



The care exchange - Series 2 Episode 5: Sleep at night: Sanjay Dhrona

Hosts: Pia Rathje-Burton and Ali Rusbridge

Pia Rathje-Burton 00:07

Hello, welcome to the care exchange the Skills for Care podcast for managers and social care. I'm Pia Rathje-Burton.

Ali Rusbridge 00:13

and I'm Ali Rusbridge.

Pia Rathje-Burton 00:15

So today we're gonna be talking to Sanjay Dhrona. Now Sanjay has a rather unusual introduction into social care. He started his career in hospitality and event management and his clients included music professionals, TV personalities, and even members of the royal family. His father owns several hotels and one care home called The close care home.

Ali Rusbridge 00:41

And in 2015, The close was unfortunately rated inadequate. And Sanjay was asked by his father to fix it for three months period. But five years later, the close was rated outstanding by CQC and he's still at the close today is the managing director. And the close is a multi award winning nursing home for 90 older people, some with dementia.

Pia Rathje-Burton 01:03

Yeah. So looking forward to talking to Sandia about his incredible journey into social care. So on with the show. Welcome, Sanjay to the care exchange. Thanks so much for joining us today.

Sanjay Dhrona 01:23

Thank you so much for having me.

Pia Rathje-Burton 01:24

Oh, really excited to to talk to you. Lots of questions and lots of things you want to explore. Just to sort of start with obviously, we heard in the introduction, that your remarkable journey into social care and about your previous career in hospitality, and event management, were

those sort of transferable skills that you found really useful when you first start managing the close?

Sanjay Dhrona 01:48

Absolutely, I think it is so important for people sort of in the real world to realize that social care just uses every single skill that I developed when I was in a different career. Because it's so interesting that people don't realize they think that you have to be a nurse. And or be this unskilled, low skilled worker, and I'm doing that an acronym, those like little finger finger speech marks because it's just odd. It this is just an amazing place to be an amazing industry with such brilliant people. And I always describe it as a hotel, basically, that people go to die in the nicest way possible. We have the privilege and the honor to provide compassionate and beautiful level care whilst being in a hospitality setting, essentially. So every single thing that I learned in whether it was in my degree when I was at Brookes all the way through to working at the law firm, and thinking about interesting ways to engage people is completely transferable. So when we were working and trying to create sort of exciting concepts around gala dinners, or, or client receptions, and you're like, wait, what can we have as an activity at the reception to attract the clients to attend and thus, build better relationships with the law firm? We would we would look and say, right, do we want to do you know, do we want to have this sort of activity in the background? Or do we want to do it in a golf golf day? Or do making an experiential event? So people could really do those relationship developing tools, which is where the business would come from at the end? So yeah, absolutely. So now, when we're doing client activities, or resident activities, it's starting to think right, what will they benefit from? What will they gain with their experience? And yeah, we use it all the time. So we do it, whether it's a care intervention, and what's going to make that intervention better, and what resources do we have available? And how do we use them smart? In a smarter way?

Pia Rathje-Burton 03:55

Do you think when you're then recruiting staff, are you sort of kind of targeting people who have worked in hospitality because they are going to have some of those skills as well.

Sanjay Dhrona 04:07

We don't tap in that sense. I think it's really interesting. We don't target a particular group we, what that means is we understand that even if you've been in retail, you're going to have some transferable skills, even if you've been, you could have been a banker, and there'll be transferable skills. What's really interesting is Neal Eastwood, who is a remarkable speaker, and I'm sure you've heard of him, but he does these amazing sessions. And he really brought me on to the onto the gospel of values based recruitment. And it was really, really important for us when we realized that understanding, first of all, that we can help people with the zero experience because I still find there are occasions where it's like, oh, well, this place has never been a carer before they're not going to do it. Well, we're not privileged enough to have spare carers that are constantly looking for other jobs. We need to take people from other industries.

I And teach them and actually, that's what's interesting is if they've got the right values, they will do a good job. The fundamentals of manual and handling, washing and dressing, you know, and taking care of residents and interactions with people that live with outsiders intervention, we can teach all of those things, the values, I can't. So what we like to do is we are fully, fully fully, you know, the choir when it comes to preaching about the benefits of values based recruitment, and that then goes back to your values as an organization. So it's a very chicken in the egg situation.

Pia Rathje-Burton 05:38

Yeah, absolutely. The close went from inadequate to outstanding and five years, which is like, you know, not very long for such a dramatic sort of dramatic change. What were the main sort of things that you change when you came into that to the close and, and thought, well, I've got to make some major changes here.

