs. S. Gartshore:**

I am not sure. He had been over because there was some interest initially about Belle Vue; they were looking at Belle Vue and then that fell through. We heard no more after that until the tender. It was probably about 8 months prior to that and then we had heard nothing and then we received the tender document from Health and Social Services. I forwarded it on to contracts and then he phoned me.

**Deputy S.C. Ferguson:**

So he had, in fact, been into see the Health and Social Services people when you were talking about Belle Vue?

**Mrs. S. Gartshore:**

Yes.

**Deputy S.C. Ferguson:**

When did you begin negotiations with them?

**Mrs. S. Gartshore:**

Once we had received the tender document. I never had any input in that. It was passed on to the contracts manager for Four Seasons and her and the managing director dealt with that. I attended the meeting when he came over to meet the head of Social Services but that was the first meeting we had attended with them.

**Deputy S.C. Ferguson:**

So, presumably you have seen the contract now?

**Mrs. S. Gartshore:**

Yes, I have seen the contract.

**Deputy S.C. Ferguson:**

Does it compare to similar arrangements to the UK contracts?

**Mrs. S. Gartshore:**

Yes. Prior to the tender document being accepted by both sides, and signed by both sides, we went into a lot of the financial history of the company. They spoke about issues that had appeared regarding the company and this was all discussed in several meetings after the tender document had been put into Health and Social Services.

**Deputy S.C. Ferguson:**

So, in fact, all the figures and so on that are in the document were done by the contracts manager and the regional director?

**Mrs. S. Gartshore:**

Yes.

**Deputy S.C. Ferguson:**

You did not have any input?

**Mrs. S. Gartshore:**

No, I was aware of them but I was not involved in that. It was done higher up than me.

**Deputy S.C. Ferguson:**

The built-in increases and so on, those are just dictated?

**Mrs. S. Gartshore:**

They were told, but I was told: "This is the contract. This is what we are doing."

**Deputy S.C. Ferguson:**

So how does it compare to arrangements at La Haule? Is it the same contract?

**Mrs. S. Gartshore:**

We do not have contract beds at La Haule.

**Deputy S.C. Ferguson:**

You do not at all?

**Mrs. S. Gartshore:**

For States, no. We have individual purchase beds at La Haule but we do not have contract beds; we do not have a contract or anything, it is done on an individual case.

**Deputy S.C. Ferguson:**

Have you got many Health and Social Services patients at La Haule?

**Mrs. S. Gartshore:**

Yes, there are a few. There are maybe approximately, off the top of my head, 25 per cent at La Haule.

**Deputy D.W. Mezbourian:**

But you must have a contract then with Health and Social Services at La Haule if you have got some of their patients?

**Mrs. S. Gartshore:**

Yes, for individuals but it is not based on a block contract. These ones, we looked at as a block contract. It is not that case anymore: it is just purchased beds at La Haule. There are no contract placements. Each purchased bed is accepted at La Haule following assessment and agreement by Health

and Social Services to fund, there is then obviously a contract put in the client's notes detailing the care and who we inform if there are any issues and that type of thing. That is in place, the same service level agreement that we have with contract placement up at Silver Springs.

**Deputy S.C. Ferguson:**

So when you are discussing these things with your regional director and so on, do you ever discuss the rate increase, percentage-wise, of care home costs generally?

**Mrs. S. Gartshore:**

No.

**Deputy S. Power:**

Can I just clarify one thing on timing? You were still running La Haule when you first heard of the fact that your regional manager was talking about Belle Vue.

**Mrs. S. Gartshore:**

It was the managing director of Four Seasons.

**Deputy S. Power:**

The managing director of Four Seasons. You were the resident manager at La Haule then?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

So what year was that? Roughly 2003 or 2004?

**Mrs. S. Gartshore:**

Yes, it was.

**Deputy S. Power:**

2003?

**Mrs. S. Gartshore:**

I think it was maybe the middle of 2004 when he first looked at it and heard nothing again after that.

**Deputy S. Power:**

When did you move from La Haule up to Silver Springs? When did they move you?

**Mrs. S. Gartshore:**

I officially took over as manager of Silver Springs at the end of February of this year. It was the start of us inducting staff and looking at staff numbers and things.

**Deputy S. Power:**

So you were at La Haule at the beginning of this year?

**Mrs. S. Gartshore:**

Yes, I was.

**Deputy S. Power:**

You moved up in February? It was shortly after that you first became aware there was a possible contract coming through.

**Mrs. S. Gartshore:**

Yes, it was just when the tender document came out.

