

## **005.003**

### **Speaker key**

RE Interviewer  
SM Staff Member

RE Okay, so that should be on. So as I said, I'm a xxx, and I'm going to be recording the interview. Could you just introduce yourself for the recording, so that I know who you are?

SM My name is xxx, I'm a care assistant, and I've been working with the... I'm doing this job for xxx, and I enjoy being a carer, because my grandma was, she had dementia as well and I know it's difficult, to have, for the people to have, this kind of, we call it illness. Before I came here, my grandmother had this illness... back home, we don't have these kinds of old people's homes, so it's just the family who looks after them, so it's very difficult.

RE Is it very different?

SM So I can see my grandma, while I am looking after these people.

RE And is it very different there at home then, how people get cared for?

SM Back home we don't have much people who have this dementia really. It's just, maybe one in one thousand, this kind of...

RE Yes, so it's much less common?

SM Yes.

RE Interesting, why do you think that is?

SM I think it's the weather and the food they eat, number one is the weather I think, because they cannot go out during winter, and back home, you can go out any time, it's not dangerous like here, you can't even open the door during the day, even if you are in your home. Not like here, you are inside the house all the time, you cannot open it otherwise.

RE Yes, it's very different.

SM Yes, it's different, the way of life here and back home. Back home it's more relaxing, you can trust your neighbours. You can go out and you can ask your neighbour, can you just have a look at our house because I'm just going to buy something. You know all your neighbours.

00:02:55

RE Yes, you can't do that here, yes, not like xxx.

SM No, not like xxx.

RE So it sounds like it's very different, and I might ask you some more about that, but so, what I'm going to be doing is asking a lot about your experience of working with some of the residents here who get agitated, so people who get verbally aggressive or physically aggressive, or shouting, pacing, those sorts of things. As I said, it's so that we can try and develop an intervention to help people, and to help staff manage when people get agitated. It's confidential, so I will take any names out of the recording. You know, what you tell me is private, unless you tell me that someone is being harmed, in which case I can't keep that a secret, but I will talk to you about it first. If you need to go, tell me, or if you don't want to answer something, don't answer it.

So, just to start, can you think of somebody who you work with here, a resident, who gets agitated often. Can you tell me a bit about the person and describe what happens when they get agitated?

00:04:20

SM This lady, shall I mention the name now?

RE You can, I'll take it out.

SM Yes, her name is xxx, in the mornings she gets agitated sometimes, especially when she looks for her children. She will say it's her brother, and sometimes she wants to go home, yes, if you try to calm her down or give her reassurance, she doesn't listen. It's like she really wants to see her children, she wants to go home. So you leave her for a while, but sometimes the problem is, she wants to go out of the door. So that's the only problem, so you have to just follow her.

We tried to, what can I say, because when she goes out, we try to say, come here, your son will be coming from this door. If she hears that he will be coming from that door, still sometimes we have to lie, but that's the only thing that she can listen to us.

RE So if you tell her that her son's coming, that's the only thing that will...

SM Yes, the son is coming, he will be coming from this door, because this door, when she goes through that door, it's dangerous, because she can go to the stairs, and...

RE Can people get out of that door?

SM Yes, because that's an automatic door, and it opens automatically when someone is coming and going.

00:06:20

SM Like one day, one Sunday I was in charge, and this agency staff didn't come, and one of our residents died, so the doctor was here, good thing xxx, our deputy manager was here, so she helped me a bit. And xxx was so restless, when they took the body, when the caretaker took the body, was taking the body away. We were trying to stop xxxx from going, but she was still agitated. Anyway, xxxx managed to take her away from that door. But that kind of thing, sometimes it's difficult for us.

00:07:20

RE It's really hard isn't it? And what do you think maybe causes her to behave in that way or to get agitated?

SM It's because she's missing her family, her sons, because she is new here as well.

RE How long has she been here?

SM Here for xxx.

RE Okay, only xxx.

SM So it's like she's missing her children and missing her home, because she sometimes will say, I want to go home.

