P E A C H

TOWARDS EXCELLENCE

Training Package

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The full report can be found at:

www.panicoa.org.uk

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Contents

Introduction

Welcome to this study material about promoting excellence in the care of older people, which we hope you will enjoy. The material is the result of a study involving interviews with older people, their relatives, care home owners, managers, training managers, care workers and over 400 hours of observing care within a number of care homes.

The package has gone through a number of productions and has been piloted with care workers working in different homes.

Because the material is developed from such every day experience and practice we hope it will:

- Enable you to relate to it
- Be useful regardless of your background or area of work
- Enable you to learn safely from others' experiences
- Help you to reflect on your practice and transfer your learning to other situations
- Contribute to ensuring all older people experience excellent care, no matter where they are living or how dependent they may be.

Our Approach

The material used in the package is rooted in practice and the real world of the care home with staff and patient profiles and scenarios based on actual data, although these have been modified to ensure anonymity and confidentiality. Many care workers that we spoke to disliked the 'dvd' or solitary 'computer learning' tick-box approach adopted in some homes and wanted something which reflects what happens on a day to day basis and which helps them develop skills and strategies that they can use in practice. This training package is based on the concepts of reflective practice and adult learning which is what many people we spoke to said was needed. Many managers, training managers as well as individual care workers criticised existing packages and training which emphasised learning facts rather than how to develop skills needed in everyday situations. For example some dementia training which emphasises knowledge of the different types of dementia rather than how to care for people exhibiting certain behaviours. Adult learning focuses on solving real problems encountered in practice. The nature of this package enables those responsible for training to ensure that understanding has been achieved and should be helpful in meeting the requirements of the Care Quality

Commission's Essential Standards of Quality Safety (2010).

From the data it became clear that flexibility is an essential ingredient of any training package so that it can be used in a number of ways such as:

- by individuals or groups
- for varying periods of time
- as the basis for discussion
- or individual exercises
- as a paper exercise
- as a stimulus for role play
- or (with further development) as an e-learning package.

The material can be modified and added to so that it meets the needs of individual organisations. The package will help to develop a number of skills including behavioural, psycho-social, attitudinal, problem solving and team working in an effort to promote best practice.

Some key areas are addressed in the material including:

- Older people and ageing
- Dignity
- Respectful Communication
- Understanding and managing behaviours
- Team working
- Safe-guarding

The Structure of the Package

The package starts with exercises which explore the characteristics of ageing and older people, to encourage people to think carefully about who it is they are caring for.

It then discusses dignity and what it might mean as well as encouraging those undertaking the exercises to think about what dignified care involves.

These first two sections are drawn from the Educating for Dignity Workbook (Tadd, 2005) that was compiled from research conducted in 6 European countries.

The material then focuses on a fictional care home. It offers brief profiles of

a number of staff and residents with different needs.

A number of scenarios that might occur on a daily basis are introduced and these are followed by a number of issues/ questions to discuss or explore.

How the Package May Be Used

The materials will perhaps be most useful in group learning or small workshops led by a facilitator where interaction and discussion with others can stimulate the development of creative solutions or highlight other issues in providing care for older people. However, because the package offers a flexible learning resource we encourage everyone using the package to do so in ways that best meet their specific needs. It may be that people will choose to work through the entire package, or it may be more appropriate to explore one particular section using other resources as part of a programme of self-study.

The examples used do not involve spectacular cases, but use real examples from real people. We hope that they will echo the experience of many staff and therefore offer opportunities for realistic and meaningful reflection on individual experiences and practice.

It is really important to remember that there is no single correct way to respond, but what is important is for individuals to think about their reactions and consider why they have chosen to respond in that particular way.

We hope these activities will not be approached as an examination of the 'facts', or in an attempt to find 'right' or 'wrong' answers. Instead they are intended to help you to:

- **think about the issues or concerns raised**
- **reflect on similar situations that have or could occur in your practice**
- **consider how you and/or your colleagues might react to similar situations**
- **explore any broader questions that may underlie the issue.**

In this way we hope that the activities will have personal meaning for you and assist you to give excellent care to any older person.

Facilitator Guidelines

Be positive and encouraging in introducing the session(s). Do emphasise there is not a single correct answer to these types of situations, instead the exercises and vignettes have been developed to help staff think about their work, solve common problems and issues and share ideas for improving practice.

The initial exercises: Exploring aspects of old age and dignity

These can take as little as 5 minutes each or an hour, depending on length and purpose of training so don't be frightened to experiment.