**Deputy S. Power:**

So February or March this year?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

I just wanted to be clear on that. Thanks.

**Deputy R.G. Le Hérissier:**

I wonder if you could outline to us from conversations you had with your regional director. Jersey is entering into this process, as you know, very new into the block bed situation, purchase of beds. What sort of feedback have you had from other parts of your organisation about how these arrangements have worked in the UK? What have been some of the pros and cons of these arrangements?

**Mrs. S. Gartshore:**

We have not really discussed it. I do not have the opportunity to meet very often with colleagues because we are so far away. My regional director would be the best person to speak about that because she manages 40-odd homes and she has a lot of homes that have a lot of beds, and purchased beds. So she would probably be the best to speak to. She has said that if you would like her to come over at any

point she would be quite happy to come and meet with you.

**Deputy S.C. Ferguson:**

So there is you and the regional ...?

**Mrs. S. Gartshore:**

Yes. I report directly to the regional director.

**Deputy S.C. Ferguson:**

And your regional manager/director is the same person?

**Mrs. S. Gartshore:**

I do not have a regional manager. I just have a regional director. There was a restructure of the company about a year-and-a-half ago and I had dealt with Mandy Vernon who is regional director. Originally I dealt with the managing director of the whole company and then he was getting too busy and he passed it on to the regional director. Normally they would have a regional manager but because there are only 2 of us in Jersey she kept us on.

**Deputy S.C. Ferguson:**

So, to some extent, you are the local regional manager?

**Mrs. S. Gartshore:**

Yes.

**Deputy S.C. Ferguson:**

So you deal with the regional director who then reports to the managing director?

**Mrs. S. Gartshore:**

Yes.

**The Deputy of Trinity:**

As part of a bigger organisation, do you go back to the UK and meet the other matrons?

**Mrs. S. Gartshore:**

Yes. This year I have been over twice. We had a new personnel launch so I attended that. We had new courses on human resources so, again, we attended training sessions and things like that. These sessions are really a chance for us to find out what is going on in the company, any changes in the company. Sometimes it is not directly affecting us but it is good to go over and meet the rest of your colleagues.



Because we are so far away in Jersey, it takes a few days to go to a one-day conference but it is worth it just to sit there and speak to other managers.

**Deputy S.C. Ferguson:**

The company has changed hands, I think, a couple of times.

**Mrs. S. Gartshore:**

Yes, it has.

**The Deputy of Trinity:**

Who owns it at present?

**Mrs. S. Gartshore:**

It was a company called Allianz.

**Deputy R.G. Le Hérissier:**

A German company.

**Mrs. S. Gartshore:**

Yes, a German company. I am not sure of the name now, but it is in Arabic and it headed by a gentleman who used to be the head of Natwest Bank. He is the front man but it is an Arabic-based company that owns Four Seasons currently.

**The Deputy of Trinity:**

Just looking at part of the service level agreement, it indicates that the Silver Springs home representative should visit the prospective client and conduct their own assessment as to whether the client care needs can be met. Both parties need to be in agreement for the placement to go ahead. Did you do that?

**Mrs. S. Gartshore:**

I assess everyone that comes into Silver Springs and any Social Services clients that we have at the moment, I have assessed every one of them to make sure that I feel we are happy that we can meet their needs, and obviously if they are happy and their families are happy that they are coming to Silver Springs.

**The Deputy of Trinity:**

Did you do a proper formal assessment on all the patients?

**Mrs. S. Gartshore:**

Yes, all the assessments. I do a normal assessment which is just basically looking at (...several inaudible words) ADLs (activities of daily living). We looked at that and then obviously the assessments are carried out by OT (occupational therapists), physios and speech therapists, if it was needed. Obviously the care plan in the hospital we are currently using and obviously the last reports of doctors and GPs' letters. So we see all that information prior to making a decision on whether we are happy to take the client or not. They know information that we required for the client and provided that to Health and Social Services and they then developed comprehensive statements like social care, likes and dislikes, sugar in your tea, and how many visitors visit, who is the closest, how often do they visit, what they like and dislike, games they like to play, that kind of thing was also done.

**The Deputy of Trinity:**

But I understand that Health and Social Services do their own assessment?

**Mrs. S. Gartshore:**

Yes.

**The Deputy of Trinity:**

Did you agree with the assessment? Did you both agree?

**Mrs. S. Gartshore:**

Yes, we both agreed. Again, initially, we were taking Health and Social Services' assessment of the clients, looking at the clients and deciding for yourself, but then obviously within a 2-week period we are forming our own care plan, obviously bearing in mind the Health and Social Services care plan, on the assessment that my staff have made of their needs and obviously bringing in, you know, physios and OTs and things as well. So we are developing our care plan obviously on how we find the clients based on the needs now and obviously previous documentation from Health and Social Services.

