

# My home life

Promoting quality in care homes for older people Issue 16

For the staff room

## Supporting Dignity

**See who I am!  
Involve me!  
Connect with me!**



**Inside:** Showcasing research, sharing good practice, promoting caring conversations

# My Home Life

***Our vision is a world where care homes are great places to live, die, visit and work.***

My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people.

We work with care homes, statutory bodies, community organisations and others to co-create new ways of working to better meet the needs of

older people, relatives and staff. Across the UK, there are many people working to promote quality of life for older people, relatives and staff in care homes. The My Home Life Movement is growing all the time – and everyone can get involved.

## Share your stories!

In the past, there's not been much shared about all the good stuff that happens in care homes – and we want to change that! We would love to hear about the amazing things that are happening in care homes and post your good news stories on our blog. Here are some ideas for stories you could let us know about:

- A 'magic moment' – the beautiful moments of care that give you that spine-tingling feeling.
- A great idea that's worked wonders in your care home – share your story and let others hear about it so they can do that great thing themselves!
- A problem solved – chances are someone else has had the same issue and could do with a helping hand.

Our email address is [mhl@city.ac.uk](mailto:mhl@city.ac.uk) - send us pictures, stories or activities that you are involved in so that we can share them with others.

Our website has recently been revamped and includes all of our resources which are free to download. Keep informed at [www.myhomelife.org.uk](http://www.myhomelife.org.uk)



## Twitter and Facebook

Please follow us on Twitter **@MyHomeLifeUK**. We're also on Facebook at [www.facebook.com/MyHomeLifeUK](http://www.facebook.com/MyHomeLifeUK)



My Home Life is led by City University London in partnership with Age UK. It is supported by the Relatives and Residents Association and all the national provider organisations that represent care homes across the UK: Care England, Care Forum Wales, Independent Health and Care Providers, National Care Association, The National Care Forum, Registered Nursing Home Association and Scottish Care.

This guide is sponsored by the New Dynamics of Ageing programme.

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# What is dignity?

***Dignity is about the way you think about yourself, your relationships with others and your relationship with society.***

**In reality, we cannot ‘give’ someone their dignity, but we can empower them to hold onto it, or regain it. Care home staff are ideally placed to do this through supporting positive relationships.**

In this bulletin, we take a closer look at the New Dynamics of Ageing research study on the topic of dignity and we celebrate some of the wonderful examples of good practice in care homes. We also introduce Caring Conversations as a tool to support positive relationships and inspire a sense of dignity.

Thank you to the exceptional staff who support older people to live in a dignified way, especially to those who supplied us with these wonderful stories to share.