Ideally we suggest choosing 1 or 2exercises from the ageing and dignity sections and then allowing participants to spend 5 minutes thinking, discussing, making notes and then taking individual (or group) feedback to encourage further discussion.

Points to make on exercises:

Exercise 1

It is likely that participants will draw on the negative aspects of ageing – emphasise that ageing can be very positive for the majority of older people who are not ill.

An older person is someone who has lived longer.

I would define an older person as someone with a great deal of life experience, and some stories to tell.

Primarily old age is socially constructed although it would seem our bodies reach a stage when they function less efficiently but that can be determined by a number of elements.

- Characteristics of Old Age:
- More time to pursue interests/hobbies
- Possibly deteriorating health
- Fewer responsibilities in life
- Time for reflection

- Old age can also be traumatic for people who are less fortunate and don't have sufficient finances/shelter etc to live reasonably well.

Exercise 2

In most of these areas there has been huge social change.

Transport – Older people of 70, 80 or 90 years of age will have grown up when few private cars were on road, and certainly no large lorries as most goods travelled by rail. Short journeys of 2 or 3 miles were usually by foot and public transport was the norm for longer journeys. Horses and carts were frequently seen around the streets. Ordinary people did not use air travel.

Entertainment – Entertainment was mainly provided through the radio, reading, playing board games or visiting the cinema. Although invented in the 1920's television did not really appear until after the 2nd World War and for most people until the late 1950's or early 1960's. Home computers didn't appear on the scene until the late 1970's or early 1980's.
Some may want to argue that home entertainment today leads to us becoming more unsociable as we don't interact with others as much as we did on the past.

Food Habits –There is now a greater selection of food to buy at supermarkets (which were not around) due to better transport and refrigeration. Pre-packaged convenience foods were not available and eating out is also a more common activity than it would have been for older people.

Shopping – Shops are larger and many are placed out of town in shopping centres. Previously there were more small local speciality shops and people knew their local shopkeepers. The huge variety of goods can make shopping a nightmare for older people as can the increase in plastic packaging.

Housework - Housework has also changed dramatically with the invention of many household appliances. Things like washing machines, dishwashers and vacuum cleaners were largely unavailable until the late 1950s, early 1960s. Very few chores are done manually today, indeed many people employ part-time help to do their housework which, in the past this would have been a

privilege of the very few. Products like polish, window cleaners, washing up liquid etc are also unlike their predecessors, which were often based on naturally occurring items such as beeswax.

Family life - many people believe that family life has suffered greatly over the last 20/30 years with more people having to go to work (especially women). Also moving way from the family home for employment has also resulted in further fragmentation. Many older people have less contact with their immediate families and much less to do with their grandchildren than they did in the past. However, for some older people the increase in women working has meant that many grandparents are now responsible for providing child-care for their grandchildren.

Education – In most developed countries, education is now available to all if they wish to pursue it to university level. This was not the case in the past when many of today's older people would have left school at 13 or 14 to undertake employment. Education is something that we now take for granted.

Industrial changes - There has been a shift from some of the traditional industries like coal and steel, to the oil/petro-chemical industries.

Political Involvement – Again in theory everyone will have the opportunity today to be involved in the political process, which they might not have been allowed to be involved in, in the past (e.g. women).

Disease patterns - Disease patterns have changed over the years with an increase in chronic rather than acute diseases due to people living longer than ever before. There are also more treatments available for prolonging life. Most countries now have a health service based on contributions, which would not have been available to all older people in their youth.

World Events - Major world events are probably much the same in terms of we still have war, famine, natural disaster, and political/religious conflict – although the players involved have changed. The Second World War will also have impacted greatly on the lives of many older people alive today. We now have more access to information about each other, which is different from the past.

Exercise 3

Moving out of your own home into unfamiliar surroundings may generate a number of emotions –both positive and negative.

Positive might include: Safety, security, companionship and such like.

Negative might include: Sadness, loss, frustration, depression, anger, fear, stress, disorientation and anxiety.

Exercise 4

This type of dignity may result from greater experience, wisdom and the fact that most older people have contributed to our society through their hard work, financial contributions and such like.

This type of dignity is denied by making older people feel like a burden or being portrayed as a burden, or as a non-productive user of services.

Exercise 5

Your response might depend on individual responses but factors such as staff shortages, lack of equipment or time to do things properly.