**The Deputy of Trinity:**

It was also mentioned that a certain number of staff were going to accompany the patients when they were admitted to Silver Springs and stay with them to settle them down.

**Mrs. S. Gartshore:**

Yes.

**The Deputy of Trinity:**

Did that take place?

**Mrs. S. Gartshore:**

Yes, it did. They stayed for a couple of days, I think was enough. We had staff nurses come in from Leoville and McKinstry and they would come -- again, it was iron out the small problems like how much tea in her sugar, when does she like to go to bed, this time she likes a nap in the afternoon; you know, that type of thing that, yes, it would be documented but someone being there and saying this is what she does now. They were working closely with one of the staff nurses who was allocated the leader for that team, so they were aware that that client liked their nap at this point and the family can visit at 5.00 p.m. and they will need to be up by then or they do not have a big supper and things like that. So that was good to get that type of information.

**The Deputy of Trinity:**

How many patients have moved into Silver Springs?

**Mrs. S. Gartshore:**

We have had 12, sorry 11, there is one coming today.

**The Deputy of Trinity:**

Was that all in one go or have they been spread out?

**Mrs. S. Gartshore:**

They have been spread out. One day we took 2 ladies together, I would never have done that before but these 2 ladies were friends and wanted to come together. When I went to do their assessment both families had said to me: "They are really close, they want to come together." They had been in a bay together in Leoville. They are very close and one was more anxious about coming than the other. The other one was really looking forward to it. Then when I said to her, she said: "Can I go the same day as my friend?" and I said yes because it was just easier for them and they were happier to come together.

**Deputy S. Power:**

Did those 2 ladies come directly from Leoville?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

They did?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

You have just given us a description of the stress sometimes that must be involved in bringing an elderly man or an elderly lady from familiar surroundings to new surroundings. How do you monitor the stress, because it is difficult for you?

**Mrs. S. Gartshore:**

Again, I think it is spending time with people, making people feel comfortable in an environment, comfortable with staff that are dealing with them. Every client that comes into Silver Springs has a nominated care assistant and also staff nurse who are with them. A care assistant spends a wee bit more time with them, maybe sit and chat with them: “Do you want to walk in the garden?” or: “Do you want to go read a book in the library?” or: “Do you want to go listen to music?” They are the person that is getting to know that client a lot more and they are, every shift, reporting back how they are settling in and how they are doing; is there any anxieties, is there anything we can be doing to make this a wee bit easier for people? It has really worked very well, you know, the transfer and things.

**Deputy S. Power:**

Of the 11 or 12 you have got now, how much anxiety have you seen?

**Mrs. S. Gartshore:**

One lady. One lady was really quite upset, she felt it was too posh for her. She said to me: “This is not for me, you know. This is quite posh for me.” We said: “You are worth it, you know. We want you to come with us. We want you to stay.” She is now settling in really well.

**Deputy S. Power:**

Where did she come from?

**Mrs. S. Gartshore:**

She came from McKinstry Ward. I think she had been in McKinstry Ward for almost 3 years and, again, she had always shared a bay. She did not have her own bathroom, all of a sudden she has got her own bathroom and I think she was a wee bit, you know, like: “Ooh, what is going on?” Again, for the first day she was kind of reluctant to join the others at mealtimes and things but after about 2 days she kind of settled in. Again, I asked the carers from McKinstry to maybe come for a third day with this lady because she was so unsettled and they were really good about that. They came and sat with her and my staff sat with her as well. She is doing really well, she is really happy now and her family are really happy about how she is doing.

**Deputy S. Power:**

This lady came from McKinstry and she was not one of the 2 ladies that came from Leoville?

**Mrs. S. Gartshore:**

No, she is a different one.

**Deputy S. Power:**

So there were really 2 that you --

**Mrs. S. Gartshore:**

Yes, but she was, I think, just a bit frightened because this lady does not have a clear understanding of what is happening whereas her friend did. Her friend has always kept her right. She has always encouraged her: "Come on, you have to eat your dinner. We need to do this together." So, you know, once she kind of got there, there were no outside issues, she was quite happy and thought it was lovely. But this lady, even when she was here the first day or so I was a bit concerned.

**Deputy D.W. Mezbourian:**

What would have happened if this lady who was as anxious as you say had not settled?