Sanjay Dhrona 05:58

If I could, if I could describe it in a way that was to say, we took something going completely in the wrong direction, and had to put the brakes, do a three point turn in the middle of the road, and then drive it in the opposite way. What we really did was rip the whole place apart to be completely honest, there was no easy way to do it. And it wasn't one fundamental one, one core thing, the fundamentals of the of the service. And the way that we did things changed. It was in that changes how we got there, in the first instance, but it was more about sort of bringing it back and explaining to people that really, it was really understanding those values and those the core mission and what was our vision? And how did we want to do it? And that sounds so like, I've been drinking the Kool Aid? Do you know what I mean, it sounds like such a set of tropes to say, oh, yeah, do you know what your vision is, and your mission and values. But it really did fundamentally mean. So what happened was because I was an embodiment of these values, and our values are, that we are essentially a very small family owned and operated care home. We don't have this huge back office supply. So all you know that we did a huge head office where everything's done and then transferred over to the care home to operate, what we realized is that every single person has as much of an impact or that potential to make that impact on the quality of life for the residents. So our logic was that everyone needs to be involved. Everyone needs to be accountable. There was a huge issue with blame culture, and responsibility, and people shying away from it, because they knew they raised their head above the parapet that, right, they were waiting for it should something happen and things weren't going to happen because of where it was in its journey.

Ali Rusbridge 08:08

So was this need to change the culture? One of the reasons that you have now got two registered managers? I mean, that's really unusual, isn't it? You've got two is that was that part of the change you were making?

Sanjay Dhrona 08:21

Yes. So I think that agility is really important. So what we did was, realistically using those transferable skills that I learned in hospitality, what we saw is in a, for example, if we were in a hotel or an event, or any other bit of the world, except social care, you would have the right people in the right job doing the right thing. Yeah, right. For some odd reason, social care has developed into this world where you're putting people who are not really qualified into the wrong role into those roles. So I have a lot of time for those people that work in industry, because they do it with the right heart and the right mindset. And they're doing it for the right reasons. What's incorrect is when we as an industry, and the leaders in this industry aren't really upskilling those people in the right ways. We're allowing things to grow organically. And sometimes, ironically, interventions are needed to make sure that you're giving those people the right tools. And I find that's where we as leaders in the industry fail often. So what was happening in my mind as a complete new entrant into the sector was many, many years ago, these wonderful nurses qualified as nurses within the NHS or through you know, through the education system, and then they came into social care, and they worked hard and they had all have the right goals. And then very, very slowly, they climbed up the ranks and went to make matron and then the duty manager and the deputy sorry, and then or the clinical lead and finally 20 or 30 years after qualifying as a nurse and still having all of those beautiful gearing visions, they are now in charge of a home now what does that person understand of what pat testing, or legionella testing or the extraction of the vents in the kitchen? What do they understand about you know, they can, let's say they can get their m.o.t is done, but do they understand the value of making sure the vehicle maintenance is done in the right way on the on all of those sort of practical examples, these, these people are still excellent at delivering wonderful care, the idea of the two managers system came from that. So actually, it was three managers. So we had two clinical managers and one non clinical services manager. So the non clinical services manager handled everything. So the receptionist there is the receptionists, the kitchens, the hairdressers, housekeeping, laundry, maintenance.

Pia Rathje-Burton 11:10

So they did all the operational?

Sanjay Dhrona 11:12

Absolutely, absolutely. Procurement as well, because again, as a small owner operator, we don't have the head office that's procuring for us and managing those contracts, we were doing it all on site, and it could have got very, very expensive. So we would do all have those sorts of things. Now, that was that but the clinical services managers by having to wear with 90 beds, they were roughly in charge of 45 each, I think it was I think it was 53 and 37, just because of the way the layout. Now what would happen with those beds, which is really, really interesting is that the those managers worked as internal quality assurance. So they could be tasked at any given time, like I could come in and say great, you're wiping your calendar clean today. And I want you to go into a full assessment of medicines on that side of the home. And they

would both quality assure each other. And also, it meant that when you are on holiday, as a registered manager, you were on holiday.

Ali Rusbridge 12:17

Yeah, yeah, that's really important.

Pia Rathje-Burton 12:19

And your outstanding rating was an all kind of five domains. People always really intrigued about the sort of kind of preparation, you know, evidencing and all those things. But what were the things that you did? What were the key things you did to prepare for that inspection?