It is important to be able to discuss such issues openly, ensure staff know about reporting their concerns and being open to working in different ways.

Exercise 6

Your response might depend on individual responses but being able to wear one's own clothes, perhaps make-up, having choices in relation to hair styles, bathing, food and such like respected will be important. It is also important that older people are not spoken to in a patronizing manner, they are adults and should always be spoken to as such, not made to feel dependent, or humiliated, but instead be assisted to achieve things on their own.

Exercise 7

Person-centred care that focuses on the individual and treats people as though they matter as individuals is important for human dignity. Ensuring their rights in relation to health care, choice and such like are respected.

- It is important to personalise the vignettes by asking about the participants' feelings if their parents were involved or if appropriate if these situations happened to them.
- As the points are being discussed note down key points on a flip chart so that you can summarise at the end of the session.

Always evaluate how useful participants found the session and how they might change their practice or do things differently as a result of the exercise.

The Vignettes

If the participants are fluent in English allow sufficient time to read through the information about the home, the staff and the residents.

If staff do not have English as a first language, then the background information and the scenarios can be read out. The vignettes can also be used as the basis for role play.

Make sure everyone understands and check whether there are any questions:

For each vignette:

Allow 5 – 10 minutes for participants to familiarise themselves with the vignette.

Then discuss the most pertinent discussion points as a group asking individuals and drawing them into the discussion. Which points are chosen may vary with the group. Allow 25 -35 minutes discussion.

It is important to personalise the vignettes by asking about the participants' feelings if their parents were involved or if appropriate if these situations happened to them.

As the points are being discussed note down key points on a flip chart so that you can summarise at the end of the session.

Always evaluate how useful participants found the session and how they might change their practice or do things differently as a result of the exercise.

The Training Package

The Older Person

Who are older people? How do older people see themselves? How do they see their environments? How do they feel about life today? How do we recognise and define older people? Do we see them as contributors or as a drain on society? Do we see or speak of them as individuals, do we see all older people as being the same, or do we see them as a number of different groups?

In this section you will have the opportunity to reflect on some of these questions**.**

Exercise 1

How you would define ‘an older person’?

What characteristics of old age make it different to other life stages?

To value and understand older people we first need to appreciate where they have come from and what they have lived through.

Exercise 2

Think about someone who is 80 years old, what changes have they seen and lived through in the following areas?

Transport
Technology
Entertainment
Food habits
Shopping
Housework
Family life
Education
Industrial changes
Political involvement
Disease patterns
World events

Most older people live active, healthy independent lives, but some find that with advancing age they must accept longer or shorter periods of time being cared for by either family or professionals. Two important concerns of many older people were loss of independence, which they valued highly, and increasing dependence, which many claimed was one of the harder adjustments they faced.

Autonomy (makings decisions for oneself) and freedom of choice are important for experiencing dignity. But what does, or should this mean in practice? 'Being able to choose what happens to you', 'being self-determined', or 'being independent'?

For many older people the idea of losing control over everyday decisions such as when they have to enter residential care is a great concern.

Exercise 3

Imagine what it must be like to have to leave the privacy and comfort of your own home and live in shared surroundings with strangers.

What emotions do you think this will generate?

Dignity

Dignity is often linked with words such as respect, autonomy, and control. But in order to provide care that maintains and promotes dignity, it is important to spend some time thinking about what dignity actually means.

In the Dignity & Older Europeans study, we identified four types of dignity that older people said were important to them. These are

- Dignity of merit
- Dignity of moral status
- Dignity of personal identity
- Human dignity

But what do these terms mean?

Dignity of Merit

The dignity of merit, refers to the fact that dignity or respect may be shown to people due to their role in society. This is similar to 'social status'. A common theme within the Dignity and Older Europeans study was that society generally and professionals specifically failed to recognise older people's wisdom, experience and the contributions they had made to society, all of which result in an obligation on others to treat them with respect.

Sometimes a person's status, depends upon their economic and social position.

Exercise 4

Why might older people have Dignity of Merit?

Why might they feel they have lost this type of dignity?

Dignity of Moral Status

This type of dignity emphasises the importance of a person's integrity or the ability to make moral decisions about their actions.

When someone can live according to what they believe is right then they experience a sense of dignity, whereas when someone behaves in a way which they know is wrong or 'frowned upon' such as being a coward or cruel, they may lose their self-respect, and the respect of others.

So this type of dignity often depends on a person's moral standards and changes according to how the individual acts.

