



## **Glossary of Healthcare Terms**

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## **Healthcare Roles**

**Healthcare Assistants:** Care for people with illnesses and disabilities that have difficulties carrying out daily tasks independently. Healthcare Assistant duties include, but are not limited to, personal care such as dressing, washing and toileting, serving meals and helping to feed residents, talking to residents and offering emotion support, monitoring resident's conditions by taking temperatures, pulse, respirations and weight and engaging in activities with service users.

**Support Workers:** Supervise, encourage and guide service users in their daily tasks. Duties include assisting service users to live independently by helping with cooking, cleaning and shopping whilst promoting them to complete as much of the task as possible, assisting services users in activities such as socialising, walks and sports, accompanying service users to and from appointments, post office, banks etc and offering emotional support. Duties can also include aspects of personal care and medication administration. Support Workers will encourage service users to live as independently as possible.

**Domiciliary Carer:** Care for people in their own homes that require some additional support. Duties include supporting with household tasks such as cleaning, cooking and taking out the bins, personal care such as washing, dressing and toileting, emotional support and administering medication. Receiving care at home allows the person to maintain as much of their independence as possible. Domiciliary carers will visit multiple individuals in one day.

## **Glossary of Healthcare Terminology**

**Attention Deficit Hyperactivity Disorder (ADHD):** Is a condition that effects people's behaviour. Symptoms tend to be noticed at an early age with most cases being diagnosed between 6 and 12 years of age. People with ADHD can have difficulties concentrating, are restless and act on impulse.

**Anxiety Disorders**: There are lots of types of anxiety disorder. Some of the most common ones are:

- Social phobias
- Agoraphobia
- Obsessive-compulsive disorder
- Health anxiety (hypochondria)
- Generalised anxiety disorder
- Post-traumatic stress disorder

Anxiety disorders affect people both physically and psychologically, including: sweating, tension, heart palpitations, dizziness or fainting, difficulties sleeping, more frequent illness due to lower immune system, irritability, difficulty concentrating, feelings of dread. For more information visit: <a href="https://www.mind.org.uk/">https://www.mind.org.uk/</a>



**Alzheimer's Disease:** this is the most common cause of Dementia. A progressive degenerative disease of the brain that may involve a combination of symptoms including delirium, delusions, memory disturbance, depression and behavioural disturbances. There is no cure for it. More than 520,000 people in the UK have dementia caused by Alzheimer's disease and this figure is set to rise It is not a normal part of the ageing process. For more information visit: <u>https://www.alzheimers.org.uk/#</u>

**ASD / Autistic Spectrum Disorder:** Is a lifelong developmental disability that affects around 700,000 people in the UK – that's more than one in every 100 people. It includes Autism, Asperger's Syndrome and Pervasive Development Disorder, and it affects how a person communicates with, and relates to others. All people with ASD share some challenges – such as understanding and processing language – but characteristics of ASD will vary from one person to another.

ASD is often a hidden disability and many people with it might appear able, but struggle with things such as:

- Changes to routine
- Understanding jokes
- Getting about on their own
- Poor organisational skills
- Poor motor skills.
- Interacting with others
- Social settings

They may also experience over or under-sensitivity to sounds, touch, tastes, smells, light or colour. People with ASD are often very reliable and honest and have a very good attention to detail. For more information visit: <u>https://www.autism.org.uk/</u>

**Brain Injuries:** Head injuries can sometimes result in serious complications and long-term brain damage. It can cause mobility issues, loss of senses, memory loss, difficulties communicating, seizures and mental effects such as anxiety, depression and post-traumatic stress. People with brain injuries may experience behavioural effects such as being more frustrated and more irritable than usual.

**Care Plan:** Is a written document that details individually assessed health and social care needs. A care plan ensures that the patient gets the same care regardless of who is caring for that person, it ensures that any care given is recorded and it monitors patients progress. Care Plans will have short-term and long-term goals

**Cerebral Palsy:** The symptoms of cerebral palsy are not usually immediately obvious They usually become noticeable during the first 2 or 3 years of a child's life. The severity of symptoms can vary significantly. Some people only have minor problems, while others can be severely disabled. Symptoms can include:

- Delays in reaching development milestone for example not sitting by 8 months or not walking by 18 months
- Seeming too stiff or too floppy
- Weak arms or legs
- Random, jerky, clumsy or uncontrolled movements
- Walking on tiptoes
- A range of other problems such as swallowing difficulties, speech problems, vision problems and learning disabilities.

For more information visit: <u>https://www.nhs.uk/conditions/cerebral-palsy/</u> and <u>https://www.scope.org.uk/</u>



**Complex Needs:** This refers to individuals that have two or more illnesses or disabilities and require high levels of care with their day-to-day life. They may require care and support from a number of people.

