REAL CARE

Practical Lessons from 20 Years in

Residential Care Homes, Nursing Homes, Supported Living, and Live-in Care



Real Experiences | Practical Lessons | Everyday Reflections | Support and Guidance | For Carers, Support Workers and Families

BY ALLAN MULROY

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Preface

This book is written from over twenty years of experience working in the care sector across residential homes, nursing homes, supported living services, and live-in care environments.

It is not a clinical textbook, nor is it intended to replace formal training or policy guidance. Instead, it is a practical reflection on the reality of day-to-day care work—what is learned through experience, through relationships with individuals, and through the challenges and rewards of supporting people in vulnerable circumstances.

Care work is often described in terms of tasks and responsibilities. However, those who work closely within the field understand that care is fundamentally about people. It is about dignity, presence, patience, and understanding. It is about recognising the person behind the condition.

This book is intended for new carers, experienced support workers, and family members who provide care and wish to better understand the principles behind good practice.

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Introduction

I have worked in the care sector for over twenty years, gaining extensive experience across a range of settings, including residential care homes, nursing homes, supported living services, and live-in care. These different environments have given me a broad and practical understanding of care, as well as the ability to adapt to the diverse and often complex needs of the people I have supported.

Throughout my career, I have worked with people facing a wide range of challenges, including dementia, physical disabilities, mental health conditions, and the difficulties that can come with later life. I have supported people who required not only physical assistance with their everyday needs, but also patience, compassion, reassurance and, above all, the preservation of their dignity. Every person is different, and every situation can bring its own challenges. These experiences have shaped my belief that effective care must always be person-centred, respectful and responsive to the individual.

Early in my career in healthcare, I was given an unexpected opportunity to take on greater responsibility when the manager of a care home became unwell. I was given the opportunity to help run the home during her absence. This was an important stage in my career because it allowed me to see care from a different perspective. I was no longer looking only at the care being provided to individuals; I also had to consider the wider wellbeing of the people living in the home, the staff supporting them,

and the responsibilities involved in keeping the service running effectively.

When the manager returned from sickness, I was later given the opportunity to continue developing in this area and became a care manager. At the time, I felt that the role suited me. I was naturally focused on the wellbeing of everyone in the care home. My concern was not simply whether tasks were being completed, but whether people were being treated properly, whether their needs were understood, whether they were comfortable, and whether they were receiving the standard of care they deserved.

However, life does not always follow the path we expect.

Alongside the challenges and responsibilities of working in a care home, I was also raising my three sons on my own. Trying to balance the demands of managing a care home with the responsibilities of being a single parent became increasingly difficult. There were school runs to organise, household responsibilities to manage, and all the everyday demands that come with raising children alone.

Eventually, I made the difficult decision to step back from management and move into night-shift work. This was not because I had lost my interest in care or because I no longer wanted responsibility. It was a practical decision that allowed me to continue working in the care sector while being available for my sons during the day. Working nights meant that I could manage the school runs and take care of the many other responsibilities involved in raising a family.

Looking back, I realise that this period of my life taught me something important about care: people do not exist in isolation from the circumstances of their lives.

The people we care for have their own histories, relationships, worries, routines and challenges. Their behaviour and responses can sometimes be influenced by things that are not immediately obvious to us. Carers also have lives outside work, and families may be dealing with pressures that we know nothing about. Understanding this can help us become more patient, compassionate and less judgemental.

This is one of the reasons I believe care cannot be reduced to a list of tasks.

Care work is sometimes misunderstood as a role focused primarily on practical responsibilities such as assisting with washing, dressing, eating, medication support and other aspects of daily living. These responsibilities are important, but they are only part of what good care involves.

Good care requires patience, attentiveness, emotional awareness and a genuine commitment to the wellbeing of another person. It involves building trust, maintaining dignity and supporting people to retain as much independence and control over their lives as possible.