Many people working in health and social care said how frustrated they felt when the necessary resources to provide a high standard of care were lacking and resulted in them cutting corners or providing care of a poor standard. This impacted negatively on their sense of dignity.

Dignity of Personal Identity

This type of dignity was the most relevant for older people. It is related to self-respect, and reflects how someone sees them self as a person. This type of dignity can be affected by the actions of others especially when someone is vulnerable for whatever reason. For example physical interference such as leaving someone uncovered, or emotional or psychological insults can embarrass and humiliate someone. Many older people described indignities they had experienced in care and many recognised when staff helped them to retain their sense of personal identity and therefore their dignity. Older people can sometimes infringe the staff member's dignity in the way they speak and behave to them.

Restricting people's autonomy, excluding them from interaction with those around, invading someone's privacy, exposing their body during personal care, or speaking to them as if they are children will all violate this type of dignity and undermine the person's sense of self-worth or confidence because such actions change the way the person sees themselves. They may come to see themselves as merely passive objects, subject to the whims of others.

When dignity of identity exists, the person has a sense of being a complete human being with good relationships with others and a sense of being included in what is taking place around them.

Illness, disability and old age can rob someone of their dignity of identity such as when a person develops dementia or becomes so infirm and frail, that they have to rely on others for everything.

An old person's identity is challenged in many ways, not only have their looks changed but, due to retirement, they have lost their occupation which also helps to define them. When they can no longer care for themselves or move independently they risk intrusion in the most private spheres of their lives and their autonomy and choice can be easily impaired.

Ageist stereotypes, negative images of older people in advertising and the mass media, or insulting slang terms used to address them, can all leave older people feeling less valued, isolated and separate from society.

Exercise 5

What type of things leave you feeling you could have delivered better care?

What do you do when this happens?

Exercise 6

Think about how you help the older people you care for maintain their dignity of identity.

Are there any other ways that you can do this?

Human Dignity

The final type of dignity is "human dignity" which refers to the absolute value of human beings. This type of dignity was often referred to by the research participants when they spoke about the worth or value of human beings, or human rights. It is this type of dignity that requires us to respect all human beings, regardless of their social, mental or physical properties. It shows us that dignity is not simply about what human beings feel, or what is recognised by the moral culture of a particular society, but instead it is fundamental to being human.

The first article of the Universal Declaration of Human Rights, (1948), states: "All human beings are born free, equal in dignity and human rights". Similarly, the Charter of Fundamental Rights of the European Union (2000) has as its first article 'The dignity of the human person must be respected and protected'.

Every day, however, the human rights of older people are violated and ignored in matters as basic as feeding, communication and using the toilet. The core human rights that all staff working in health and social care must recognise are the right to freedom, the right to respect for one's dignity and the right to be treated with equality and fairness. We all have a legal duty to protect people's Human Rights. (Human Rights Act, 1998).

Exercise 7

What aspects of dignified care do you think are essential to ensure the human dignity of older people?

Greenfax Care Home

Greenfax was converted into a care home 17 years ago and has 34 rooms, most of which are en suite. It is located in the centre of a bustling town. It attracts a broad range of residents in terms of their age, background and care needs A number of residents have dementia as well as physical disabilities.

There are 30 members of staff from five nationalities. Seven of them were born in the UK and have English as their first language. The remaining staff are from Eastern Europe, the Phillipines and India

Although a number of staff have worked in the home for over 5 years, staff turnover is high. Despite Greenfax being well established in the area, in the last five years there has been a dip in occupancy levels.

There are currently 31 residents. The home is organised around two units, one located on the ground floor and the other on the first floor. Currently there are 15 residents on the ground floor and 16 on the first floor. Usual staffing levels are as follows:

Morning:	2 care assistants and two nurses on each unit
Afternoon:	2 care assistants and one nurse on each unit
Evening:	2 care assistants on each unit and 1 nurse that covers both units
Night:	3 care assistants and 1 nurse for both units.

The Staff

Paul is from the local area and 52 years old. He has been a Care Home Manager for the past seven years. Previously he worked in the hotel trade and gained a degree in Hospitality and Management. Eight years ago he was made redundant. Prior to his redundancy Paul's mother went into a care home as she suffered from dementia. Paul always felt grateful to the care home staff and after being redundant he decided to change careers so that he could "put something back". Since taking up his post he has found the work very rewarding but he feels running a care home brings similar stresses to running a hotel particularly in relation to staffing levels. Paul is married and lives locally with his wife and two teenage children.

