

When Their Work is Done (The Story of a Unique Charity)

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In the Beginning

Present-day society is deeply engrossed in the classification of every form of activity, neatly pigeonholes the various forms of human endeavour and smothers the lay-public with involved and often very misleading terms which very few, apart from the 'experts' in any particular field, can possibly understand. In this atmosphere of scientific, (or should it be pseudo-scientific?), jargon this little publication tells the story of an organisation which stemmed from human compassion rather than the outworkings of the pursuit of some social-scientific theory with all its attendant terminology. This is the story of LOVE IN ACTION.

It was a heart-searching exercise which, after recovery from a serious illness, brought Miss Fanny Thompson SRN face to face with the pitiful need of some of her retired colleagues who, after years of selfless service to the community, found themselves at the close of their working life with the absolute minimum of either money or possessions. That God spoke to her and commissioned her to seek to alleviate this desperate need has been amply borne out in the years that have transpired since the very early 'thirties' (that is the 1930s). Present-day classifiers would describe this good lady as a 'Do-Gooder' without training in the social sciences and therefore someone to treat with superior tolerance. History has shown that she was a woman inspired by her Maker, and that the groundwork she did succeeded to an extent any current scheme in the care of the elderly might envy. There, in the quiet of a sickroom, was born the aspiration that today finds concrete form in the Retired Nurses National Home.

In her capacity as Matron of a Bournemouth nursing home, Miss Thompson had wide professional connections, and these she utilised to the uttermost in drawing together people of like mind, firing them with her own unique fervour for the cause of the elderly nurse. The ripples spread, many famous and titled nurses were enlisted in all parts of the country as patrons of the Appeal Fund designed to provide a permanent home for nurses in need. In a matter of months, financial support began to flow into the Fund and, as the need was urgent, four cottages belonging to a local Trust were 'borrowed' and promptly occupied by four retired nurses in the village of Winkton in the Avon Valley above Christchurch. In the meantime the fund raising went on, and in the autumn of 1937 the foundation stone of what is now the central portion of the Retired Nurses National Home was laid on a site some two acres donated by the Misses Cooper-Dean within the bounds of their estate on the Bournemouth/ Christchurch border. Almost exactly a year later the cottages were returned with grateful thanks to their kindly donors and the first twelve residents moved into the newly-completed Elderly Nurses Home, many years later to be renamed 'Retired' at the request of the then residents who, probably quite rightly, did not feel 'elderly' or wish to be described as such. Officially registered as a charity, the Retired Nurses National Home still stands on the original site in Riverside Avenue, Bournemouth as a living testimony to Miss Thompson, her willing helper Mr W.S. Richardson, FRCS, a Bournemouth surgeon and a multitude of workers from every walk of society.

The clouds of war were gathering, and the ultimate onset World War 11 in September 1939 effectively brought fund-raising and dreams of expansion to an abrupt halt. During those years the Home was largely administered by the residents themselves, yet records of that time show that despite it all they still found time to knit for HM Forces. Many of the Home's supporters became victims of the war or passed away during the period up to 1946, including Miss Sybil Richardson, daughter of the co-founder, who was killed in enemy action in London during the 'blitz'. Came peace, and the survivors turned again to their task.

Meeting a Need

Many more nurses retired during or soon after the cessation of hostilities, adding to the potential demands made upon the Home for accommodation, and in view of the need to have an on-the-spot administration, a General Committee was set up comprising for the most part existing supporters living in or near Bournemouth to deal with control and development of the Home's activities. In the meantime, money-raising functions were continued by other friends in other parts of the country.

The clouds of war having lifted, it was immediately obvious that very considerable expansion would be necessary if the Home were to accommodate more than the existing handful of deserving cases. One of the then Vice Presidents, Lord Nuffield, came to the rescue with sufficient funds to build the four wings planned to extend from the ends of the central block already in existence. When completed in the immediate post-war years the Home took on its intended form as a double- Y shaped building, the original central block forming the joining point. Those of our readers who like figures, or who wish to add fuel to the fire of the dislike of 'inflation', will be interested to learn that the cost of building, as quoted to the Committee in 1937, was as under:-

Main Block £8821

East Wing £2774

West Wing £2785

It goes without saying that at that time the Committee only had enough funds to pay for the central block, and their dream of necessity spread over a number of years, but it came true in the end and the aspirations of a quite remarkable woman in the shape of Miss Thompson was realised.

Some of our readers who nursed during the Second World War and for some years after will know that nursing pay, even at that time, was pitifully small and that of those who retired before this period smaller still. To save for the future was utterly impossible for most, and many a retired nurse before, during and after the war lived in real need of not only sufficient money to live on but also of a stable place of residence. It was the need that fired the imagination of Miss Thompson and her helpers, and led them to seek practical means of alleviating it. An extract from the original manifesto of the Home is well worth repeating here. Provision would be made for:-

1. Nurses in a position to bear the full cost of their upkeep from their own resources
2. Nurses only partially able to defray the cost of their maintenance
3. Nurses whose resources are such to be non-existent, rendering them completely incapable of making any tangible contribution to their care.

