

# Health and Social Care Committee

## Inquiry into residential care for older people

### RC10 – Susheela Lourie.

To: Chair, Mr Mark Drakeford AM  
National Assembly for Wales, Health & Social Care Committee.

From: Mrs M. Susheela Lourie.MBE.DL.BA(Educ)

Dear Mr Drakeford,

I would be grateful if you would take the following response to your Inquiry, into consideration. I am willing to give oral evidence if requested.

#### Background:

My role is as official next of kin to Miss J.(known to me as Aunty) She was born in 1913 and her present place of residence is in a Nursing Home, N.Wales. We are not blood relatives but when my mother arrived in N.Wales from S.India in 1919,aged 3, she and Aunty became friends. My mother died some 22 years ago but the friendship lives on through me. I have been a regular visitor to Aunty and some years ago, was asked to be her official next of kin and co-executor with Mr T. a local solicitor who has Lasting Power of Attorney. I agreed although, had little idea what responsibilities were entailed.

#### Process

Last December after a couple of periods in hospital and after trying to manage back home at a place where she had resided for 15 years, Social Services were asked to provide help for her. Despite best efforts, it became apparent to all concerned, that Residential Nursing Care was the best option. I then had the decision to make, closing the flat, distributing legacies with her permission and of finding a place. After several visits and calls I placed Aunty in a Nursing Home, a year ago.

She is no longer able to stand/walk and cannot therefore weight-bear. Although physically frail, Aunty is mentally alert with some confusion from time to time. Short term memory loss?. She has no family nearby but has visitors from her former place of abode and myself on weekly visits and at call.

#### Residential Setting:

Day to day care seems very good and Aunty remarks that the staff are good to her (and I have noticed that they are respectful to all residents and visitors) I understand that there are some 32 nurses and care workers. There is always 1 qualified nurse on duty and sometimes 2,x24hrs a day. They are mainly from S.India and have a respect for the elderly in their care. The Owner is approachable and I am kept informed on Aunty's needs. I asked for and was given a list of her medication.

I am not able to state what training staff undertake but am aware they do 12 hr shifts with a variety of Patients' different needs.

The home is warm and clean and has recently had some redecoration done and new carpets fitted There is no smell of urine. Aunty's bedroom is small but she has some of her own possessions in. She sleeps in a special bed with rails. The window looks out on a pleasant view. Residents have regular meals and are sometimes consulted by the cook in charge Their clothes are kept clean and Aunty is very particular about her appearance. Recently I have taken in new clothes for her and her hairdresser attends weekly. Other services are ,regular Chiropody/Ophthalmic service, Community nurses GPs. TODAY FOLLOWING A MIX UP RE TRANSPORT TO AN AUDIOLOGY CLINIC FOR AUNTY,I HAVE REQUESTED A HOME VIST VIA THE GP.(sorry about the upper case!)

Occasionally, the residents are engaged in activities such as playing Dominos/cards and a service of religion for Christians. I do not know if other faiths are catered for. Visitors are

welcome morning or afternoon and in case of emergency, I would be telephoned. She has made her wishes known re resuscitation.

Aunty has a daily newspaper delivered and like to do the crossword .I do feel that she is sometimes bored and would like more intellectual stimulation but with failing eyesight and hearing, this is problematic. She enjoys sweets chocs and fruit and letters read out to her, from distant relatives. Before visiting this Home, I researched it on the Internet and read the Care reports, I have also completed 1 questionnaire to the Care Quality group. I requested a follow up but have received no response. I do not know if a specialist scrutiny of Patients' financial abilities are in place. In Aunty 's case, all her financial affairs are dealt with by Mr T. for which a fee is paid and I check every so often to make sure adequate funds are available for her.

Summing up:

I believe Aunty is well taken care of at this Nursing Home and she and I feel happy about that. I did think that her former place, with sufficient resources should have been able to ensure her continued residence there when she at 97 was at a very vulnerable stage. Indeed, I wrote to the field-worker and CEO, expressing my annoyance and concern.

This nursing home was the best option for this dear friend.

Yours sincerely,  
Susheela Lourie.