**Confidentiality:** Information about an individual should not be disclosed to anyone who should not know or does not need to know. You must ensure that people are informed about how and why their information is shared by those providing their care. You may disclose information if you believe someone may be at risk of harm to themselves or others.

**Deafblindness** (also referred to as dual sensory impairment or multi-sensory impairment): A combination of both visual and hearing impairments. A person with deafblindness may not be completely deaf or completely blind but is reduced enough to cause significant difficulties in every day life. Services must be specifically designed to assist individuals with deaf-blindness. For more information visit: <u>https://deafblind.org.uk/</u>

**De-escalation:** A combination of strategies, methods and techniques intended to reduce an individual's aggression or agitation. Examples of techniques can include respecting personal space, being non-judgmental, understanding an individual's feelings, being concise with your communication and offering flexibility or choices.

**Dementia:** A general loss of cognitive abilities characterised by memory loss and one or more of several other symptoms including severe speaking difficulties, reduced organisational and planning abilities, and problems recognising the significance of sights, sounds and other sensory stimuli. People with dementia may have difficulty with time and place, for example, getting up in the middle of the night to go to work, even though they're retired. The medical profession acknowledges many forms of dementia; the most common being Alzheimer's disease and Vascular dementia. It is important to note that dementia is an illness and not normal ageing. For more information visit: https://www.dementiauk.org/

**Depression:** The symptoms of depression can be different for all individuals as it affects people in a variety of ways. People may have long-lasting feelings of unhappiness, lose interest in things they had enjoyment in previously, feeling tearful, feeling hopeless, difficulties sleeping or constantly feeling tired and loss of appetite. People with severe depression may need support to help them in their day-to-day lives.

**Diabetes:** Is a lifelong condition that causes a person's blood sugar levels to become too high. There are two types of diabetes.

- Type 1 Diabetes where the body's immune system attacks and destroys cells that produce insulin
- Type 2 Diabetes where the body does not produce enough insulin or the body does not react to insulin.

People with diabetes need to regular monitor their blood glucose levels. Regular exercise and a healthy diet are important to control the condition. Type 1 diabetics require insulin injections and type 2 diabetics may require medication.

**Down's Syndrome:** Is a condition that an individual is born with due to an extra chromosome. People with Down's Syndrome will have some level of learning disability and the range of independency can vary massively for each individual. People with Downs Syndrome have their own unique personalities, likes and dislikes and range of abilities and the support they require has to be individually assessed. For more information visit: <u>https://www.downs-syndrome.org.uk/</u>



**Eating Disorders:** Is in unhealthy attitude towards food which can take control of your life and make you unwell. There are numerous types of eating disorders including anorexia nervosa, bulimia and binge eating disorder. Eating disorders could result in an individual eating too little or too much and obsessing about weight and body image. Individuals may exhibit behaviours such as avoiding social settings where food may be involves, deliberately making themselves sick, having strict habits and routine around food, regularly feeling cold or dizzy or low weight. People can recover from eating disorders with support and therapy.

**End of Life Care:** Is support given to a person who are in the last months of their life to help them live as well and as comfortably as possible until they die. Caregivers should respect the individuals wishes and preferences to allow them to die with dignity. Caregivers will support the individual, their family and other people around them. End of life care can be given at home or in a care setting such as hospice, hospital or care home.

**Epilepsy:** A neurological condition where an abnormal electrical activity happens in the brain causing seizures – also known as fits. What people experience during a seizure depends on where the epileptic activity takes place in the brain. There are two types of epileptic seizures – partial and generalised; often referred to as 'petit mal' and 'grand mal.' In simple terms, with partial seizures the person will remain conscious and may report such things as changes in the way things look, feel, taste, smell or sound, feelings of déjà vu, tingling in arms or legs. In a more complex partial seizure, a person will be unaware of what is happening and will not be able to remember afterwards. They may display behaviour such as: rubbing hands or moving arms around, making random noises, short periods of loss of concentration or 'absences.' In a generalised seizure, a person will suddenly become completely unconscious, experiencing physical seizures for a sustained period of a few minutes, and be subsequently unaware of events following recovery afterwards. For more information visit: <a href="https://www.epilepsy.org.uk/">https://www.epilepsy.org.uk/</a>

**Infection Control and Hand Hygiene:** Handwashing must be completed regularly using soap and water to protect patients and yourself against harmful germs. Hand washing should happen before touching a patient, before clean procedure, after exposure to bodily fluids, after touching a patient, after touching any object or furniture in a patient's immediate surroundings.