RE And so do you find that people are more agitated when they first come and then they settle down, or is it not like that?

SM I think because we have also a lady.

RE Is there someone else?

SM Yes, she gets agitated, but the behaviour is not like that, and she's been here for a long time. But she doesn't, she will just say, I want to go home, I want to die, but that's... and then, but she doesn't have anybody, do call it agitation...

RE So she gets upset and says she wants to leave, but she's not aggressive, she's not...

SM No, she's not aggressive.

RE No, does she get distressed, does she cry or...

SM No, she will say I want to die, kill me now. But before she was agitated.

RE So what changed?

00:09:05

SM It's the medication, because she's been here for I think four years now, and sometimes she's gets like this.

RE And so generally, when people with dementia become agitated like this in different ways, so either aggressive or they try and go or say they want to go home, how do you... what do you think causes them to behave like that?

00:09:45

SM For me it's really their illness, it's really their... because of their illness. Like this person, xxx, she's missing her family, because she gets only, gets restless, if she's thinking about her children, her brothers she says. If you say, oh your son will come, and then she will calm down.

RE How long does that last, does she stay calm or...?

SM She will carry on, even if you say he's coming, then she will listen to you for a bit, and again, after one minute or two minutes she will ask again.

RE And when her children do come, how does that make a difference to her?

SM She's very calm, she will sit down and just sit there with them. Sometimes they come and take her out, so it helps us a bit.

RE So she's calm when they're there, and when they leave, what happens?

SM Yes, she gets restless again. But there is a staff who can give one to one with her....

RE Does that help?

SM It helps. Yes, like lunch time she is sitting with the staff, otherwise she won't eat if she won't be sitting with them, helping her. She needs one to one.

RE Do you think there's anything else that can make people behave, do you think there's anything else that make people more agitated?

SM That's the only thing I can think of, missing their family. Like this one, person, looking for her husband, but the husband died already long time ago, but once in a while she mentioned that she wants to see her... and she attended the funeral. Even if you explain to her, remember you attended his funeral, no, don't say that, I didn't. And sometimes she remembers that he was sick, that he had this problem, he was taken to the hospital, but it depends.

RE So sometimes she will remember, but sometimes if you tell her, you went to the funeral, what happens, does she get upset when you say that?

00:12:40

SM No, she's not upset, because she will realise that is true.

RE Okay, yes. And so, have you noticed anything else in other residents, when they get agitated, any other types of behaviour that you notice?

00:13:15

SM We have another one and she gets agitated if the environment is having, it's too crowded, when one is shouting, yes, she gets cross, this one is diabetic, and with I can say challenging behaviour as well, because he doesn't want too much noise. We also have another one... mostly, like when he sits there, and to stop talking, you know that he doesn't like it, because he will be screaming.

RE So there's different people and you know what they like and what they don't like, is that...

SM Yes, we know, because like this one, who doesn't like any noise, he will stand up straightaway, like when he is having lunch, he will bang the cutlery on the table and then look at the person who is screaming or shouting.

RE Do you notice that that affects the other residents as well, like if one person starts shouting, does that affect the other people there or...?

SM Some of them, yes, it really affects them.

RE Okay, and what else, what works well, what helps when people get agitated, what have you tried?

SM It's just to get them away from the noise, if the person gets agitated when the person is noisy, then give him away or take him away from the crowd, and xxx gets agitated like that, we give her one to one, as much as we can, take her, because when we reassure her, like say your son will come here, so we will say, he will be over there, and then she will ask us, okay, take me over there, and then we take her to the quiet lounge, because most of the time we will say, he is in the quiet lounge waiting for you, so she will ask, come on, you take me there.

RE So having that one to one time with people is important, it helps. Is there anything else that helps to communicate with people with dementia who are agitated, what helps, how do you communicate, how do you kind of...