Janik is 27 years old and is Polish. He is a Senior Carer and Team Leader at Greenfax. He came to the UK five years ago after graduating in Business Management. He has worked at a number of local care homes and 12 months ago was promoted to senior carer/ team leader. Janik regularly works between forty-eight and sixty hours each week to pay the mortgage on his flat which he shares with his girlfriend who is also Polish and works in another care home.

Mutia is 32 and from the Philippines. She has worked as a Care Assistant for 8 years since coming to the UK although at home she worked as a Senior Nurse in a large hospital. When she arrived in the UK the recruitment agency told her she would be able to have her nursing qualification accredited but this needed further study and has not been possible.

Mutia has worked all over the UK and has moved frequently to work with employers who will help her obtain a work permit. The Government is increasingly tightening up on permit restrictions and the Philippines is no longer a priority area for recruitment to the health/social care sector. Mutia's average working week is about 54 – 60 hours as she supports her husband and 9 year old daughter who live in the Philippines with her extended family. Mutia believes she experiences racism on a daily basis from the other care home workers, management and residents.

Abha is a 33 year old Registered Nurse from Southern India. She came here five years ago but has only worked in Greenfax for three years. Before coming to the UK she worked in Saudi Arabia but found working as a Christian woman in a Muslim environment restrictive. She did a 12 week conversion course in London to get her UK registration and her "PIN number" and then came to work as a nurse in Greenfax.

Having UK residency Abha has been able to bring her husband 6 six year old daughter over from India. Her husband works as a Care Assistant in a nearby care home on the minimum wage. In India he worked was a Mechanical Engineer but his qualifications are not recognised here. Care work enables Abha and her husband to work opposite shifts and manage care for their daughter.

Carole is 42 years old. She has only been working as a Care Assistant for 5 months. Previously she worked in a factory, but was made redundant a year ago.

A friend suggested she try working in care work and she thought she would 'give it a go' as there were few other jobs available. She finds the work rewarding and enjoys 'helping people do things they can't do for themselves' but finds it stressful when some of the confused residents are aggressive. She feels she needs training in how to deal with that part of her work. She'd also like to do her NVQ2 but is a bit worried about the amount of studying involved as it's been many years since she did anything like that. The only training Carole has had is a 3 day induction programme when she started. Apart from that she has mostly 'learnt on the job', by being paired with a more experienced member of staff. Carole lives nearby with her husband and two teenage daughters.

Zuzana is 19 and from Slovakia. She has worked as a care assistant for an agency since she was 16. Zuzana and her mother came to the UK 4 years ago. She left school with 5 GCSE's and enrolled at a local college to study A-levels. She started working evenings and weekends with the agency for the money.

She feels she is being asked to do more and more shifts and the agency made it quite clear that if she turns them down they will not ask her again. She gave up her A-levels as she was working too many hours and could not afford to give up her job. Over the past 3 months she has worked between 72 and 84 hours each week without a day off.

Although she enjoys the work she finds it difficult working in different homes as she is never gets to know the residents or their needs. She also finds it hard sometimes to understand the local accents. Zuzana lives with her mother who works as a crop picker.

The Residents

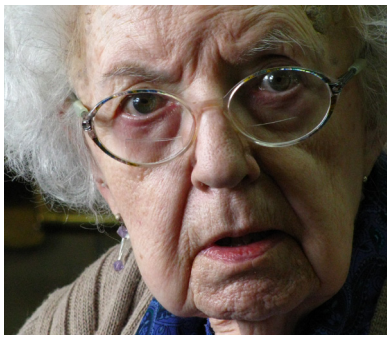
Tom Henderson has been a resident at Greenfax for 6 months. He was transferred from an assessment unit for people with dementia and before that he had been in another home where he had proved too difficult for the staff. His wife, Doreen, had struggled to provide care for him at home for a number of years.

Tom spends most of the time walking around with his Zimmer frame, as if he's looking for something he can't find. Doreen comes every afternoon, and has a job to keep up with him. He doesn't say a lot, but trouble often starts when he is incontinent and has to be changed. Also when the staff try to give him a bath – he shouts and swears and will hit out and sometimes pinch staff. It can take 4 staff to bath or shower him. He is on a small dose of medication to calm him down, but when this is increased he just sleeps all day.