A person may refuse a shower, for example, but the refusal itself does not necessarily tell us why. They may be tired, uncomfortable, anxious, confused, unwell or simply not ready at that particular moment. Sometimes the difference between good and poor care is how the carer responds to that refusal.

This is where experience becomes valuable.

Over the years, I have learned that observation is one of the most important skills a carer can develop. Carers are

often the people who spend the most time with those they support and may therefore be the first to notice subtle changes in behaviour, mood, appetite, sleep, mobility, communication or physical presentation.

A person who is normally talkative may become unusually quiet. Someone who normally enjoys going outside may suddenly refuse to leave the house. A person who usually eats well may begin leaving most of their meals. These changes do not necessarily tell us what is wrong, and carers should not attempt to diagnose them. However, they can be important observations that need to be recognised, recorded where appropriate and communicated through the correct channels.

I have learned many of these lessons through real situations rather than from textbooks alone. Some came from seeing good care in practice. Others came from difficult situations, mistakes, unexpected circumstances and experiences that made me stop and think about what I could have done differently.

My career has taken me through residential care homes, nursing homes, supported living and live-in care, and each setting has taught me something different. I have learned from the people I have supported, from colleagues, from families and from the many situations that cannot always be predicted by a care plan or a training manual.

I have also learned that experience does not mean knowing everything.

Care is constantly changing. Every person is different, and what works well for one individual may not work for another. Even with the same person, something that worked

yesterday may not work today. Good carers need to remain observant, flexible and willing to learn.

The insights presented in this book are therefore drawn primarily from years of hands-on experience and practical learning within real care environments. They are not intended to replace formal training, employer policies, care plans, competency assessments, professional guidance or medical advice. Instead, this book is intended to share some of the practical lessons and human understanding that I have gained throughout my career.

I have written this book for carers, support workers and families because I believe there is value in sharing the things that experience teaches us. Sometimes the smallest actions can make the biggest difference: taking a little more time, explaining something again, noticing a change, listening properly, giving someone a choice, respecting a refusal, or simply sitting with someone when they need reassurance.

Care is not always easy. There can be demanding days, difficult situations, unexpected changes and moments when a carer may question what the right thing to do is. There will also be moments of humour, connection, achievement and satisfaction when you realise that something you have done has genuinely made someone's day better.

After more than twenty years in care, I have come to understand that good care is not simply about completing a list of tasks. It is about noticing the person behind those tasks.

It is about patience when someone refuses.

It is about listening when someone cannot easily explain what is wrong.

It is about recognising when someone is behaving differently from usual.

It is about respecting someone's dignity when they need help with the most private parts of their life.

It is about understanding that a person is more than their diagnosis, their disability, their care needs or their care plan.

And sometimes, it is simply about being there.

My hope is that this book will contribute to a greater appreciation of the care profession, provide practical insight for those working in care, and help families better understand the essential role carers play in supporting quality of life.

Care is not just something we do for people.

It is something we do **with** people.

That is what I mean by **Real Care**.

How This Book Is Structured

Each chapter of this book combines practical guidance with real-life scenarios drawn from my own experiences working in the care sector.

These scenarios are based on situations I have personally encountered throughout my career across residential care, nursing homes, supported living, and live-in care. They illustrate some of the challenges that carers may face in everyday practice and demonstrate how different situations can be approached with patience, professionalism, communication, and person-centred care.

Each scenario is followed by a Reflection, where I consider what the situation taught me, how the challenge was handled effectively, and the wider lesson that can be applied to care practice.

The purpose of including these experiences is not to suggest that there is always one correct way to respond to a situation. Every person is different, and care should always be adapted to the individual's needs, preferences, abilities, and circumstances. Instead, these examples are intended to encourage carers to think about their own practice and consider how experience, observation, and reflection can contribute to better care.

Throughout my years working in care, I have experienced countless situations that have taught me valuable lessons about supporting people with dignity, patience and understanding. There are far more examples I could share, but rather than overwhelm the reader with too many, I have selected a small number of scenarios that I feel

best illustrate the practical lessons discussed throughout this book.