**Learning Disability:** Around 1.5 million people in the UK have a learning disability with up to 350,000 with a severe learning disability. A learning disability can be mild, moderate or severe. People with learning disabilities have a significantly reduced ability to understand new or complex information or to learn new skills. They require support or care to live day-to-day. For more information visit: https://www.mencap.org.uk/

**Moving & Handling:** This is a key part of working in a healthcare environment to assist residents in moving safely around their environment. This has to be done safely to protect the individual and yourself from injury. Necessary equipment may include manual and electric hoists, bath lifts, wheelchairs, supporting rails, turntables and walking aids. The type of support and equipment required will vary in according to an individual's care needs.

**Muscular Dystrophy (MD):** Is a genetic condition which causes muscles to deteriorate causing disability. MD is a condition which gets progressively worse over time. The condition eventually affects the muscles used for breathing and the heart at which point it becomes life threatening. People with MD may need mobility support, medication, surgery and emotional support.



**Observations:** In a healthcare setting there are two types of observations – objective observations which are measurable signs such as blood pressure, pulse, temperature, weight, urine output and subjective observations which includes signs such as changes in behaviour, vomiting or aches and pains. Observation skills are really important to recognise changes or abnormality in health conditions or behaviours of individuals and taking appropriate action to ensure the person receives the care required.

**Palliative Care:** Is caring for someone with a life-limiting illness. If you have an illness that cannot be cured, palliative care makes you as comfortable as possible by managing your pain and other distressing symptoms. It may also involve psychology support to the patients and their family. Palliative care is not just for the end of life, you may receive palliative care early in your illness.

**Peg Feeding:** This is a flexible tube inserted directly into the abdominal into the stomach to allow fluids, food and medicine to be directly immediately into the stomach. People with difficulties swallowing or the inability to take adequate nutrition through the mouth would be given this treatment.

**Personal Care:** This includes perineal hygiene and care of the hair, nails, teeth and mouth, as well as hand washing, body washing and bathing. Personal care may also include toileting changing incontinence pads, catheter care and assisting individuals to use a commode.

**Person-Centred Care:** A philosophy in which the individual's values and preferences of the person receiving care are central to the care they receive. Person-centred care should respect the values of the person regardless of their age or cognitive ability, have an individualised approach to care and share decision making.

**Personal Protective Equipment (PPE):** You should ensure you wear the correct equipment for the task you are undertaking. PPE protects others and yourself from spreading germs and prevent the risk of infections. Usual PPE for health and social care workers includes aprons, masks and gloves.

**Profound and Multiple Learning Disability (PMLD):** A person with severe learning disabilities and other disabilities that significantly affect their ability to communicate and live independently. Someone with PMLD may have mobility and sensory difficulties as well as other disabilities such as epilepsy and autism. People with PMLD need a carer or carers to help them with most areas of everyday life such as feeding, dressing, washing and using the toilet. With support, many people can learn to express themselves and communicate in difference ways sometimes via non-verbal means. They can be involved in decision making and do things they enjoy and achieve more independence. For more information visit: https://www.mencap.org.uk/

**Respect & Dignity:** This means treating people in your care as individuals and giving them choices and control over their care. People should be treated with care and compassion and their choices and personal preferences should be respected despite their medical conditions. Caregivers should enable individuals to maintain as much of their independence as possible.

**Respite Care:** There can be several arrangements but the basic principle is sharing the responsibility of care to another caregiver to allow the primary caregiver to have a break (to go to the gym, visit family/friends, go on holidays for example) or to provide the individual with a change of routine and a variety of settings or stimulation.



**Schizophrenia:** A long-term mental health condition caused by a range of difference psychological symptoms. A person with schizophrenia may not always be able to distinguish their own thoughts and ideas from reality. Symptoms can include hallucinations, delusions, muddled thoughts, avoiding family and friends, losing interest in everyday activities. People with schizophrenia could need support to carry out day-to-day activities. For more information visit: <u>https://www.rethink.org/</u>

**Skin Integrity:** This refers to skin health. Issues with skin integrity may mean the skin is damaged, susceptible to injury or unable to heal as it should do. If not cared for adequately this could lead sores and infections. Skin integrity issues can be caused by pressure from sitting in a chair or lying in bed, friction from movement, irritation from sweating.

**Spina Bifida:** Is a defect due to the spine and spinal cord not developing properly in the womb. The majority of people with Spina Bifida can have surgery to close the opening of the spine but there will be some nerve damage which can lead to problems such as paralysis, incontinence and loss of sense in the legs which can result in accidental injury. Spina Bifida can be challenging to live with and people may need additional support or care to make day-today life easier. For more information visit: <a href="https://www.shinecharity.org.uk/">https://www.shinecharity.org.uk/</a>