Sanjay Dhrona 12:39

So the irony is the the key thing that we did was actually get we were outstanding, in that sense, right. So we had, we were confident in our approach, and we were, we had a belief in the way that we were doing things. And we knew some of the things that we were doing were quite different in terms of resident empowerment in terms of, you know, the way that we provide experiences and intervention. So the key thing is yes, we were actually doing what we were saying we were doing in terms of preparing, having everything available, ready, and that wanting will to be transparent, was so important. I think that, knowing that even if they did find something, there was no fear around it. It was making sure that we had our folders prepared. So I'm quite an advocate for what I call my wins folders. So some people operate in what they what the CQC have told me previously, is that they come in looking for good, yeah, they come in looking for good, and if you're outstanding, they need to see it and you need to show it and you need to really push it down their throats. So I had no problems in doing that. I'm not I'm not I'm not ashamed coming forward. So the way that I do it is I have something called an outstanding folder, all my wins folders, and anything that I ever see in our service that I consider to be a win or evidence of outstanding practice. We write a almost like a one pager on it. And the important thing is, we don't unlike other homes pre specify where we think that that sits within the kloes so some homes will have a safe folder responsive and effective. We have one we have we have several folders because it was three ring binders, eight lever arch folders worth of evidence that will be presented. And most importantly, those we are not going to tell the inspector where we think that we think that they qualify. Let I'll let them make the decision they've got to earn, you know, we pay them a lot to, to come and inspect. I'm going to let you work for your money. Yeah, right. So I we put down the story of what it is. Now most importantly, what the CQC are looking for is the evidence that this is having an impact on the quality of life for the resident until it has an impact on the quality of life. It's good. Yeah. And so that's what we were able to display. Now. This was a transferable skill, I learned from writing awards, when I was working in the hospitality sector. And for the events, my one of my first bosses taught me how to do this. Because she, because she was she was one of the leaders in the events world. And she had entered that awards in when she was working in PR, she explained how to write this. So this was a PR skill that I had. So what we would do is we

would explain where what the change, why was it needed, what we did, how we did it, and most importantly, the impact on the quality of life for the residents. So we have four sections, that goes into the folder with all of the supporting evidence, be that photographs, charts, metrics, if we're talking about slips and trips, or any accidents and learnings, weights, and you know, it could be that we change this person's food, and how did we change it because we wanted them to put on weight, and we've actually seen the weight increase, but that's that weight increases good. When does it become outstanding, it becomes outstanding, it's because the person is put on weight. And actually, now they're engaging with more social activities, they're, they're happier to come out of their room and meet residents and friends and family that that's when you made the difference to the quality of life.

Ali Rusbridge 16:46

It's really interesting, because quite often we talk about evidence folders, but what you started with that statement that it's not just about the evidence is about knowing you're delivering outstanding care. And is that something you felt the whole team knew and understood?

Sanjay Dhrona 16:58

Yes, everyone was so proud. My dad told me when when we discussed me coming into this service to help, which was for three months initially, he said to me, whatever you do, go to sleep at night. And part of that is, again, a fundamental value thing, which is just do it properly. Right? Do it properly. He said, If we if you don't make that tiny bit of profit, that's fine, but do it properly? Because that will mean that you sleep at night. And I think the team understood that. And they really bought into that idea that actually if we do something, where's the benefit now? Or where's the who's the benefit for and actually, if it doesn't benefit the residents, we get nothing from it, because we're here to service them and their needs, as well as their stakeholders. And if we don't do it well enough, we're the ones that are going to worry about it. So having that process and making sure that we're delivering it in an outstanding way. Absolutely. So that team were really on the journey with us. And everyone was so invested in making sure and that went down from our facilities manager or the gardener. All the way up to our clinical lead and our managers.

Pia Rathje-Burton 18:15

Can I just go back to that template you were talking about your outstanding one page template? So do you have this is very, like a very practical, but I know that this is what anybody who's listening would find this really useful? Do you almost have a good folder with all the this is what we have to do? And then an outstanding folder as a as a as this is all the added extra? Or is it just all in one? And it is for the inspectors to say, well, this is outstanding. And this is good.