Tom is 80 and did National Service in Malaysia. After that he worked as a welder in a factory. He used to love playing and watching football and cricket. He married Doreen in 1952 and they have 3 children, 9 grandchildren and 2 great-grandchildren. Tom was a very practical man and did all the decorating and gardening. He developed memory problems 6 years ago, but his behaviour has got worse as his dementia has progressed. Physically, he has an enlarged prostate and arthritis in his hips.

Margaret Peacock (or Maggie as she is known) is 89 years old, and has outlived most of her family. She was widowed 15 years ago and her only daughter Alice is in Australia and rarely keeps in touch. She is the only survivor of 8 brothers and sisters. She came into the home because she was considered 'at risk' living alone. She wasn't taking her medication properly, forgetting to eat and would open the door to anyone without checking who they were. She was vulnerable and a danger to herself and others, as she would leave the gas on unlit, without realising the danger.

She has been in the home for 18 months and seems settled. She is quiet, and presents few problems to the staff. Sometimes she looks sad and tearful, but can soon be cheered up. She likes to go to bed early and spends most of the day watching people come and go. She can be quite chatty, although her conversation can be difficult to follow. Sometimes she forgets where she is, and will appear half-dressed, or wake up and ask staff where her mother is. She does not require a great deal of personal care, mainly reminders to wash or change her clothes, and she needs help bathing.



Monica Walters is 82 years old and was widowed ten years ago after more than 50 years of marriage. She has a daughter, Anne and a son, David who visit regularly. Monica has five grandchildren and seven great grandchildren and is very proud of them.

She has been in the home since she had a stroke. Her right side is very weak so she is unable to walk unaided. Although Monica is continent she needs help to go the toilet. She can feed herself slowly if the food is not 'too tricky'.

Monica wakes early and likes to get up, but she also likes to stay up to watch the 10 o'clock news. She enjoys a cooked breakfast but has high cholesterol. At home she always slept with the door ajar and the landing light on. Monica likes reading Agatha Christie and other murder mysteries. She used to love gardening and knows a great deal about plants.

Monica trained and worked as a nurse before she married George in 1949. She returned to nursing when the children were older and was a ward sister on an orthopaedic ward in the local hospital.

The Vignettes

Vignette 1

Janik and Mutia are on duty and getting ready to serve lunches in the dining room which is just off the lounge. Seven residents need to be brought from the lounge into the dining area.

Mutia approaches Mr Henderson with a wheel chair and says: “Mr Henderson if you sit in the wheel chair I will take you through to lunch.”

Mr Henderson: “I don’t need the wheel chair I can walk by myself thank you.”

Mutia: “Yes I know you can walk by yourself but it will be quicker and safer for you if I take you in the wheel chair as you might fall.”

Mr Henderson: “But I don’t need a wheel chair I can walk.”

While Mutia is insisting on Tom using the wheel chair Janik comes over with a Zimmer frame and says: “It’s OK let him walk if he wants to.”

Janik and Mutia help him out of his seat so he can walk with the Zimmer frame.

As they are busy helping the other residents Tom stumbles as he enters the dining room and falls heavily against the door frame hurting himself.

You may like to discuss some of the following points:

- How would you feel if this was your mother or father?
- What would you do if it was your mother or father?
- What issues are raised by this vignette?
- How would you react if you saw this happen where you work?
- Why do you think this happened?
- How can situations such as this be prevented?

Vignette 2

Maggie: “Help, help, drink, drink.”

Carole remarks that she has had about five drinks already, and says “You’ll make yourself sick.” Maggie just continues saying “I need a drink, a drink” and Carole reminds her to say please.

Mutia is in the kitchen and starts to make Maggie a drink. Maggie continues calling “Help, help, please, please.” Mutia brings Maggie a drink saying “Drink it slowly or, you’ll make yourself ill.”

After 10 minutes Maggie is again calling for a drink. Zuzana is in the lounge and Maggie approaches her as Carole and Mutia are busy elsewhere: “Can I have a drink please.” Zuzana says “Yes, of course, I’ll go and get one now.”

While Zuzana is gone, Carole comes out of the room where she has been helping another resident and getting a little exasperated with Maggie says “What do you want Maggie, what do you want?” To which Maggie replies “Drink, drink.”

“Maggie you’ve had about eight drinks this morning, we have already had to change your pad. You’ll make yourself ill if you drink like this all the time. Go back to your room and I’ll bring you a drink in half an hour or so” says Carole.