It requires very little imagination to decide which category applied to the majority of the residents, and the waiting list rapidly assumed prodigious proportions. The need far exceeded the Committee's ability to meet it, but the same rules existed then as are, broadly speaking, in use to this day, and new residents were selected on the basis of greatest need, always bearing in mind the merits of each particular applicant. The type of accommodation offered depended, and still depends, on financial resources, state of health and any other factor governing the ultimate decision regarding admission, and candidates were offered either a self catering flatlet or a bed sitter. The latter category included, and still does, three full and well-balanced meals in the dining room daily. No one was refused a place purely on financial grounds. Any deficit, where appropriate, was made up from general funds and each section of the newly erected building was filled almost before the builders had vacated the premises.

Another of the primary intentions of the General Committee was that each resident would be cared for UNTIL THE END OF THEIR LIFE, and to this end a fully-manned sick bay was set up in the upper section of the original central block. Here periods of temporary indisposition could be nursed, and here again for the last days of residents were filled with love, care and compassion as they approached the departure from a world they had served with such devotion. Much store was set by the Committee on the continuing-care aspect of their work, engendering as it did a sense of security in the mind and heart of each resident.

The spiritual aspect also received the attention it rightly deserved, and although the Home has always been completely undenominational a small room was set aside as a Chapel, and was dedicated by the then Bishop of Winchester in 1948 as a memorial to Miss Sybil Richardson M.A. (Oxon) whose untimely decease has already been mentioned.

Growing Pains

On completion of the buildings as originally envisaged the wisdom of having an on-the-spot Committee to manage the upkeep, function and progress of the Home was proved beyond doubt. By having such a Committee it was possible to recruit men and women with specialist knowledge to advise on just about every contingency the Home might encounter. The first Chairman was Mr WS Richardson FRCS, with a Committee drawn from the fields of medicine, nursing, banking, legal and similar sources, and essentially the same holds true to this day. There has always been a good representation from the nursing profession, and the very specialised experience of these ladies and gentlemen has always been invaluable in dealing with a community of residents who were themselves working nurses.

Until the arrival of the NHS in 1948 the medical care of the Home was invested in various honorary physicians, surgeons and general practitioners recruited through the contacts and enthusiasm of Mr Richardson. Thereafter each resident was registered with a GP of their choice, each of whom makes visits to the Home where necessary, and those residents able to attend 'Doctor's Surgery' do so as and when this is indicated. At that time too the Sick Bay was fully staffed with a complement of SRN's and SEN's and auxiliary nurses, and in fact until quite recently occupied the complete upper corridor of the central block.

By the 1960's the waiting list had reached proportions that made it obvious that even more accommodation was needed if the 'knocks on the door' were to stand any chance of a favourable answer, and through the kindness of an anonymous donor a block of eight further flats was planned, to be connected with the wing nearest to the main gate, and to be erected at

the earliest possible moment. This extension, known for years thereafter as 'the New Flats' were officially opened in May 1970 by the Mayor of Bournemouth and the Bishop of Southampton, by which time they were already occupied by eight new arrivals. Eleven years later they became known as the Marryatt Wing, in memory of the distinguished Matron through whose good offices the anonymous donor was discovered.

Increasing demand for use of the little room set aside for a Chapel, and the continuing spiritual needs of an ever-growing community, led to the setting up of an Appeal Fund to provide a purpose-built Chapel adjacent to and connected with the northwest wing, and it was with pride and no little rejoicing that this was dedicated by the Bishop of Southampton in April 1976, only about two years after the appeal was launched. Still essentially undenominational, it continues to serve a vital function as a 'spiritual centre' for all our efforts, and various services are held at regular intervals in addition to prayer groups and private meditations.

Miss Thompson spent the last few years of her life as a resident in the Home, passing away at the age of 96 in 1967. Her co-worker, Mr Richardson, elected president in 1959, continued to visit the Home several times weekly until his death in 1968 at the age of 95, and his place as Chairman was taken up by Mr High Stewart, the latter serving for some sixteen years before he too passed on his post to Dr R Edward Chaplin, a Committee member for some fifteen or so years previously. Even to this day Mr Stewart can be seen at the Home from time to time, advising on our gardens from his wide knowledge of all things horticultural or attending various services in the Chapel. Retired or not, it is a truism that 'When the Home-bug bites you, it never lets you go'. It's that sort of place!

The Home Today

Times, circumstances.... and salary-scales have changed over the years, but the claims made upon the Home from retired members of the nursing profession show no signs of abating. It is true to say that many of our present-day applicants have lived for a number of years in accommodation of their own, be it flat, cottage or house, and when these places of residence have been sold the basic financial position of the individual is very different from the retired nurse of yesteryear. However, the ever-increasing cost of accommodation in general rapidly dissipates the resultant nest egg of capital, and with an expectation of life for a number of years ahead, the average applicant needs to feel that these rising prices will not reduce their circumstances to a point where they can no longer afford to live in reasonably civilised conditions. The Home with its extremely reasonable charges remains the answer.