Sanjay Dhrona 18:46

Precisely. It's a second option. Let me inspect to do that work. Because if you find so the first thing is obviously, what relationship have you fostered with your inspector from the beginning? It is important, you know, everyone says it. We don't get me wrong when we're inadequate. You know, we had a challenging time. However, it was our inspector that really engaged with us and was prepared to answer the phone and, and I would run things passed him because remember, I had no idea what I was doing. I had 0 clue. So we used to I used to call, call the inspector and be like, right, what can we do? How can we do it? And she's like, she would tell me. This isn't my job. I can't tell you what to do. And I was like, right, I understand that. But if I did this, would this be acceptable? Yes, that I sort of I would wangle in arms around the situation that would help me understand that whether I'm being insane because again, I was terrified. I'm in this new regulated sector. You know, the biggest regulator out in hospitality was the environmental health officer. But this was too and leagues above that. So I'm finding my way I'm reading the regulations, I'm I'm interpreting them my way, and then seeing with, with my lens of experience, how I would do it if I could. And so I was checking, am I right in believing that if I wanted to do it this way I could and there will be like, yes, you can. So that's how we did it. So when you foster that relationship with your inspector, which is a no holds barred? If I get it wrong, you can tell me that's fine. And, you know, that meant that when they came in, I would turn around and be very direct with them and say, right, here's everything that you've seen, what are you missing? What can you not see that makes me this good, or whatever in my head? And they will be like, well, you know, I mean, I can't see any practice of collaborative working, for example. So I actually, it's in that folder over there, section 15, they open the lever arch, and I'd show them great examples of collaborative working. So it was there in the folder, and sometimes you might have to lead them to it. But it's important to know what their missing.

Pia Rathje-Burton 21:14

So asking those questions isnt it?

Sanjay Dhrona 21:15

Asking those questions.

Pia Rathje-Burton 21:17

Saying, you know, what, what is it you're missing out, you know, in terms of evidence.

Sanjay Dhrona 21:21

But that's it, it's that having that fostering that relationship from it always goes back to the beginning, again, which is fostering that open relationship allows you to have these conversations with an inspector. That is, that doesn't mean that makes you respectful, but fearless.

Ali Rusbridge 21:39

Pretty good advice.

Pia Rathje-Burton 21:40

I know, in the previous episode, we were talking to Kate Terroni. And she was sort of saying, you know, we were talking about relationships with your inspector and obviously, their workload. And, you know, we were talking about kind of having, you know, providing information. You know, even if you know that you're not may not always get a response, but it's that that inspector, knowing what you're doing, and it's that transparency that you're talking about that you're continually saying, you know, this is going well, this is not going to well, and this is what I'm doing about it, isn't it? You know that? Yeah, its that transparency to say, well, things aren't always gonna go well.

Sanjay Dhrona 22:15

How many managers in communicate with their inspectors, when it's anything good, yeah. Right, what the there are so many homes and services that still only communicate with the CQC when there's something bad, right notifications of death, service notifications as they exist anyway. Or an inspection or maybe a safeguarding because we still get safeguardings everyone does. So those the only time you're talking, what's your narrative? what's your what's your legacy? What's, you know, how are you perceived? If you have the option of managing your perception, so why don't we manage our perception?

Pia Rathje-Burton 23:05

Yeah. And is that PR again, isn't it? And isn't the same thing is same thing with getting, you know, feedback from, from, from stakeholders, from customers, you know, if they're happy with your service, make sure that the CQC aware of that happiness, isn't it, you know, sharing and CQC have a process of doing that, which is great.

Sanjay Dhrona 23:26

Especially with a new way that they're inspecting, which is all evidence based. So they are actively looking for, for lacks of concern, if that makes any sense, right? They're looking for things to show them that things are going well, somewhere. So guess what you can do, you can say. So for example, we do the website updates with all of the visiting that's existed over COVID. And the regulations, every time we update the website, I will email a copy of the text that I've written for the website, our Facebook and Instagram, to our inspector, and just say, "Hi there, just so you know, this is where we are at the moment". So they know that we are actively communicating with families, they can see that we're following the regulations, they can see what we're doing. And that level of fear that we are not following the rules, or we're the home that's not allowing visits, or any of those sorts of things go right away. It also shows that we're active, we're well led, we're responsive, and we're listening, we're working all of the right messages we get to send to our inspector by doing one email. And all I've done is copy and paste.

Pia Rathje-Burton 24:35

No it doesn't take long. And one of the things that really stood out to me when I was reading your report, or reports was there was so much so many mentions of innovative practices. And we know that that's one of the characteristics of outstanding. And we also know that when we talk to managers, that's one of the things they find really difficult in terms of you know, what is it what isn't innovative? practice, you know, what is the what? So how do you come up with ideas? And how do you put them into practice I suppose.

