

QUIS Examples of The Five Codes

Non-Verbal Examples

POSITIVE CONNECTIVE CARE +2	TASK ORIENTATED CARE + 1	Neutral 0	PROTECTIVE AND CONTROLLING CARE -1	INSTITUTIONAL CARE - 2
Evidence that staff know residents well and facilitate meaningful human connections throughout the day	Kind physical care, but conversation is superficial(instructive)and not personally meaningful	Passive and not stimulating	Individual care but the emphasis is on safety and risk aversion	Regarding residents as a homogenous group. Who will fit into the established routine of the home.
<ul style="list-style-type: none"> • Meaningful connection • Eye-contact • Using appropriate touch • Assisting with activity (appropriate level of help) • Offering props • Walking/talking together • Sitting with individual 	<ul style="list-style-type: none"> • Excellent physical care but with limited conversation • Assisting someone to eat without eye-contact or speech • Walking a resident to the bathroom or dining room but in silence • Residents being dressed kindly but with no choice 	<ul style="list-style-type: none"> • Leaving individual to stare into space • Long periods of sleeping • Individual experiencing no interaction • No stimulation • No meaningful items around person • Giving out tea or coffee without asking • People left walking with no engagement 	<ul style="list-style-type: none"> • Set mealtimes • Set bedtimes • Set times to get up in morning • Being prevented from taking acceptable risks; discouraging free mobility • Limiting environment to keep it safe • Feeding people to prevent them spilling food on themselves 	<ul style="list-style-type: none"> • Making a person wait for the tea trolley • Putting someone in a wheelchair as it takes too long to walk • Feeding too quickly • Dressing too quickly • Call bell out of reach • Unnecessary medication • Leaving zimmer -frame out of reach • Pushing wheelchair up to table. • Returning a group of residents to bed before staff go off duty

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Verbal Examples

<u>POSITIVE CONNECTIVE CARE</u> +2	<u>TASK ORIENTATED CARE</u> + 1	Neutral 0	<u>PROTECTIVE AND CONTROLLING CARE</u> -1	<u>INSTITUTIONAL CARE</u> - 2
<ul style="list-style-type: none"> • Greeting each individual by name • Relating to the person’s life story • Joining in the individual’s reality • Validating individual’s feelings • Encouraging to talk about experience • Doing an activity together –sharing the moment • Allowing choice of action (lots of sugar in tea) • Offering choice • Laughter and fun 	<ul style="list-style-type: none"> • Keeping the conversation only to current activities; washing, dressing, toileting (task orientated conversation) • Informing individual what is about to happen but no further engagement • Including residents briefly in conversation • Conversation that is dependent on current context; ‘it is a nice sunny day today’ 	<ul style="list-style-type: none"> • Not informing the resident what you are going to do • Not talking individually to people, just to the general group • Giving out meds without conversation • Staff talking to other staff members without including the resident • Putting the plate of food down without comment • Assisting an individual at meal-time without conversing with them 	<ul style="list-style-type: none"> • Telling a person what not to do, ie sit down or you will fall • Telling people to be quiet because it upsets other people • Talking over resident’s heads • Let me help, it will be quicker • Talking about people rather than to them 	<ul style="list-style-type: none"> • Telling people it is too cold to go out the garden • Telling people you can’t want to go the toilet; you have just been • Don’t sit there it’s X’s chair • Labelling residents as ‘attention seeking’ to other staff

Form 3 A