**Mrs. S. Gartshore:**

I discussed with the sisters that are dealing with her transfer. I would not be prepared to take any client at Silver Springs -- if I go and assess somebody and they say: "I do not want to come. I do not want to go to your home." I do not want to make someone feel that they have got to come, so that is something we have agreed on. If I go and assess somebody and they say to me: "No, I do not want to come", they do not come. If this lady did not settle I was going to go back to Mair and say: "Mair, we are having problems. This lady does not want to be here. She is not happy. This is not the environment she is wanting to be in." Then they would come up and she would probably go, you know, somewhere else. I mean, initially, we did ask her what the problem was. I mean the problem, as far as I was concerned, was she felt it was too posh. You know, she felt that this is not what she was worth.

**Deputy D.W. Mezbourian:**

Was she not able to visit the home before the final decision to move her was made?

**Mrs. S. Gartshore:**

What had happened was her family had come and visited the home and initially she was reluctant to come and visit the home. The family went and visited the home, they took pictures and things and went back, and at that point she said: "Okay, I want to come. Yes, it looks nice." But I think when she got there it was just a wee bit -- she was one of the first to come and she was a bit like: "Ooh", you know, there was nobody there that she knew and the faces were all different. She just knew this one nurse that would come everyday from Leoville and McKinsty. She was a wee bit frightened. But, as I say, after that she settled really well.

**Deputy D.W. Mezbourian:**

But had she not settled your answer is that she would have had to have been moved?

**Mrs. S. Gartshore:**

We would have tried to settle her. We would have tried to get round whatever was wrong with her. If there was something we could have done to help her. If there was somebody who could have done better. What she asked me was: "Do you have to share a room?" When I said to her: "No. You are good here, we want you to be here" and that kind of approach with her, the fact that we wanted her to stay with us, we wanted her to be there.

**Deputy D.W. Mezbourian:**

But you did say that she would have had to be moved.

**Mrs. S. Gartshore:**

We would have had to look at something; I would have had to discuss it with Health and Social Services.

**Deputy D.W. Mezbourian:**

What has been agreed with Health and Social Services regarding patients such as this lady who will not settle?

**Mrs. S. Gartshore:**

Again, we have reviews every week with the sisters who are charge of the liaison between the community and the private sector. They are coming everyday so they would have been well aware of that situation prior to that. Again, they would discuss it with Mair and because if I am saying: "This lady is not happy here, it is not doing her well-being any good being in an environment where she is not going to be ..." you know, if her diet was decreasing, if she just was not happy here we would have to look at something for her.

**Deputy D.W. Mezbourian:**

But nothing has been agreed for those instances that you have been told: "We will take the patient back to Leoville or McKinsty?"

**Mrs. S. Gartshore:**

No. We have never discussed it. Obviously I kept saying to this first lady -- and we were meeting everyday to see how was she doing today. How were things going?

**Deputy D.W. Mezbourian:**

Why do you think it has not been discussed?

**Mrs. S. Gartshore:**

I am hoping it is not going to happen. I hope everybody is going to be happy in Silver Springs. I mean, as we are going now everybody is really delighted to be there. Families are really happy. It is a nice environment. It is a nice home, it has good facilities. My staff are very good. They are very caring so we are not going to have that problem.

**Deputy R.G. Le Hérisier:**

There is a provision in the service level agreement for feedback mechanisms. How will you allow for this particular provision to work in practice? If somebody has a complaint about the home or is unhappy or whatever, and we know often it can be intimidating for people to bring complaints forward in that kind of environment, as we well know, so how are you going to meet this particular provision of the service level agreement?

**Mrs. S. Gartshore:**

Again, Four Seasons have a complaints policy and procedure and we would initially adhere to that obviously. If any of the contract clients are having trouble with something initially I would deal with it and if they were not happy, or their families were not happy with that, any complaint of any -- if she is not happy that she never got marmalade on her toast that morning, obviously I would deal with that. If it was something a bit more severe I would inform Mair. Mair's the contracts manager for, obviously, the States' beds and I am contracts manager for Silver Springs and I have got Mair's mobile and home number so if any time, day or night, there is an issue with anything Mair would be notified immediately. Obviously then they would do their own -- look into the complaint obviously. Four Seasons policies and procedure states that I would obviously have to do my own investigation as to why there was a complaint, what is it we have done, is there anything else we can do to kind of ease it or make it better.

**Deputy S.C. Ferguson:**

In the normal course of procedures with complaints if they are not satisfied with your dealing with it what happens to it then?

**Mrs. S. Gartshore:**

It goes to my regional director who would then come over and deal with it. It would be taken out of my hands at that point if someone was not happy with how I dealt with something and whether it be a family member who raised it or a GP or something. The regional director would then come over and she would take a clean look at it and I would be out of the picture until that was completed.