Zuzana is obviously confused and doesn’t know what to do for the best but Carole asks her to give Maggie a small drink.

Carole is concerned that Maggie is asking for drinks all the time and she decides to have a word with Abha who is in the office.

When she comes back, Zuzana asks her what she said and Carole replies “Oh she told me she gets like that sometimes and not to worry about it.”

You may like to discuss some of the following points:

- How would you feel if this was your mother or father?
- What would you do if this happened to your mother or father?
- What issues are raised in this scene?
- How would you react if you saw this happen where you work?
- Could this have been handled differently?
- How can situations such as this be prevented?

Vignette 3

In the corridor Zuzana asks a gentleman “Stan where are you going again without your frame?”

It isn’t Stan however, but is Tom, who replies “What, I don’t know nothing me.”

Carole comes along and suggests Tom should get into the wheelchair, saying “Come on get in this wheel chair and I’ll give you a ride back to your chair in the lounge.”

Tom pretends to get in the chair the wrong way round kneeling on the seat facing the back of the chair.

Carole asks him, “What are you doing you dopey old git, you can’t sit in it like that. Come on if you sit in it properly I’ll give you a ride round the unit

Tom turns around and sits in the chair and they both go for a running tour of the corridors. The foot rests are not down and Carole is pushing the wheelchair quickly but they are both laughing and enjoying themselves. When they get to the lounge Carole flops in the chair feigning exhaustion and says “ I wish my own granddad had been as much fun as you.”

You may like to discuss some of the following points:

- How would you feel if this happened to your mother or father?
- What would you do if this happened to your mother or father?
- What issues are raised here?
- What would you do if you saw this happen where you work?
- Should this type of thing be prevented?

Vignette 4

It is early evening and the residents have had their dinner. Carole goes to the CD player and puts on a Kylie Minogue album. While the track "Spinning Around" is playing Carole and Mutia pull some of the residents with dementia to their feet. They all hold hands and sway to the music. Carole calls out to everybody – 'C'mon shake your bums' Mutia then says the same to Maggie. Maggie looks as if she has had enough of the activity goes to sit down.

Monica who is sitting in her wheel chair at the side of the lounge says; 'That's not dancing, they're staying in one place'.

Carole then runs out of the lounge and comes back with a fancy straw hat, puts it on and dances round the room putting on a show for the residents. She then puts the hat on Maggie's head. Maggie says 'No I can't' but is then led by the hand to the centre of the lounge to dance in the hat. Carole and Mutia cheer her on, laughing and encouraging her to dance for the rest of the group.

Carole then tries to put the hat on Monica in her wheel chair who says "Get off I don't want to be dressed up".

You may like to discuss some of the following points:

- How would you feel if this was your mother or father?
- What would you do if it was your mother or father?
- What are the issues raised in this story?
- How would you react if you saw this happen where you work?
- How do you think the residents feel?
- What might such activities do to a person's sense of dignity?

Vignette 5

It is 7pm and there are no staff in the lounge as they are all busy in the rooms getting people ready for bed. In the lounge only Monica and Tom are there. They both sit there in silence until Monica says urgently "I need the toilet, I need help." She presses the buzzer but they wait 15 minutes before Mutia comes in to the room as she has been busy with other residents.

Monica asks "Can you help me?" to which Mutia replies, "Yes. What's the problem?"

Monica says she needs the toilet and Mutia says that she will have to get someone to help.

After 10 minutes Monica rings the buzzer again as Mutia hasn't returned and she is getting really desperate.

Mutia pops her head around the door saying she can't find anyone to help and leaves again.

By this time Monica has defecated and soiled herself. She is very upset by the situation.

After another 15 minutes Mutia returns with Carole who says "I'm sorry I was in the bathroom with someone and I couldn't leave them until I got them out of the bath."

You may like to discuss some of the following points:

- How would you feel if this was your mother or father?
- What would you do if it was your mother or father?
- What issues does this raise?
- How would you react if you saw this happen where you work?
- How does this impact on Monica's and Tom's dignity?
- How can situations such as this be prevented?

Vignette 6

In the dining room Carole and Janik have just finished serving lunch to the residents and are helping other people to eat. After eating his food Tom takes out his dentures and Carole asks,

"Tom love, why have you taken your teeth out? Shall we put them back in?"

Tom says "No, no" and begins to rub the roof of his mouth.