Sanjay Dhrona 25:05

That confidence to tear up the rulebook? I think that's there. So the regulations are there. Absolutely. They're about making sure that people are kept safe. Yeah, we agree with that. And we love that. But that entrenched behavior, this is how we've always done it. So this is what we do. It's you, that's the bit that you can change. Now we seem to live our whole lives. And in social care, we then seem to come into work and sort of leave our life at the door. And we forget all about those wonderful experiences we just had. So, you know, we took one of our activities team decided that they wanted to take the residents ice skating. And it's like, well, you can't do that. Well, why the hell not? You know, we took the residents to a crocodile zoo farm. And they wanted to do that, and they engaged with it. They're like, God, this is the stuff that we used to do in our real lives. So why do we stop? Why do we stop giving those residents, those experiences. The other thing is, we start, for example, I'm so blessed I, you know, again, with my background, we used to go to all these amazing restaurants and have all this amazing food, and I know our residents live lives of, of going out trying things doing things that are different. So we make sure that we facilitate that. It's, it's going out and seeing where you've had a real life experience, and how you can translate that back into the care home and make it real and genuine, rather than a pacified or placated version of it, which really upsets me because it's like, that's not authentic. So we truly strive for authenticity. And also, it's like, actually, what that was a real good time, why can't we do that for the for the residents. So it seeing everything that we do, and apparently that's innovative.

Pia Rathje-Burton 26:59

So I suppose I'm just sort of thinking, obviously, you have a, you know, the people you're supporting are, you know, you know, elderly, and as you can say, with dementia and Alzheimer's, obviously, we have listeners who are from lots of different types of services. So I'm just sort of thinking about how can you transfer that because that inevitably practice is the thing that comes up again, and again, how do I know that something? Is that and how do I put it into practice? What's the right thing to do is I think what you're saying is, it's about listening to what the people you're supporting, are wanting, and then making it real, you know, it's there's no no point kind of doing things sort of half hearted or for the sake of outstanding you're doing you're doing things because that's what the outcome for those people are needed. And that's making it real for them as you would for anybody else. Is that is that I think translation.

Sanjay Dhrona 27:53

Completely. So let's say that you're whether you're a domiciliary care company, and or you're a visiting professional oh sorry not a visiting Professional, you're visiting carer, or you're in a care home, let me give you a really small example, we have a resident who loves puzzles, right? She lives with both learning disabilities and dementia. Now, she absolutely adores puzzles. Now this person has lived an entire life. They're 60 years old. When I came into the home, she had a puzzle that was with Dora the Explorer. This is not the right puzzle for the right, that individual. That yes, it's got big pieces fabulous, so they're able to hold them. But it's the wrong thing for that individual. So I know that that resident loves Elvis. So I went on to one of those photo printing websites and got a really nice big picture of Elvis just one of those images from the web, from the internet. Put that on printed, it made it a large scale one. So it was designed to be able to be held nice and easily. And we gave them that. So it's the right thing for that resident. That was what they considered innovative because we thought about that person. So we do it now if we know somebody likes something along those sorts of lines, we will find the right supplier and use suppliers that are not designed for care and give them the right way of living their life. We're enjoying it now is such a small thing. But is that innovative or was that good practice but actually it's thinking outside of the box, that we're not going to accept the ready made option from Toys R Us.

Ali Rusbridge 29:43

It's person centered totally person centered in the right, the right thing for that person that's brilliant.

Pia Rathje-Burton 29:49

Just kind of moving on in some of the many innovative practices that are so important. They work their workloads and I think if you're listening to this new entry do have a look at look do have a look at the report. Always good to read somebody else's. But there was lots of information about your work about LGBT. And I know when we chatted before you were sort of saying you're really trying to raise the standards for personal care for older people with LGBT? What are the things that why is that important? And what are the things that you think others can do as well.

Sanjay Dhrona 30:18

So it's important to me as I identify on the spectrum, so I am an out and proud gay man, I am also BME. So I come from an ethnic minority, I've got Indian heritage. So the amount of exposure is just, it just wasn't there. And there was, you know, all those studies about people going back into the closet. And again, because they were worried how they were going to be perceived, because those were the people that had outlawed their lives. Yeah. Right. So and then there was the concern of carers who may not be fully in tune with ones who, you know, who may have different beliefs and different faiths, and you may get treated badly. The one, so