**Deputy S.C. Ferguson:**

It is related, but do you have anybody on the Board of Directors who is responsible for compliance with the various rules and regulations?

**Mrs. S. Gartshore:**

I am not sure I understand.

**Deputy S.C. Ferguson:**

You have to comply with various procedures and practices, some of which are devised by the company and some of which are Health Service or HSS procedures, who in the company checks the compliance with the procedures?

**Mrs. S. Gartshore:**

The Human Resources Department obviously would deal with any issues of complaints. I report any complaint to my regional director who would then deal with it, and if there was an issue she would then report to the Human Resources Department and the managing director of the company. So they would be the ones that would then look at that.

**Deputy D.W. Mezbourian:**

Do you have any unannounced inspections by anyone from Four Seasons?

**Mrs. S. Gartshore:**

Yes. Obviously we have the same as any other home with the public health inspections. We also have unannounced visits to the home from the general director or the managing director who will come and just do the same type of thing again, looking at care planning, looking at staff and medical compliance with medications, things like that. It is the same thing that is involved.

**Deputy D.W. Mezbourian:**

Just going back to your response earlier when you said that any complaints made about Silver Springs would be referred to the regional director and she would come over; when would she come over?

**Mrs. S. Gartshore:**

Immediately. She would come over immediately. I mean, Mandy Vernon is my regional director and we have had one complaint when I worked at the home. The complaint was made at 4.00 p.m. on the Tuesday and she was over by 10.00 a.m. on Wednesday morning. So it is as quick as that they would come over.

**Deputy R.G. Le Hérissier:**



Who would the families approach if they feel there is a problem? Do they approach you?

**Mrs. S. Gartshore:**

Yes. Families (...several inaudible words). I mean once clients come into Silver Springs, I meet with them, I chat with them about the home and about the staff and introduce who their personal key worker is going to be; who that carer is. Again seeing, obviously, if there is anything I could help or anything they are not happy about, you know, you can get me at any time. If there is a problem I am on call all the time. They would speak to my deputy and then he would call me and I would go and see the people if there was a problem with anything. If it was my day off or anything it would not matter, I would still be the one to deal with it.

**Deputy D.W. Mezbourian:**

Can I just follow up on that, if I may? What was the family's response to the lady who did not settle?

**Mrs. S. Gartshore:**

Initially because they knew her they said to me: "Oh, she will be fine. She is always like this. She has been like this the last place she was in. You know, give her time." Again, it was just a wee bit of a worry for us because she had come in and she appeared unhappy.

**Deputy D.W. Mezbourian:**

If they said it had happened at the last place she was, which was either Leoville or McKinstry, why have you not been told that in your assessment?

**Mrs. S. Gartshore:**

It had happened in the last home she was in. She had been in a home prior to Leoville McKinstry where she was in a residential home but her needs had deteriorated. She then needed nursing care, so she went up to Leoville McKinstry at that point.

**Deputy D.W. Mezbourian:**

But there was still nothing on her record that was --

**Mrs. S. Gartshore:**

No, not to say she was unsettled.

**Deputy S. Power:**

When we visited you on our visit you talked about providing socialisation and diversional activities and I think it is part of the service level agreement that you have got to provide appropriate opportunities for socialisation and occupational or activities, diversional ones; has that started now that you have got 12?

**Mrs. S. Gartshore:**

Yes, it has. Yes. Again, getting to know the clients as they come in, finding out their likes and dislikes. I mean the ones that have come up, their interests tend to be similar. They like the dominoes, they like the reading group, you know, that type of thing. They enjoy their activity. They enjoy the piano and that type of thing. So the sort of things that we had in place already. It is not something that we have had to kind of change. They have settled in and enjoyed that part of the home that was already happening.

**Deputy S. Power:**

So it is either music --

**Mrs. S. Gartshore:**

Yes. We have a games afternoon. For the men we had football in the bar area the other night and then the next night we had a sappy film for the ladies, you know. That was, you know, the choice.

**Deputy S. Power:**

So that part of the service level agreement is now starting to take place? I think you mentioned also that for those that are well enough to do it, you would be taking them out of the facility and to --

**Mrs. S. Gartshore:**

We take them out; we take the minibus. We had 2 of the ladies, that are private ladies, there were no ladies from the States, we had a minibus went on Saturday just into town, 2 of the carers went with 2 of the ladies. We did ask and there was not anybody else and we do take one of the ladies to Sandybrook because she enjoys that. She wants to continue going to that.