Carole turns to Janik "I think he's got a sore mouth, maybe there was something rubbing on his palette, under his dentures" Then she says to Tom "Okay Tom, you leave them out for a little while if they're hurting you – shall I take them and give them a clean?" She takes the teeth and leaves the room.

Janik also has to leave to answer a call just as Doreen arrives to visit Tom. Tom and Doreen's eldest daughter Janet has come with her mum for the first time in a while. Janet goes to hug Tom "Hello Dad, how are you today?" Tom looks a bit confused but says "Hello". Janet turns to her mum and says "Oh Mum look he's not got his teeth in." She looks quite upset. Doreen asks "Tom love, where are your teeth?" but Tom doesn't remember where they are. Janet says "This is disgraceful – how can they forget to put his teeth in?"

Zuzana comes in to help clear away the plates and Janet calls her over. "Excuse me but can you tell me why my father hasn't got his teeth in?" Zuzana apologises and says she's been upstairs so she doesn't know. Janet says she is going to speak to the manager. Doreen looks close to tears.

You may like to discuss some of the following points:

- How would you feel if this was your father?
- What would you have done if it was your father?
- What issues does this scenario raise?
- How would you have acted in this situation?

Vignette 7

It is midday in the dining room.

Monica is brought in and Carole tries to put a plastic apron on her. Monica says "I don't want it on I'm just going out"

Carole says "Come on, everybody is putting theirs on now."

Monica doesn't want it and takes it off. Carole takes her out of the room.

Monica is brought back 5 minutes later wearing an apron.

Carole says to Monica "Food is here, cottage pie – Yum . Mmm..Yummy yummy" and begins to feed her.

Carole continues "Right Monica open your mouth. …Eat it. …Well done.. good girl…Open your mouth…..Don't talk while you eat…Open wide… Ahhh…it's lovely…..nice?"

Zuzana who is helping with the food asks Carole "Is Tom a feeder?"

Carole replies "Yeah, I would say so. Sometimes he can manage by himself but most of the time he just drops it over the floor."

As Zuzana is feeding Tom he spits the food onto the floor and Carole shouts over: "Naughty, naughty Tom, naughty naughty boy".

You may like to discuss some of the following points:

- How would you feel if your mother or father were treated like this?
- What would you do if it your mother or father were treated in this way?
- How would you react if you saw this happen where you work?
- What issues are raised by this story?
- Why do you think this happened?
- What impact do such actions have on Monica's and Tom's dignity?

Vignette 8

Tom has been growing more irritable and is verbally abusive towards other residents and staff. He is frequently tearful in the mornings and has been spending more time on his own. His General Practitioner has diagnosed depression and has prescribed antidepressants, but Tom will not take them. It is suggested by Paul that the tablets are put in his morning porridge.

You may like to discuss some of the following points:

- How would you feel if this was your mother or father?
- What would you do if it was your mother or father?
- What actions would you take if you saw this happen where you work?
- What are the issues raised by this scenario?
- Why do you think this has happened?
- How can situations such as this be prevented?

Vignette 9

Vera, the Activities Co-ordinator, arrives with a "rummage box" which she uses to encourage the residents to explore and reminisce about different aspects of their lives. The box contains old photographs, dolls, balls of wool and other items that are useful for engaging residents. Vera sits with a group around a table in the middle of the room talking to them about the objects and about their memories of bygone places and occasions.

After a while Vera is called away but leaves the residents exploring the contents of the rummage box. A little later Doris who is the home's House Keeper comes into the lounge and says "What's all this mess on the table?" She picks up all the objects that the residents are looking at puts them back in the rummage box and puts the box away on a shelf.

You may like to discuss some of the following points:

- What are the issues raised by this scenario?
- What actions would you take if you saw this happen where you work?
- How can situations such as this be prevented?

Vignette 10

Monica has become increasingly frail over the past four months. Abha and Paul have discussed her case regularly at the weekly team meetings and they both feel that she is close to the end of her life. She is permanently bed ridden now, can't communicate with anybody, doubly incontinent and is reluctant to swallow. Today Monica is difficult to rouse and appears to find it increasingly difficult to breathe so Abha decides to call her GP. When the GP arrives it is a locum and he wants to admit Monica to the local hospital. Abha is not happy about the situation as she feels that Monica would be more comfortable staying at the home to die but the GP insists that if Monica is not admitted to the local hospital urgently she will die.

You may like to discuss some of the following points:

- What are the issues raised by this scenario?
- What actions would you take if you saw this happen where you work?
- How can situations such as this be prevented?

References

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