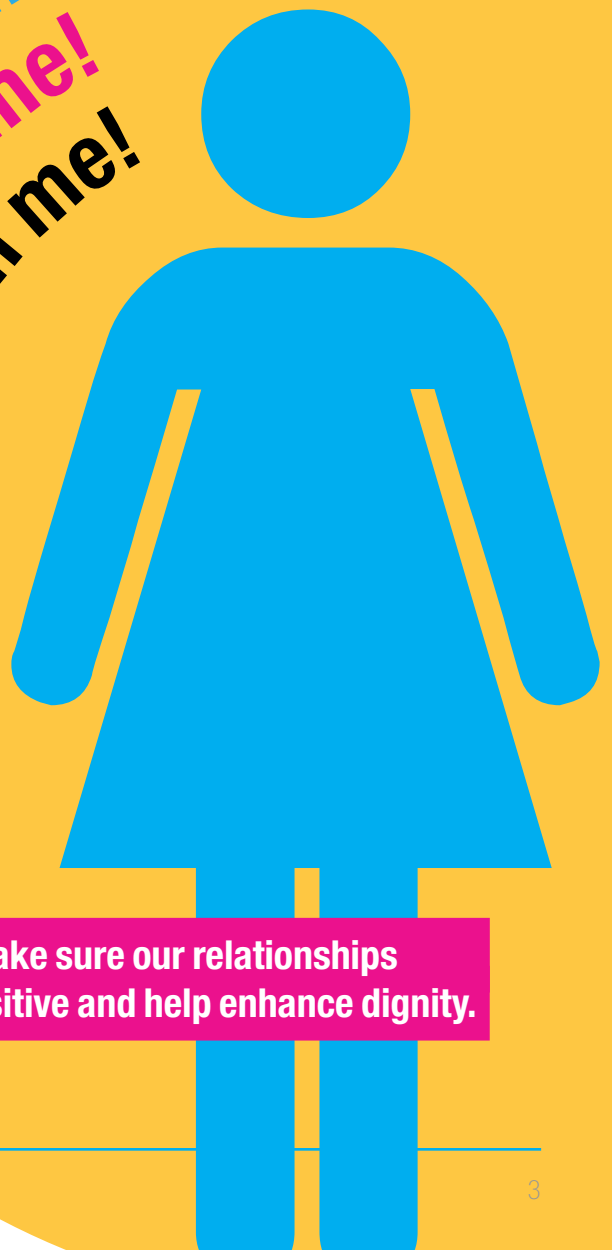
Very best wishes,

*My Home  
Life Team*

***P.S. Want to share your stories about dignity in your care home – email [mhl@city.ac.uk](mailto:mhl@city.ac.uk)***

**Older people have told us that there are three things they want:**

**See who I am!**  
**Involve me!**  
**Connect with me!**



**This is how we make sure our relationships with them are positive and help enhance dignity.**



# New Dynamics of Ageing Maintaining Dignity Project

**This study, completed by Liz Lloyd at the University of Bristol\*, highlights some of the common concerns which older people have about how their dignity might be affected if they went to live in a care home.**

**What older people told the research team was captured in five key messages:**

1. We worry that entering into a care home or hospital and having a stranger attend to our personal needs would result in a loss of dignity
2. We are concerned about a loss of self-reliance and feel that retaining some level of independence is important
3. We fear that our end of life could be painful and might result in a loss of dignity
4. We feel that an important aspect of dignity is maintaining our health as much as possible and being helped to do so
5. We feel that being involved in the planning of our care is essential to maintaining our dignity

The research also offers some suggestions to help support and empower people to maintain their dignity that link to three key areas.

## Connect with me!

- show me respectful attitudes and courtesy
- act with kindness and thoughtful gestures
- offer help without me having to ask

## Involve me!

- help me make difficult decisions
- with honesty and respect
- help me at the right pace, don't go too fast

## See who I am!

- treat me as an individual with my own history, preferences, fears and beliefs
- be aware of the impact of illness on me and my sense of who I am
- view me as an intelligent person with a part to play in my treatment and care

**On the next pages are some real stories from the sector about dignity.**

\* Lloyd L et al. (2011) Maintaining Dignity in Later Life: a longitudinal qualitative study of older people's experiences of support and care, Findings 8, Department of Sociological Studies, The University of Sheffield. <http://www.newdynamics.group.shef.ac.uk/nda-findings-8.html>



# “See who I am! Involve me! Connect with me!”



**Rosetta, 99, regained her dignity and moved back to her house with the help of her care home. This moving letter from her son to her care home manager showcases the truly wonderful way that care home staff contribute to older people's sense of dignity.**



When we get dignified care right, it can make a big difference not only to older people, but also, their relatives.

**Be curious** about what people thank you for and **celebrate** what you do well!

*“Dear Connie,*

*We are writing to thank you and your staff most sincerely for the truly exceptional care, help, encouragement and support that you have kindly given my Mum, Rosetta.*

*My Mum was in hospital for 108 days last year, over four admissions, and when my Mum moved into your care home she was still rather poorly, as you know. You and your staff have been outstanding and my Mum's improvement over the last few months has been incredible. My Mum has put on a significant amount of weight, is feeling very much better, and she is back to how she was before her first admission to hospital last July.*

*Nothing has been too much trouble for you and your staff. Not only have you made my Mum most welcome but also ourselves, and my Mum's friends and family who have visited her over the last few months. My Mum would like to visit you all from time to time, and we will arrange our visits with you in advance.*

*You have all been an inspiration to my Mum, and you have collectively helped my Mum to progress from being a very unwell, frail 99 year old lady, to a much stronger and much more positive person who is very much looking forward to her 100<sup>th</sup> birthday in September and to receiving her birthday card from The Queen.*

*My Mum is very much looking forward to returning to her home tomorrow, and tomorrow will be the day that I thought would never come. We are delighted that my Mum feels well enough, and strong enough, to return home, and it is a testament to what you and your staff have collectively managed for my Mum. You are a great team of dedicated professionals.*

*Well done Connie and thank you so much to you all.*

*Yours sincerely, Melvyn and Joan”*



# “See who I am! Involve

## *‘Oh dear... It upsets me... we’re too old to be living in a house like that now’*

**Michael, 84, and his family struggled to decide where to live. Dignified choices involve negotiating what matters most to older people and their families.**

“Michael and his wife, Beth, were forced to make a move when Michael’s health deteriorated. He was very prone to falls and was unable to manage the stairs in their five storey house on the side of a steep hill. They had lived in this house for decades, brought up their family there and loved it. The move was extremely difficult for them, particularly for Beth as Michael, after a long stay in hospital and then in a nursing home, hadn’t been ‘home’ for two years.