**Deputy S. Power:**

To visit Sandybrook?

**Mrs. S. Gartshore:**

To visit Sandybrook, yes. She goes and visits her friend so we take her and pick her up.

**Deputy S. Power:**

In terms of your private clients who pay full whack and the States' ones where obviously you have negotiated a rate, you do not distinguish on the social or the ...?

**Mrs. S. Gartshore:**

No, there is no difference, no one is aware of any difference between --

**Deputy S. Power:**

So they are all entitled to the same?

**Mrs. S. Gartshore:**

Yes. It is just for everyone. Everyone uses the facilities on either floor, they are there for anyone to enjoy. In the morning, on the board it will say there is such-and-such activity in the bar area or activities room, you are all welcome.

**Deputy S. Power:**

What are your preferred visiting hours then? Can families run in for breakfast, lunch, dinner?

**Mrs. S. Gartshore:**

Yes. Families are asked, you know, come and visit anytime. If they are just popping in and visiting we would ask them to avoid obviously mealtimes unless they want to come and have lunch with them or, like, evening meals.

**Deputy S. Power:**

So visiting hours are not set, as such?

**Mrs. S. Gartshore:**

No.

**Deputy S. Power:**

The whole thing is very flexible?

**Mrs. S. Gartshore:**

Yes, they can come whenever they want.

**Deputy D.W. Mezbourian:**

We have looked at a report called the Outline of Requirements for Tender for Provision of Nursing Beds, in fact it was what was sent to all nursing homes as part of the tender process. In that document it indicates that homes will have to comply with Health and Social Services policies and procedures as appropriate, and that these would be contained in the service level agreement. Examples are given in the tender document concerning the protection of vulnerable adults and it mentions the investigation of sudden untoward incidents. So those are 2 examples. So the protection of vulnerable adults and the investigation of sudden untoward incidents which you must have to comply with; does that mean that you have to make any additional provisions at Silver Springs in order to be able to comply with those?

**Mrs. S. Gartshore:**

No. It is already policies and procedures that we carry out. It is something we already do. Immediately

if there was any issue or any concern we would follow the same guidelines.

**Deputy D.W. Mezbourian:**

You mentioned earlier that you could contact Mrs. Hutt any time of the day or night, does that mean any time of the day or night? So she is on 24-hour call?

**Mrs. S. Gartshore:**

She is. If she is on holiday that kind of passes on to Beryl Conroy, who is the sister from McKinstry. I have her mobile number, her phone number, and again they have the same for me. So if there are any issues or any concerns about anything I know I can speak directly either to Mair or Beryl.

**Deputy S.C. Ferguson:**

Item 6.4 of the service level agreement requires Silver Springs to maintain comprehensive client records. Following on from the previous questions; these records, will they be any different to those required for private patients?

**Mrs. S. Gartshore:**

No, they will be exactly the same. Obviously we keep in the care file the previous assessment or any documentation from Health and Social Services but they are exactly the same documentation. We would follow Four Seasons care plan policies and procedures, dependency scoring. Everything is done, it is just the same throughout the home.

**Deputy S.C. Ferguson:**

So you think that Four Seasons records are probably more comprehensive than ...?

**Mrs. S. Gartshore:**

Yes, they are. I mean they are much better. They are detailed, they are individualised, they give -- I can pick up a care plan in my home and know exactly who they are talking about because it is detailed. It is about how she likes her make-up, how she likes her lipstick on and, you know, what paper he likes to read at what time. He likes his paper in front of him after breakfast and that type of thing. That is what my care plan state.

**Deputy S.C. Ferguson:**

Whether they prefer Eastenders to Coronation Street?

**Mrs. S. Gartshore:**

Yes, that is a big thing. [Laughter]

**Deputy R.G. Le Hérissier:**

Under the service level agreement - I hope you have read it, I am sure you have - it says that the details of the staffing establishment and the staff mix will have to be provided to ensure continuity of care. Now we were slightly confused by what that meant. But assuming you can clear up our confusion, how will you ensure continuity of care?

**Mrs. S. Gartshore:**

Again, in any home it is the same thing about giving continuity of care. You have your allocated staff nurse, care assistant, for that client. They are the ones that ensure that they get to know that client, they get to know that family that bit better, they know about their likes and dislikes, their interests, what their life had been like before being ill, before they come in a care home environment. They know about that. We have weekly meetings where that information from the staff nurse and the care worker is passed on to the rest of the staff: "Oh, I heard such-and-such about Mr. X last week. Did you know he used to be like this, or used to do that?" So it is giving staff a broader kind of scope about each client. It is also giving the client someone that they feel, you know, they can really talk to. If they have got something, you know, that they maybe did not want to speak to the matron about or the staff nurse. They will speak to the care assistant about it when they are bathing them or, you know, when they are creaming their legs or something. They say: "By the way, you know, what do you do about this?"

