

VIDAS AURUS

First Edition, published 2018

The Vida Healthcare ‘Vidasaurus’

The Vidasaurus is a collaborative guide designed to promote positive language and communication in Vida Healthcare’s homes.

The purpose is to promote dignity and to embed a culture of respectful language, both in care plans and conversation.

Staff were asked to share their experiences of negative language used in care settings and to suggest a more positive alternative.



An Introduction from Theresa McNally,
Creative Practice Manager at Vida Healthcare

The language we use to talk about dementia influences how people with dementia are viewed and also how they feel about themselves. We should always try to use words and descriptions that are accurate, balanced and respectful.

When it comes to language and communication in a dementia care setting, there are several areas which need careful consideration:

- How should we talk to residents?
- How should we talk about residents?
- How should we record information about residents?

Each of these points are influenced by our own attitudes and core beliefs. However, these are often based on what has been passed onto us, for example, from previous roles or through common practice, rather than how we really think and feel.

Spoken Language – things to consider when talking *with* residents

Terms of Endearment

Terms of endearment need to be agreed between parties; some people can get away with it and others can't. It's about the strength of the relationship and knowing what will be acceptable to the resident.

Using terms like 'love' and 'duck' might be ok, if you have a really good relationship with the resident and they are used respectfully. Using these terms because you don't know someone's name is not a good approach – you should take the time to learn the names of the people you care for.

Work or Specialist Terminology

Talking about things that the residents might not understand, e.g. "I've got to write up my care plans now", "I'm off shift soon" or "It's my day off" can be too abstract and can quickly confuse people, as they may have no concept of this being a workplace. However, some people may be able to understand and may be happy to hear about the lives of others.

Managing Negative Responses

When working in a dementia care home, we need to be able to skim over things, play down our reactions or hide our own feelings of shock. Telling people 'don't speak to me like that' or 'I don't come to work to be spoken to like that' isn't appropriate; we need to be able to respond with care and compassion, even when our residents are expressing their frustrations to us. The key is not to take it personally.

Spoken Language – things to consider when talking *about* residents

The way we share information about the current wellbeing of residents reflects our culture of care and this is where new starters learn how we do things.

Descriptions like 'He/she has been very good today' or 'He/she has been no trouble' may carry a subtle message that suggests people are potentially 'trouble' to us at other times, that we somehow favour people when they cause us less work or that we are trying to reward good behaviour. It is better to say, 'I think he/she has had a good day, they appear happy'.

Saying 'He/she has been a nightmare today' or 'he/she has been really bad' uses very judgemental language and again suggests that we have expectations of what we consider to be acceptable behaviour. It is better to say 'He/she has really struggled today, they have been very distressed' or 'He/she has found everything hard today'.

Using the terms he/she is 'kicking off' or he/she is 'on one' isn't language that shows understanding. It belittles what may be an incredibly difficult time in a person's life. It is more appropriate to say he/she is 'highly distressed' or he/she is 'really struggling with everything today'.

Saying 'He/she's been at it again' is often used to describe a reoccurring pattern of behaviour with negative connotations. It would be better to describe the behaviour and the pattern, and, if it is behaviour that puts the person at risk or causes distress, try to identify the trigger / reason it might be happening in order to resolve it.

Using the phrase 'he/she can't do anything for himself/herself' is incredibly negative. A far better alternative would be to say 'he/she requires support with their nutritional, hygiene or toileting needs'.

Favourites

‘He/she is my favourite – I know you shouldn’t have favourites’. There will always be people that we are naturally drawn to or have things in common with, but treating people more ‘favourably’ is not ok.

Written / Recorded Language – things to consider when writing notes and care plans

People sometimes need help to use language that reflects facts and not feelings. Here are two examples of an incident report, highlighting the difference between good and bad practice in written language.

A bad example, written with little understanding:

Description – what was the incident?

‘Marie just went up to Thomas and hit him over the head for no reason, she then started physically and verbally abusing the staff that went to help him.’

Antecedent – what was happening before?

‘Nothing, Thomas was just minding his own business.’

Intervention – what did the staff do?

‘We separated them and told her that this behaviour won’t be tolerated.’

Outcome – what happened then?

‘We observed her for the rest of the day to protect the other residents’.

Sometimes staff feel that these charts are logs of bad behaviour, however, they should actually be used as a way of looking for triggers and a way to measure the effectiveness of interventions.

A better example, written with understanding:

Description – what was the incident?

‘Marie approached Thomas and hit him on the head with the palm of her hand. She did this several times. Marie then became upset with the staff who came to help and used the word ‘bastard’. She also held onto one staff member, digging her nails into their hands.’

Antecedent – what was happening before?

‘Nothing noted at the time, although Marie had not slept the previous night or eaten any lunch. Thomas was grinding his teeth loudly in the otherwise quiet room.’

Intervention – what did staff do?

‘Staff made the scene safe for both residents by encouraging Marie to move towards the kitchen where it was quiet. Staff used a quiet tone of voice and words of support and understanding.’

Outcome – what happened then?

‘Staff were mindful of the noise levels around Marie and offered her quiet places in the house. They made sure she had snacks available.’

Conclusion

The essence of all of this comes down to experience, confidence and relationship. It’s about choosing to actively understand another person’s view of the world and their responses to it, putting aside our own needs to support them and in doing so always trying to find the best parts of them.

By using the guidance above along with the Vidasaurus, you can help to improve communication and create a really positive environment in our homes, for staff, residents and families alike.



THE VIDASAURUS

AGGRESSIVE BEHAVIOUR

At Vida we would use the words ‘distressed’, ‘agitated’ or ‘heightened’ to describe feelings of fear, anxiety, insecurity or frustration, which can manifest themselves as anger or aggression as a result of a person’s symptoms of dementia.