SM You try to talk, even though they cannot sometimes, their speech is not clear, like we have this Israeli, he speaks xxx language, we try to talk to them. I mean, we ask the family the translation of the language, so we try to remember those words, language, and that's how we communicate with them. And we will rub his back and then try to calm him down. But we take him to the room and if he doesn't like you to be there, then we will just leave him, and then he will be just...

RE And do you know when he doesn't want you there, like does he show you, he can tell you.

SM Yes, he will be still agitated, but we cannot just leave him, when taking him to his room, so when he says that, go, then we go, and the one who screams and tries to communicate with him, he doesn't mind if you are there or what. We just leave him there and we just keep an eye.

RE Yes, so you try different things with different people.

SM Yes, people and residents.

00:17:50

RE And is there anything that doesn't work, that makes it worse or that, you know...

SM Is there anything...?

RE When someone is really agitated, what doesn't help?

SM When you are talking too much, when you know that he doesn't want any noise, and still staff are talking, he won't stop.

RE So you have to know when to be quiet, when to... and when you think about, when people get very agitated or are very difficult to manage, kind of what happens, how does it get decided what the plan is or how to manage it?

SM We have a care plan, like communication. Can you repeat again the question?

RE Well, I was just thinking how decisions get made really, you know, about what to do, what works, those sorts of things.

SM Yes, we have a care plan, and then we speak to the rest of the colleagues and we tell them what to do, what's the best thing, I mean, how do deal with this kind of...

RE And do you have like, on each unit, do you have like senior carers or...

SM Team leaders, we call it team leaders.

RE So are you a team leader?

SM No, I'm a carer, but my team leader is on annual leave.

RE Okay, so you would maybe go to them or...

SM Yes.

00:19:45

RE Yes, do you often have professionals come in?

SM Yes, we have CPNs, doctor comes every Wednesday.

00:19:55

SM And we have to, people going to the higher one, we speak to the deputy, team leader and then deputy manager.

RE That's xxx who...

SM Yes, and then xxx is the manager.

RE And so when the other people come in, like doctors or people from the Mental Health Unit, like CPNs and stuff, what kind of things do they try?

SM Like with the CPN, if there is a CPN, they will try to see the resident first, try to talk, and then talk to the staff, to the team leader, and then the manager, and then they will try something, and then if they need to contact the doctor, then they contact the doctor.

RE Yes, and if they try things, what kinds of other things do they try, other than medication?

SM Because they don't really...

RE Do they do anything? Is it helpful having them come in, people like CPNs and, I don't know if you have psychologists come in, but is it helpful, if someone is really difficult, or not?

SM No.

RE It's not, okay. But it's helpful to know, because that's what I'm interested in, is whether actually having experts coming in makes a difference or not.

SM We had the one who screams, today he is quiet, and he has been seeing the CPN, because when, as soon as you take him out of the lounge, he will start screaming. So I think what he did, I think they prescribe him this medicine, and I think that one works, because even if you do something like talk to him, he won't listen, because it's the illness, it's only the medication can help.

RE And do they ever do things like work with the staff around how to respond, that sort of thing or...?

SM Because they know that the staff are doing the best thing they can.

00:22:45

RE And it is very, it's hard very isn't it, because you are doing the best that you can.

SM Yes.

RE What about things like activities, that sort of thing, does that make a difference with people, when they're very agitated?

SM Yes, it helps, but it depends, if they want to participate, but activities helps as well.

RE What kind of activities?

00:23:05

SM We have a xxx group here, sometimes there's a concert. But with this one who doesn't like any noise, you cannot take him to this concert, for xxx, yes. It depends on what it is, they want to participate or not, because we cannot force them to join, you have to ask them first, but we would encourage them, let's say we say, you will enjoy it, then you try, if they stay it means they like it, so we stay with them.

RE And is it you that do the activities, or do you have external people who do the activities?

SM We have a social co-ordinator here, she is arranging everything.

RE The lady that was there.

SM Yes, and we have our programme for a week, so we find that every day we check that, so we just bring them then. But she is the one who is organising everything, we just bring our residents, you have a tea party every last xxx of the month, so sometimes it's in our area, it's sometimes upstairs, so we bring all our residents, let them attend it, yes.