**Deputy R.G. Le Hérissier:**

So that is what you mean by continuity of care?

**Mrs. S. Gartshore:**

Yes.

**Deputy R.G. Le Hérissier:**

Somebody who knows all the essential background details about a person and can do something about it?

**Mrs. S. Gartshore:**

Can ensure that the needs and the likes and dislikes of that client is getting delivered everyday because they pass on information. It is detailed in the care plan and the staff nurses are aware, the resident care assistants are aware, and that client has someone they can talk to if they have got an issue or a problem to ensure that we are meeting the needs properly and doing things how they want them done.

**Deputy R.G. Le Hérissier:**

Carrying on with care then, there is, as you know, the HSS patients access Laurel for GP services, but

you are about to reunite them, so to speak, with their own GPs. How will you go about this?

**Mrs. S. Gartshore:**

At the moment we have got the Laurels surgery, you know, that I am looking after for our clients, the ones that we kind of discussed with families, they want to keep that GP that has seen them for the last few years. I mean Dr. Higgins and Dr. Winspear and things like that. I mean people that have seen these clients kind of on a weekly basis and the clients and families have said: "Well, can we stick with him", the GPs are quite happy.

**Deputy S. Power:**

We talked earlier, Sindy, about staffing and I would like just to focus on training for a second if I may? Again, part of the service level agreement provides for opportunities for ongoing training and development. Would it be available for registered nurses --

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

-- employed by Silver Springs? What arrangements are you putting in place now to ensure ongoing training?

**Mrs. S. Gartshore:**

Again, ongoing training, I have been in touch with the Diabetes Centre at the hospital, we have been in touch with the hospice staff, we have been in touch with Family Nursing Services and they are quite happy to come in and do training that is available. I asked for somebody to come in and do updates on diabetes, updates on catheterisations, because it has been a while since some of nurses have done it so they are quite happy, you know, to come in and do that training. Again, hospice have been brilliant and the governor's(?) coming and doing training with us on care of the bereaved, the families, the residents, you know - really good support from them. Then obviously we have the back-up of our Training Department at Four Seasons. Again trainers are coming over. I do the manual handling and the first aid for the nurses at the moment. They are coming over and doing care planning, confidentiality. So we have got again a big Training Department and if there is any training needs that I feel my staff need I really just need to pick up the phone and say: "Right, I have got 9 nurses here, I would like you to come over and do this, this and this with them." They are really good. Again, their training and the support at Four Seasons is really good.

**Deputy S. Power:**

Is there a schedule over the next 12 months, 15 months, whatever the timescale may be, whereby your training division is scheduled to come down or will you call them in as you think fit? How does it

work?

**Mrs. S. Gartshore:**

My training provision remains at my discretion. My training provision is whatever I feel my staff need. If I get a couple of bad care assistants, you know, more training done, again, I would ask them to come back over. At that point, when they are over, you know: “Could you maybe go over this, this and this with the staff again or these new ones need this.” The majority of hands-on training is done by my staff nurses and myself and my seniors. Then obviously legislation, lifting and handling, following policy and procedure for Four Seasons are done by the company and the trainers come over to do that, as they would any other home in the UK.

**Deputy S. Power:**

It is absolutely up to you to call in training when and if you think it is appropriate based on feedback you get from some of your senior staff?

**Mrs. S. Gartshore:**

Yes. Again, my staff have 3-monthly meetings with me. All my staff obviously have their annual IPRs (Independent Peer Review) where we sit down and do 3-monthly, and at that point I will discuss with them: “How you doing? What else would you like to do? Are you interested in your NVQ? I have got this course I am going to put you on, you can maybe benefit from learning more about this.” Again, each staff nurse has an area that they can excel in. I have got a nurse who is really good at diabetes, she has worked at the Diabetic Centre. I have another one who worked in a hospice and she is really good. So, again, they kind of bring their kind of experience into teaching sessions with the care staff as well.

**Deputy S. Power:**

In your recruitment and assessment process for staff, obviously new staff members, you are able to see, given your own experience, it will show up in the interview process or in the assessment process if somebody is lacking in something?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

Because you mentioned earlier in this meeting that there was one lady, I think you said, who had been out of the nursing business for a number of years.