the whole thing was just quite upsetting. So knowing that and being quite uncomfortable with it, we, my first thing was to come out in the workplace, to both the staff and the residents, so that they knew because being gay still have to come out almost every day. But to come out to the residence, and guess what we learned, the residents don't give two hoots, they don't care. And they don't get they don't care. Because they've seen it all. They're at 80-90 years old, they have been there, they have seen that they, they've known people plus you know, it, they they're not bothered about who I wake up with. They're bothered about whether their day is better. So once you take that fear out of it, you realize that it sometimes that messaging to the LGBTQ+ community that it's actually it's, it's in our brains. So that's a big thing of it. But the other thing was helping this the team to be able and providing that safe space to ask those questions that they may not have. So we recruited a lot of staff members, team members from Eastern Europe. And obviously, they you know, a lot of people from Eastern Europe are Catholic, they hold very strong faith. They may not be, they may not have had that ever safe space to ask the questions that challenge their way of thinking. So if we provided that in a way that was caring, compassionate, and they knew that they weren't going to get in trouble for asking those and we facilitated those. So we did sessions, and we would ask really hard questions were like, great. So you've got someone called, you know, you've got a resident called Bob, and tomorrow, they want to identify as Barbara and then the day after they want to be Bob again, you know, how are you going to deal with it? And they're like, We don't have an idea. And so you're talking through it and letting them know that there is not necessarily a right answer, where there is a right answer, but in the sense that it's a fluid progression of understanding and you can support them through that and they're not going to be blamed for not knowing what to do. They have the right to ask and put their hands up and say, Please help me and

Pia Rathje-Burton 33:18

I don't know what to do, I don't know to deal with this situation.

Sanjay Dhrona 33:20

Absolutely. So we would empower our team with knowledge and confidence that they're allowed to not know how to handle a situation. And they responded really, really well to that. And so, where we've had residents that identify when we we know that they've had a good, good experience with us.

Ali Rusbridge 33:38

Is there any other advice you could give to any care service that perhaps has not even started thinking about this? What's the thing that they should start thinking about? What's the best practice they could bring in?

Sanjay Dhrona 33:48

Other than the why have you not started thinking? Yeah. The first thing is review the way that you train, review the way that you train. Is your training fit for purpose? And that is it designed for your team and your team's knowledge, your team's understanding? If I had a care home in Brighton, or in Soho, I would have a very different training to a team that was in I don't know, Milford Haven in Wales, right? It's a different environment. They're surrounded by different things. They see different things and they know different things. So first of all, what do your team know and understand and how can I provide them with the right level of knowledge designed for where they're starting? What's their starting point? You know, there's no point me putting someone through such a patronizing training. If they are, if they already know.

Ali Rusbridge 34:47

Really good advice.

Pia Rathje-Burton 34:48

Yeah. Look at your staff team. What do they know at the moment? and then train, train them to have to feel comfortable isn't I suppose as well and then feel confident to ask questions, if they don't know.

Sanjay Dhrona 35:01

A really good way to do that we found is something called a round table. We do round tables for CEOs and execs said, you know, head office workers, they'll have like working lunches with sandwiches. Right? You've been there. Yeah. Now, what's really interesting is why do we not? Why do why are we not upskilling and treating our carers and nurses and maintenance people, whoever in the service of our frontline workers in that way? Do so rather than this three hour boring training session in your cinema or your staff room whatever it is? Have you thought about holding a set of 30 minute, 40 minute quick roundtables? And yes, give them a bit of a juice, you know, you've got if you do a nice little sandwich platter, a couple of soft drinks on the table or jugs of whatever. These people come down, you sit down, you have a discussion about one subject. So let's say we're gonna pick trans needs. Now, that doesn't mean that that one 30 minute session is the be all and end all of that thing. But actually, it's a discussion group around it, you can pose a question, see how different people respond. And it's peer to peer learning. And peer to peer learning in those situations you've got, you can mix up your experience levels, somebody might say, actually, this is I've seen this, this is my friend, they identify, it creates a conversation and that is a qualified training. Because there wasn't a PowerPoint, it doesn't mean it wasn't a train, you know?

Pia Rathje-Burton 36:33

Exactly. I completely agree with you. And the other thing I was gonna ask you about was, you recently become part of the outstanding society. What is the outstanding society? And why have you sort of become involved with that?

Sanjay Dhrona 36:46

The outstanding... ironically, that peer to peer network, essentially, the outstanding society is with a group of providers who have received the Outstanding result. And previously it was only for outstanding, it was a closed group. Zoe Fry and Alan and the T Russell there and the team have done an amazing job at opening it up and deciding that it's a group of outstanding providers that want to share the learnings that we have with the whole industry. So whether you're on your journey up or you're static, or you're there, it's about what can what have we done, what have you done, and it's it's that peer to peer learning. And they're just going from strength to strength. So they have their weekly sorry, their monthly calls on the third Thursday of every month, and they're completely free. And you know, we have this year, we've got Kate Terroni, Deborah Sturdy, Martin Green, it's really headline stuff. And anyone can join? Anyone can join? And it's completely free and there's there's no sense of responsibility, there's blogs on the website. It's just a really great space to learn. And best thing about care is plagiarize, steal the ideas, take them from people, and these people are giving them away. So we're sitting there going, this is how I did it, take it because if you do good, we do good. Like we all get back to our the whole industry levels up and everyone improves.