RE And do you all get to join in with the activities.

SM Yes, we have to stay with them, yes, so we have to, because we do activities, because we have daily report, you have to write down if they enjoy it, if they participate well, and you cannot just leave them, you have to stay, because if they really want to use the toilet, so you need to be with them.

RE Do you think it's a good thing to do, is it a good thing to spend your time on doing those activities with people, do you see the... does it help people?

SM Yes, because then their mind get busy, they participate instead of just sitting there and then their mind is like, they want to go home. So if they are joining the activities it helps.

00:25:45

RE So things like giving more one to one time or talking to people or doing more activities, what kind of, what gets in the way of doing that, what makes it harder to do those things?



SM Because we have twelve residents and we are only three, and like if you are with this lady, one to one, so you have one vegetarian who will ring the bell, we have a lady like that, vegetarian and here is [unclear] so she wants everything, I mean, she means well most of the time.

00:26:35

RE So there's only three of you, and sometimes one of you is with one person, so you're having to do lots of things, is that you're very kind of stretched.

SM It's stressful.

RE Is it stressful?

SM Yes, especially these days, they really want us to do more activities with the residents. So the only time we can do our care plan, and do the report is after supper.

RE So does that cause stress, that they want you to do more activities, but it means you have to do things like your notes and your care plans and stuff later on, is there not enough time?

SM We have time, but it's still hectic, because in the morning you have to help them with their personal hygiene, and activity time here is from eleven mostly, most of the time it's quarter past eleven until quarter past twelve, and then it will be lunch, half past twelve. So you have to get them ready for lunch, and then toileting, it's sometimes hectic.

RE It sounds like it is hectic, and if someone is agitated or difficult in some way, that must make it harder.

SM Sometimes I feel like I don't want to come any more.

RE Yes, and you've been doing a long time.

SM Yes.

RE And when you feel like that, who do you, what do you do, when you feel like that?

SM No, you just carry on.

RE You just carry on.

SM Yes.

RE And do you get any support, I mean, can you talk to people here, what helps?

00:28:45

SM We just say to the rest of the staff, and of course if you say something to the higher one, what can they do, then they will say it's your job.

RE So is that what happens, if you say something to managers, they say oh it's your job or...

SM No, no, not really, but they expect us to do our best, especially activities.

00:29:20

RE And do you think that the care staff, not just you, but generally, do you think that people see it as not really, that's not the most important thing that they need to get done, the activities, is there other stuff that's more important, like, I don't know.

SM No, it's always the activities very important for the residents. But sometimes, because really sometimes residents, they don't want to participate, but still, you have to encourage, because they expect you to take them.

RE When you say they, who is they, is it the managers, is it family or...?

SM Managers.

RE Yes. Why do you think they want you to take them?

SM They, because they want them to have, I mean, to do something, because they don't, they just want them to not just be like neglected, just sitting there.

RE And what about, is there anything that, I mean, you've said that it's very busy and there isn't always enough people to do things, is there anything else that makes it harder for you or other carers to manage agitation, kind of what makes your job harder when people are very agitated?

SM Because when this one gets agitated, she gets restless, then you have to be with her, and then instead of doing the things to be done, you cannot do it, because you have to give her one to one, for her.

RE So you've constantly got too many things to do. And what about

SM Because mostly the team leaders, sometimes they can help, but most of the time they are in the office doing paperwork and everything. So it's just the two of us, because we are only two carers and one senior.

00:32:05

RE So like when your team leader is on holiday, have you got three people still?

SM Yes, we've still got three.

RE But you're saying that often team leaders will be, what, doing paperwork and things.

SM Yes, they cannot do what they were doing, because then, I mean, they were in the office doing medication, because it's important, the medication, supervision in the morning, lunch time it's not much.

00:32:40

RE Is it only the senior carers that do the medication?

SM Yes, because I have Level III, I have been with them a long time, so I can do the medication. It's up to me, if I don't want to do it, because I refused once, but they said, I said yes, at the end.