**Mrs. S. Gartshore:**

She had been out for a long time. She had been working in the hospital as a manager for a long time but has been manager and not hands-on, so she is kind of always working with another qualified nurse who

is in charge and they are kind of just bringing her gradually back.

**Deputy S. Power:**

So it was clear to you during that interview process that she was going to be needed to be brought up to speed on various areas, I think you mentioned that?

**Mrs. S. Gartshore:**

Yes.

**Deputy S. Power:**

Again, on paragraph 7.8 of the service level agreement: “A proportion of healthcare support workers employed by Silver Springs will hold NVQ Level 2 in health and social care.” What proportion of staff hold this right now, or how many?

**Mrs. S. Gartshore:**

At the moment it is about 60 per cent of my staff, not any less than that. A lot of them do not have NVQ2, have just got NVQ3, just went straight on because a lot of them I have not put on NVQ2 Level 3 because they have worked previously as a senior. Sixty per cent of my staff have done NVQ Level 2, 3 or are currently doing it at the moment.

**Deputy S. Power:**

So you are happy that with NVQ3 that they have achieved in excess of what you need?

**Mrs. S. Gartshore:**

In excess of what we need, yes.

**Deputy S.C. Ferguson:**

Carrying on from the training; there is a lot of concern in the lay population at the moment about the fact that very often oldies cannot feed themselves and are left, effectively, to starve to death. How do you cope with making sure that everybody who needs helping with feeding gets fed?

**Mrs. S. Gartshore:**

Again, that is the allocation of staff. Your staff ratio needs to be higher. You need to take into consideration you do have clients who need assistance through mealtimes. Sometimes it is just someone sitting by them encouraging them to eat. There maybe a reason why they are not eating, finding out about that. Every resident in Silver Springs is weighed weekly so if there was a drastic change to anything you would know. Again, the carers are sitting with them, their key workers are sitting with



them, they would see there is no interest in their appetite or their appetite is dwindling and that would be reported immediately to the nurse if there was any change to that client throughout the day. Again, my carers are encouraged to document in notes any changes they feel. My staff nurses write down what they have got to say. My care assistants are the ones that maybe help them with the toilet, help with the bathroom. They are also encouraged to put their input in as well.

**Deputy S.C. Ferguson:**

What happens with the ones who cannot write English very well?

**Mrs. S. Gartshore:**

Well, they do not write in care plans. They would not write in care plans. I have only got the 2 girls at the moment whose English is not very good but they are attending English classes. But at the moment they would not be writing in notes and they would not have a client they are solely responsible for.

**Deputy S.C. Ferguson:**

So you have got sufficient staff, in fact, for the checks and controls that this situation would not arise?

**Mrs. S. Gartshore:**

My staffing ratio is high enough to ensure that that and other problems are addressed.

**Deputy D.W. Mezbourian:**

Just a general question; what is the age range of the patients that have been transferred to you from Overdale?

**Mrs. S. Gartshore:**

The majority of clients, the oldest has been 98 and we had a lady in her late 70s.

**Deputy S. Power:**

Seventies to late 90s - 20 years. Can I ask one last question? In relation to the 12 you have got at the moment, how many have come from public health and how many are private? How many have come under their own financial resources?

**Mrs. S. Gartshore:**

I have the 12 that have come from States.

**Deputy S. Power:**

From the States?

**Mrs. S. Gartshore:**

Yes. I have another 7 who currently go private.

**Deputy S. Power:**

So you have got 19?

**Mrs. S. Gartshore:**

Yes, I have got 19 clients in the nursing home at the moment.

**Deputy S. Power:**

Of the 12 that are States' patients, have the 12 come directly from Leoville and McKinstry or have they come from The Limes or anywhere else?

**Mrs. S. Gartshore:**

I have 2 people who have come to me from The Limes. Everyone else has come to me from Leoville and McKinstry.

**Deputy S. Power:**

So 2 from The Limes and 10 from Leoville and McKinstry? Okay.

**The Deputy of Trinity:**

Thank you very much. Have all the questions been answered? Do we need to go to camera? Are there any questions you want to ask?

**Deputy D.W. Mezbourian:**

I do not think I need to go into camera but you were going to ask another question. I do not think that has been touched on.

**The Deputy of Trinity:**

We will just go briefly into camera.

**[In Camera Proceedings]**

**The Deputy of Trinity:**

You will have a copy of this transcript.

**Mrs. S. Gartshore:**

Would you like me to leave the induction packs that I got that I give to my staff; would that be okay?

**Deputy D.W. Mezbourian:**

I think you faced a barrage of questions there from us. **[Laughter]** You did very well. Thank you.