See also: ‘Challenging Behaviour’.

BIBS

The word bib may be perceived to be patronising to adults. At Vida we would try to avoid using the word altogether. Napkins and serviettes are more usually used in the dining room.

CHALLENGING BEHAVIOUR

At Vida we would refer to the ‘behavioural symptoms of dementia’ which vary from person to person. These behaviours may be a challenge to families and carers but it is important to understand the behaviour is down to a person’s condition and strategies can be put in place to help improve wellbeing and reduce distressed behaviour.

See also: ‘Aggressive Behaviour’

“DEMENTED”

Rather than using the term ‘demented’, at Vida we would say the person ‘has dementia’, ‘is living with dementia’ or ‘is on their journey with dementia’. We might also refer to a person experiencing ‘cognitive decline’. See: ‘Journey’.

“DIGGING”

This must be one of the most degrading terms in the care world. It might be used when someone is constipated, or if they are not sure of what their body is doing, causing them to touch their bottom and resulting in dirty hands. The term ‘digging’ should never be used, as it lacks any respect for a person’s understanding of their situation and is a failure to uphold respect and dignity.

“DOUBLES”

An unnecessary term used in some care settings to describe a resident or patient who requires two members of staff to assist with personal care and mobility. At Vida, we would never refer to someone as a ‘double’. This information would be detailed in the care plan and known by the care team.

EMI

An acronym used widely in the care sector which stands for ‘Elderly Mentally Infirm’ or ‘Elderly Mentally Ill’. Vida Healthcare is a Specialist Dementia Care home, not an EMI unit or hospital.

“FEEDER” or “FEEDERS”

An unnecessary term used to describe a resident or residents who require assistance at mealtimes. At Vida we would simply say that a person requires assistance at mealtimes.

“GIBBERISH”

‘Expressive Dysphasia’ is the correct term, however, people often use the terms ‘talking gibberish’ or ‘talking nonsense’. At Vida we prefer to say the person is ‘no longer able to express himself/herself using words effectively’.

JOURNEY

Dementia is a degenerative condition which means a person’s symptoms can change over time. At Vida Healthcare we refer to this as their Journey of Dementia.

NAPPY or NAPPIES

The words nappy or nappies may be perceived to be patronising to adults. At Vida we use the term ‘continence aid’ instead.

“NORMAL”

Is sometimes used to refer to people who don’t have dementia. It shows little compassion or respect towards those who are living with dementia.

PATIENTS

Vida Healthcare is a home, not a hospital. We would describe those people living with us and receiving our care as our residents.

PULL UPS OR PADS

See: 'Nappy'.

SENILE

Rather than using the term 'senile', we might say a person is 'further along in their journey with dementia' and that they may have 'significant cognitive decline'. See 'Journey'.

SERVICE USER

See: 'Patients'

"SOFTS"

An unnecessary term used to describe residents who have difficulty with solid food and require a special diet of soft or pureed food. At Vida, we would never refer to someone as a 'soft'. This information would be detailed in the care plan and known by the kitchen and care team.

SUFFERER

Terms like 'sufferer' and 'victim' contribute to the stigma surrounding dementia. At Vida we encourage independence and autonomy, supporting people to live well and get the most out of life. We would always use the term 'person living with dementia' or 'person on their journey with dementia'.

TOILETING

At Vida we ‘support our residents to use the bathroom or toilet’.

UNITS

The word ‘unit’ or ‘ward’ is very clinical. Vida Healthcare is a home, not a hospital. We would use the words ‘Home’ or ‘House’ instead.

“WALKER”

An unnecessary term used to describe someone who can walk independently. There’s no reason to use this term. At Vida we would simply say that he/she can walk independently or without assistance.

WANDERING

Good practice suggests we say ‘walking with purpose’ rather than ‘wandering’. While we may not always understand the reason for the walking, it still has purpose and this is important when we are addressing a person’s needs.

WARDS

See: ‘Units’

Notes on Future Editions

The Vidasaurus is a collaborative, working document which we intend to add to over time, informed by experience and best practice.

We will aim to publish an updated edition on an annual basis. If you would like to suggest an addition, or if you have any other feedback, please don't hesitate to get in touch.

You can contact us by email at info@vidahealthcare.uk or on 01423 788770.

Further Resources

The Dementia Engagement & Empowerment Project (DEEP) have produced a guide called 'Dementia words matter: Guidelines on language about dementia' which can be found on the DEEP website at <http://dementivoices.org.uk>

Dementia Diaries is a UK-wide project that brings together people's diverse experiences of living with dementia as a series of audio diaries. It serves as a public record and a personal archive that documents the views, reflections and day-to-day lives of people living with dementia, with the aim of changing attitudes: <https://dementiadiaries.org>

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. They have produced several useful resources on dementia, person-centred care and communication: <https://www.scie.org.uk/dementia>

The Alzheimer's Society work to improve the lives of people with dementia and their carers. Visit: <https://www.alzheimers.org.uk>

Dementia UK provides specialist dementia support for families: <https://www.dementiauk.org>

Dementia Forward is a local registered charity providing support and information to anybody affected by dementia. The charity has developed a comprehensive range of services, with people living with dementia at the heart:

<http://www.dementiaforward.org.uk>

Dementia Friends is a programme run by the Alzheimer's Society and the biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. Become a Dementia Friend at:

<https://www.dementiafriends.org.uk>

Young Dementia UK is a charity that help people whose lives are affected by young onset dementia:

<https://www.youngdementiauk.org>

VIDA

HEALTHCARE

www.vidahealthcare.co.uk