It is true that by far the majority of applicants for residency in these later years seek a flatlet, being still in a reasonable state of ability to continue to cater for themselves. At the same time this inevitably means that, due to the passage of time between retirement and entry to the Home, earlier calls are made on bedsit accommodation with meals provided than was usually the case. Consequently it means rather more changes from one class of accommodation to another than was previously the case.

Since the Home must, ideally, pay its way and be economically viable, the Committee now exercise a sliding scale of charges according to the financial state of the new applicant, but in every case these include light, heat and the multifarious in built amenities enjoyed by all residents, and in every case are considerably lower than could be obtained in an hotel, guest house or other hired accommodation. Behind and beyond these benefits lies the knowledge

that, unless physical infirmity demands specialised nursing in hospital or elsewhere, every resident has security of tenure within the Home to the end of their days.

Financial stringency, coupled with the astronomical cost of maintaining qualified nursing staff, compelled the Committee to make radical changes in the sick bay function, and although we still maintain an acute sick bay for temporary illness and care during the last days of a resident's life which lie within our capacity to provide, apart from qualified nursing oversight, the task now lies with a quite outstanding team of care assistants some of them auxiliary nurses under the old system, backed up where necessary by the Committee Nurses attached to the practices with which residents are registered. Various local consultants visit the Home for specialised examinations, etc through the referral of the general practitioners concerned with any particular resident, and paramedical disciplines are also available where indicated.

Residents are encouraged to bring items of well-loved furniture with them when entering the Home, and these move with them irrespective of which type of accommodation they may occupy from time to time. In the case of a deficit of essential furniture, the Home provides the balance without charge. Each room bears the stamp of the occupant's personality, is in effect a 'home within a home' to which entry, (apart from essentials), is by resident's invitation only, and in which they may enjoy company or privacy according to the needs of the moment. In the community sense there is a residents' club where various activities take place. This includes a 'shop' for the purchase of basic commodities, thus saving venturing out in inclement weather. The Home provides a coach to Boscombe and Bournemouth twice weekly at nominal cost, the 'shop' still represents a most useful addition to the amenities. The League of Friends also arranges trips of various kinds throughout the year, and also donates much of its income to defraying the cost of an ever-continuing programme of interior decoration. Local societies and clubs also entertain the residents in various ways, and a resident's life may therefore be as busy or as relaxed as the individual desires. It is the desire of the Committee that rules and regulations be kept to a minimum so as to provide the absolute maximum of individual freedom. What rules there are relate only to Fire and Safety Regulations and a standard of general behaviour that is in keeping with the high aspiration of the establishment and the noble profession that it serves. It is a Home with 'a capital H'!!

Management structures have evolved in recognition of past experience, but are vested in a General Committee under the chairmanship of one of their number who also acts as Chief Executive of the Home. All these posts are voluntary and without defrayment of personal expenses of any kind. Sub-committees drawn from the main body, comprising members with specialist knowledge, deal with sundry specific aspects of the Home's function. The House Committee deals with nursing care, catering and general welfare of the residents. Finance Committee business is self-explanatory, as is the work of the Land & Buildings Committee. The committee structure is backed up in the general office by a full time administrative assistant and a selected band of part time workers on small honorariums, all of whom have specialised knowledge of various day-to-day business. The system works remarkably well, and at minimal cost to the Home and its limited resources. Staff are, apart from those already mentioned, salaried, but one would have to go far to find a team more prepared to do 'that little bit extra' without thought of financial reward. Whether it be catering, care or maintenance, the staff concerned continue to bear out the dream and aspirations of the founders. It is what one can give that takes pre-eminence not what I can get!!

In Conclusion

We feel sure that readers of this little potted history will have realised that here, in the shape of the Retired Nurses National Home, they have discovered an organisation that is relatively little known and which carries out so great a work. Our continuance depends upon FINANCIAL SUPPORT as well as PERSONAL INTEREST. Many and varied have been the problems faced by the officers and Committee since the 'Thirties', but they have been conquered time and time again by faith, hard work and the willing support of people like yourselves.

Please help us to carry on the dream of Miss Thompson and her devoted co-workers, a dream which has provided refuge for many a deserving resident work out by her labours for people like us. The qualities of the basic nurse will never change to thoughts of self. Consequently we must not rest from our labours to repay in some measure all we owe to the profession. Please do not forget.... They now depend on US.

Please support our work in any way you can. Nothing is too small to matter. Lay or professional reader alike, there IS something you can do to help. Come and see us. Examine our work at first hand. But above all, do not forget the debt we all owe to the ladies and gentlemen of the nursing fraternity and help us to repay it in a unique fashion.

Yours sincerely
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