They found a place where they could be together, which was what they wanted most. For Beth, it was harder to adjust because she had been at home, with support from the family, while he was in hospital. She still longed for their own home. It was a hard adjustment for her. Their daughters visited regularly and had decided to rent the house rather than go through the difficult process of selling it. There was a painful conflict between the emotional bond with one’s home and the practical necessity of paying for care. When she talked about selling the house, Beth said: *Oh dear... It upsets me really because I’d much ... I’d much... Well no, in fact we’re too old to be living in a house like that now”*

Experiencing frailty at end of life is hard for everyone and can challenge our sense of dignity. When we have to **compromise** on things which are important to us it can be very difficult. Find out what matters most and **connect emotionally** with those involved.



# me! Connect with me!”



## **Brenda, 83, who has found a better life in a care home.**

“Brenda lived alone in the flat she owned in a supported housing development. She and her husband had lived there until his death. Brenda was registered blind but managed quite well at home because she was familiar with the flat. She could do most things for herself and was well set-up with talking books and radio. Brenda was very close to her daughter who lived locally. She also had excellent one-to-one support from the Royal National Institute for the Blind who provided her with a microwave oven, cleaned her flat and took her out regularly. In many ways, Brenda was the ideal person for supported living in the community. However, Brenda’s health deteriorated and she was less able to get around independently. She became increasingly lonely

and when a new resident with behavioural problems moved into the housing development she felt very insecure and was even less willing to go out. She began to investigate alternatives and applied to move to a care home nearby. In her words:

*“I don’t know whether it’s old age but... I feel I want somebody around me’.”*

Several things happened around this time. She had a heart attack and then her son-in-law died after a long illness. Brenda did not want to add to her daughter’s problems. She talked things over with her daughter and once her daughter was convinced that this would be a positive move the arrangements

were made to move in the summer of 2010.

Very soon she began to feel the benefit of having company and her health and mobility improved. She was able to walk to the local shops with a resident who rapidly became a good friend. Brenda was very happy with the move she had made. She felt it was in her control to choose where to live, she recognised her need for more security and for company and she wanted to help her daughter. She also appreciated the home environment and the good food, which compared very favourably with her lonely microwaved meals. The staff taught her to manage her insulin injections and helped maintain her independence as much as possible. This was a living arrangement in which Brenda could flourish.”



Some people flourish after moving into a care home, through dignified care. When we **consider other perspectives** we can help people to **be courageous** in their new homes.



# Top Tip!



***Use Caring Conversations: how we speak to one another affects how we relate***

Caring Conversations\* is a tool that can enhance dignified and compassionate relationships between older people, relatives and staff. It promotes relationship-centred practice and is about being courageous, connects participants emotionally, fosters curiosity, considers other perspectives, facilitates collaboration, and helps people to compromise and celebrate what works well.

Essentially, the Caring Conversations framework is the 'how' to support a sense of dignity through our conversations. You could try using this framework in your staff meetings and in your conversations with older people and relatives.

**Below are some examples of questions to ask both yourself and others:**

## Caring Conversations Framework

	Questions to ask yourself	Questions to ask others
<b>Being Courageous</b>	How safe does it feel to share?	What would happen if we gave this a go?
<b>Connecting emotionally</b>	What words would I use to describe how I am feeling?	How do you feel about...?
<b>Being Curious</b>	What do I wonder about?	Why do you think that happened?
<b>Collaborating</b>	What strengths might others have that would complement what I have?	How can we work together to make this happen?
<b>Considering other perspectives</b>	What is my perspective and how might this differ from others?	Do we need to find out what others think?
<b>Compromising</b>	What kind of compromise is possible and how do I feel about this?	What is real and possible?
<b>Celebrating</b>	What do I notice and value in others and how can I share this?	Has it worked well in the past?

\*Dewar B and Nolan M (2013) Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting, International Journal of Nursing Studies, 50, 9, 1247-1258



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