Ali Rusbridge 38:18

So peer to peer learning and good practice sharing is something you're really passionate about by the sound of it.

Sanjay Dhrona 38:23

Oh, absolutely.

Ali Rusbridge 38:25

Sorry, I was just gonna have you set up a Chef Club for care home chefs in your local area as part of that?

Sanjay Dhrona 38:32

Yes. Because again, that's part of the thing that I know, in terms of food, I get food, I understand it, and I understand the importance. So it was really important that when, you know, the IDDSI, and the texture modification was coming in the properly, that people weren't left behind. And again, my logic is, is that again, if we do if we look good, and you look good, we all look better, right? Social Care has a has a has had an issue previously about how we're perceived. So if we're all perceived a lot better, we're all going to look, look look well, in terms of the whole, you know, and finally, we might not be considered, you know, the NHS is poorer, younger brother. So, helping people making sure that they get it so yes, so we would invite chefs in from the whole of Oxfordshire, and we've got no problems in sharing. And we would organize providers and not providers, and sorry, suppliers to come in and show them people maybe a new tool, how to use it, how to use it effectively, and also just for the chef's to learn

and meet each other because a lot of the problem is again, that training thing what how do we train our chefs? Yeah, right. When

Pia Rathje-Burton 39:47

The food is so important isn't it? Yeah.

Sanjay Dhrona 39:49

It's deeply critical to successful care. So, you know, we think about training our nurses and training our carers and manual handling and You know the best I think most care homes they stop at your food, health and hygiene. Right? So we what we like to do is take our chips out. Now I'm not expecting them to be able to knock up a Heston Blumenthal style experiential dinner for the residents, but taking them to a really fantastic new restaurant and saying this is really good food now what have you learned? How can we do it will only engage them and motivate them to try something new for the residents? And again, if it goes, if it doesn't work, that's fine. How many dinners Have you burned? Or, or, you know, cooked and burnt? Or I could have done something better, but we're not giving them the chance. So it's about reviewing everything. Always.

Ali Rusbridge 40:44

Thanks. Really good idea. Yeah,

Pia Rathje-Burton 40:46

I know you're we've heard introduction, you're The close's multi award winning. And you know, just a couple of months ago, we won with small residential home of the long version awards. Why do you enter awards? And you mentioned awards? When you're talking about your experience in previous industry? What Why do you enter?

Sanjay Dhrona 41:05

Several, so first, it makes a huge motivational impact in the home. This spirit, the the chest puffing, walking around pry is brilliant. And you know, they say pride does come before a fall, but the, you know, the people, they just recently appreciate it. They like feeling valued. And it's a, it's an external gratification process. One, the residents like him makes him feel secure in their choices of living with us. For future residents is a great marketing tool. It really is. It's like a multi blade. It's a Swiss Army knife of, of recognition. So it's a lot of things to a lot of different people and sometimes, where it's just one person. So you know, even that nomination, you know, we had our head housekeeper, or head of hotel services, you know, she's been with us 18 years, never had anything a couple of years ago, she was nominated at the nationals for you know, best housekeeper. Now, she didn't win. She's a winner in our eyes, but she didn't win it. But the fact that she was all dolled up, we went into London, she had the best time and that level of recognition I can't pay for.

Ali Rusbridge 42:23

So you'd recommend to other managers to think about it, would do?

Sanjay Dhrona 42:26

Totally Totally. And remember, you know, this isn't? This is obviously a completely factual base. But where's the sell? You know, where's the story? If you've got a head office teams, you know, is there a marketing person or somebody that helps write the bids for when you're working with a local authority that can support you? But it's a story the same way that we tell stories to evidence, something we are telling a journey of what so you're, you're really marketing to the judges. Now, some of them will be just paper based, some of them will have visits into your home, some of them will ask you to record videos and, and answer questions. So they're all completely different. And each one of them has a has a different purpose. It's also great if you're like us, like I said, we're a single home and we're trying to grow. Getting in front of the banks, the you know, the lenders, and industry as a whole.

Ali Rusbridge 43:28

It's great. We always have something we call our time for care slot in every episode. So what's your most time saving tip that you can share with others?

Sanjay Dhrona 43:40

To...It's a double edged sword with this one as sort of everything always is I'm so sorry. One is time, but sort of time blocking. And sort of looking at your data from the beginning and making sure that you're dedicating time to certain things. And yes, maybe closing your door, you know, open door policy and all of that. But sometimes you need to close that door to get something done. We...care is measured on its responsiveness. So sometimes we think we have to do everything right away. It's about learning how to prioritize in my mind. So that's where time blocking comes in. It's like, I have dedicated this amount of time to deal with it. Is the building going to burn down because I don't answer this call right away? No. So there's a there's making sure that you get things done, because you've dedicated the right time now/

Pia Rathje-Burton 43:41

Do you tell everybody that that time is blocked out your door type thing or you know, block time on your calendar? Nobody can see or?