Names and identifying details may be changed or omitted where necessary to protect the privacy and dignity of the individuals involved.

The situations described are based on practical experience and are intended for learning and reflection. They should be considered alongside appropriate training, care plans, organisational policies, professional guidance, and relevant healthcare advice.

Part One: Foundations of Good Care

Chapter 1 – What Good Care Really Means

Good care is not simply about completing the tasks we are expected to do. Practical support such as helping with personal hygiene, nutrition and mobility is important, but the way that support is provided matters just as much. How we speak to someone, involve them and respond to their needs can make a real difference to their dignity, comfort and wellbeing.

Everyone receiving care should be treated with dignity, respect and patience. Whether someone lives in a care setting or receives support in their own home, they are an individual with their own history, values, preferences and way of doing things. Good care means recognising this and providing support that respects the person.

Care environments can be busy, and time pressures can make it easy to focus mainly on getting tasks completed. But if we concentrate only on the task, we can overlook the person receiving the care. Small things such as having a conversation, offering reassurance or allowing someone enough time to take part in their own care can make a significant difference.

It is also important to remember that people receiving care may sometimes feel vulnerable, anxious or confused. This can be especially true for someone living with dementia or another condition that affects memory or

communication. In these situations, the way a carer responds can make a real difference.

Patience, empathy and understanding can help build trust and make a person feel safer. A calm, respectful and attentive approach may reduce anxiety and help the person feel more comfortable with the support they are receiving.

For me, good care is not only about what we do. It is about how we do it. We need to see the person behind the care tasks and make sure that our approach reflects dignity, compassion and respect.

Scenario: Understanding Refusal of Personal Care

While working in live-in care, I supported a person who was non-verbal and unable to clearly communicate when they were in pain, feeling unwell or simply not feeling themselves. This meant that changes in their behaviour often provided important clues that something was not right.

On most days, the person would cooperate with their personal care routine, including showering. However, there were occasions when they would refuse to go into the bathroom. Through experience and observation, I learned that this sometimes happened when they had not slept well during the night and were still tired, or when they appeared to be developing symptoms of a cold or another minor illness.

Because the person wore an incontinence pad throughout the day, maintaining good personal hygiene was

particularly important. Regular washing of the intimate areas helped maintain skin cleanliness and reduce the risk of soreness and irritation.

Rather than insisting that the person have a full shower when they were reluctant, I would calmly explain that they did not necessarily need to have a full shower at that moment. I would explain that I could help them with a gentle wash from the waist down so that they could remain clean and comfortable.

The person did not always process information immediately, so I sometimes needed to repeat the explanation several times. I found that using simple language, a calm tone and allowing enough time for the person to understand what I was asking was much more effective than rushing or becoming frustrated.

By remaining patient and consistent, the person would often begin to understand what I was trying to communicate and eventually agree to the care.

Reflection:

This experience taught me that refusing care does not always mean that a person simply does not want to cooperate. There may be an underlying reason that is not immediately obvious.

For someone who cannot verbally explain how they are feeling, behaviour can become an important form of communication. Tiredness, discomfort, illness, anxiety or simply needing more time to understand what is being asked can all affect how a person responds to care.

The important lesson for me was to look beyond the refusal and consider what might be causing it.

Good care is not about forcing a person to follow a routine simply because it is convenient or expected. It is about understanding their needs, maintaining their dignity and finding an appropriate way to provide necessary care while respecting their wishes.

Sometimes, changing the approach can make all the difference.

A full shower may feel overwhelming to someone who is tired or unwell, whereas explaining one simple step at a time and offering an alternative may make the care feel more manageable.

For me, this reinforced the importance of patience, observation, communication and flexibility. When a person cannot easily tell us what is wrong, we need to pay closer attention to what their behaviour may be telling us.

Scenario: Maintaining Dignity Under Pressure

In a busy nursing home setting, I was supporting a person who required assistance with morning personal care. The shift was particularly pressured, with several residents requiring attention at the same time.

When I entered the person's room, I was aware that there were still many things that needed to be done. In that situation, it would have been easy to adopt a task-focused approach: complete the washing and dressing as quickly as

possible and move on to the next person who needed support.

However, I noticed that the person appeared anxious before the care had even begun. They were holding tightly onto their bed sheets and repeatedly asking what was going to happen next. It was clear that they were feeling uncertain and were looking for reassurance and a sense of control.

Instead of allowing the pressure of the shift to make me rush, I paused and took a moment to reassure them. I explained what I was going to do using simple, clear steps and allowed them enough time to respond. I also involved them in small choices, such as which clothing they would prefer to put on first and whether they would like to wash their face or hands before continuing with the rest of their personal care.

Although this approach took slightly longer, the person's anxiety gradually reduced. They became calmer and more comfortable with the care, and the interaction remained respectful despite the busy environment.

Once the care was completed, I continued with the other tasks that needed to be done. However, the experience reminded me that being busy should never mean that the person receiving care becomes just another task on a list.

Reflection:

This experience reinforced an important lesson for me: being efficient does not always mean being quick.

In care, there can be considerable pressure to complete tasks within a particular timeframe. However, rushing

someone who is already anxious can sometimes make the situation take longer. The person may become more distressed, less cooperative or more resistant to the care.

Taking a few moments to explain what is happening, offer reassurance and provide simple choices can make a significant difference.

Personal care is also an especially important time to preserve dignity and control. The person may already be dependent on others for intimate aspects of their daily life. Giving them choices where possible helps maintain their involvement and reminds them that they are still in control of many decisions about their own care.

This experience taught me that the task is important, but the way we carry out the task is equally important.

A person should not have to sacrifice their dignity simply because the care environment is busy.

Good care means recognising the pressures of the job while still remembering the person in front of us.

Scenario: Seeing the Person Behind the Care Tasks

In a residential care home, I supported a person living with dementia who required significant assistance with many aspects of daily care, including personal hygiene, dressing and mobility. With a busy routine and several people requiring support, it could have been easy for the focus to become completing these tasks safely and efficiently.

However, I noticed that the person sometimes responded positively to simple conversation, particularly when the conversation related to familiar experiences from their past.

On one occasion, while assisting with personal care, I took a few extra moments to speak with them about their previous work and hobbies. This information was recorded in their care plan and gave me something familiar to talk about.

Although their ability to communicate was limited, I noticed changes in their facial expressions and body language when familiar subjects were mentioned. They appeared calmer and more relaxed, and on this occasion they were less resistant to the care being provided.

What could have been a purely task-focused interaction became a more personal and meaningful exchange.

Rather than seeing the person's dementia or care needs as the entirety of who they were, I was reminded that they had a lifetime of experiences, interests, relationships and memories that were still an important part of their identity.

I continued, where appropriate, to incorporate small elements of conversation connected to their life history during care. Over time, this became a useful way of creating a calmer and more positive atmosphere around personal care.

Reflection:

This experience reminded me that a person's care needs do not define the person.

Someone may require extensive assistance with washing, dressing, eating or mobility, but they are still the same person with a history, interests, preferences and experiences that existed long before they needed care.

Information contained in a care plan can therefore be much more than a list of practical instructions. Knowing what someone enjoyed doing, the work they once did, the people who were important to them or the subjects they responded to can help carers find meaningful ways to connect with them.

For me, this demonstrated that person-centred care can sometimes be found in very small things. A few minutes of conversation may not appear significant when compared with the practical tasks that need to be completed, but it can change the atmosphere of an interaction.

It is important, however, not to assume that talking about someone's past will always produce the same response. People living with dementia are individuals, and their responses can vary from day to day. What matters is observing the person, respecting their responses and using information about their life in a way that is appropriate for them.

Good care is not simply about doing something for a person.

It is also about remembering who that person is.