Sanjay Dhrona 44:10

Yes, I do that a lot. I block time out in my calendar. And my calendar is accessible to the whole of my team, which is really important, because this is the next bit which is empowerment, really empowering your team by having the right people doing the right things knowing that they may not get it right, but will not be in a huge amount of trouble for doing something and I think that that lack of fear around empowerment is critical. So if I've got an empowered team, and I'm not available, they can make the call. So because I blocked my time off, I'm not available, I'm

working in London. And I'm going to sit there and I'm going to fire off the new pages for the new website. But in the meantime, if they need to make a decision, they are empowered to do so they're empowered to try. And it means that whilst I may disagree with them later. Or ask them a question as to why that was their thought process or whatever, it doesn't mean that they're in trouble for making those calls. And that's what's really important. So, empowerment alongside time blocking or boxing, depending, you will have different words for it. Putting that together, we'll give you so much more time to get everything done. Yeah.

Ali Rusbridge 45:58

Thanks, that's really helpful. Well, you've shared so many top tips already with us. But our final thought is if we can imagine that we're in a lift, and we're on the 10th floor going down. Before people get out, you want to tell them what you think is most important. So of all the things that you've said, What would you leave with the listeners, your key messages?

Sanjay Dhrona 46:19

Sleep at night!

Ali Rusbridge 46:21

Great one.

Sanjay Dhrona 46:23

Everything you do, make sure that the end goal is that you feel that you have made all of the right choices, that you have done everything the right way that you feel comfortable to go home and rest and sleep at night, because that means that your conscience is clear that you have done an effective job, you've done it in a well in a good and safe way. And you know, you're focused on what means the best for the residents. And as soon as you do that, you can go away for that week long holiday and not need to constantly be scared that there's a fire in the building.

Pia Rathje-Burton 47:03

Absolutely. Excellent. That's good advice. Thank you. Thank you so much. Goodness, that was so many so many amazing things you told me I'm sure really useful for the listeners to hear. So thanks so much for your time, Sanjay has been amazing. And you know, just thank you.

Sanjay Dhrona 47:19

Thank you so much. Thanks for the opportunity.

Pia Rathje-Burton 47:23

Take care. Bye bye. Bye bye. Our conversation with Sanjay, what a conversation.

Ali Rusbridge 47:39

Wow. Yes, so many useful things to say didn't he.

Pia Rathje-Burton 47:43

Yeah. And I think just his passion, how he's really caught the social care bug, you know, he had clearly kind of come into the service for that three months period. And then you know, he's not going to let go is he. And I just love the way he used his experience from Hotel Management and event management and use those skills to really see the people who are supporting us as his as his customers, as these people who they he's, he's there to support and find the very best he can do for them. I just thought it was incredible and I really really loved his description on of his outstanding, or his win folder. I think he called it a wind folder. First of all, what does he mean by that, but then I've got it, you know, you know, these are the other wins of the of the service for the for the people that are supporting Skills for Care have very recently created what they call an inspection toolkit, which I think would be really helpful for anybody planning on looking at that having an inspection sooner CQC inspection soon. So the toolkit was very interactive, got lots of recommendations, examples with sources just to meet those CQC and expectations, when you are having an inspection. And you can filter it, you can either look at all of it, or you can filter into the type of service that you're managing your care home, supported living, home care, you can also filter by the kloes. So if you're really wanting to look at, well led, you can do that. And then you can even filter on the type of type of information you would like. So there's case studies, there's films of managers talking about their search services and how they've managed a particular part of those kloes. Lots of additional reading resources from a health and safety executive, NICE, sky, lots of templates that other managers are provided very generously provided just so much that so much useful stuff and even a search part of it. So if you're looking for something very specific, then you can kind of just search for that and everything will come up. So you know, really, really good, good resource for people to use if they're having an CQC inspection. So I like Yeah,

Ali Rusbridge 49:57

and I like the design of it. It's much easier to find things, isn't it? is really nice nicely laid out.

Pia Rathje-Burton 50:03

And the other thing I really like about it as well they if you there's a case study of somebody you know who have done something specific. Then he has a link to the CQC inspect inspection for inspection report. So you can kind of look a bit more find out a bit more about this over so somebody that somebody's.