RE Why did you refuse?

SM No, because of the responsibility. I rather work on the floor, but they [unclear] because I've been doing this job as a carer, so if I'm in charge, I know how hard to be working on the floor, so even if I am there, they really need me, I work, I work there.

RE So you should be a team leader?

SM No, I don't want the responsibility, it's too much responsibility really. I don't want to live here, I don't want them to call me at home, asking something if something goes wrong, I don't want them to blame me. I do what I can. I mean, but I don't want any stress.

RE So you want to do what you can, but you don't want the additional stress?

SM Yes.

RE And do you think that when, when people are very agitated and it's difficult, do you feel blamed if things go wrong, or...

SM No, not really, no.

RE What about the relatives of the residents, do they make it harder or easier to manage when people are very agitated, how does it make a difference?

SM What do you mean?

RE I suppose, having families around, is that helpful, or actually is it a bit difficult at times.

00:35:00

SM No, it's helpful, because they know their mother is like that, and then they take her out. This one, the family stays with him, so at least he calms down. It helps. So when xxx is out, so at least we have peace, we don't need to be... you have to be alert really, because any time, she can get out of that door, and she can use stairs.

00:35:30

RE So what happens? I suppose she can't get out of the front door can she, downstairs, if she did go downstairs, she can't get out.

SM No, she can use the stairs, the stair case, that will be...

RE She can't leave the building?

SM No.

RE No.

SM But still, because of her mobility, she cannot...

RE She is at risk of falling.

SM Yes, she uses a stick, so yes, she's at risk of falling.

RE It's hard, isn't it? Is there anything about, I suppose, you know, in terms of what kind of person you are or what kind of person you have to be, to be a carer, when people are very agitated, like what qualities make it easier to do the job.

SM You have to be calm with them really. When you are talking to them, always calm, because they get more agitated if you will be, the tone of your voice is really high or if you show them that you get cross with them. You really have to be patient with them, and like xxx, she doesn't want your voice to be, not too loud, she will tell you, don't shout. Then when you talk very low, she will say, I can't hear you.

RE Yes, I have that, yes, you have to get it just right don't you.

SM Yes.

RE So you have to sort of be quite patient, is that what you are saying, quite calm with people. What else helps, how else do you have to be that kind of can help.

SM That's it, yes.

RE And is there anything that would make your job easier, do you think? When it comes to having... because it sounds like you have lots of very agitated people on this unit, what would make your job easier?

00:38:05

SM It's just team work really, if you know this person is like this, and you are like with her or dealing with her, if you want a rest, you can rest, the other staff to be with her, and then you have a rest, and then after rest, if she is still like that, then you take over from her.

RE So do you think it works well here, like on this unit, as a team?

SM Yes, but this one is sometimes, if she doesn't go out, it's really too much, for the three of us.

RE Do you always work on the same unit?

SM Yes, the same unit.

RE Yes, because in some care homes they move everyone around.

SM Yes, when we move here, it's only twice that I've been moved to the other...

RE Okay, so you know...

SM Because we have key residents, so if you go to the other unit, I think it's better to be working in the same unit because these residents, if it's different people, then it's not really good for them. Only when they are, somebody is on annual leave then other staff come.

RE So it's better if...

SM But I think it's better if it's the same person, I mean, not moving the staff to other units.

RE Yes, so that helps. Is there anything else that would make it easier for you to kind of manage, when people are very agitated?

SM Give them one to one, and if the family can come.

RE And so you've said a bit, when people get really agitated, so when you've got someone who is agitated a lot of the time, how does it affect you, at work?

SM It's just tiredness, after the end of the day, because the other morning I had cramps, early morning, because it's too much walking, too much standing, so you feel that you are really tired.

RE And what about if people are like, if residents are like, if people are like shouting at you and hitting, what, how does that make you feel?

SM They don't hit anyway, if you see them that bad, you just leave them. Yes, you leave them. Before we had a lady who used to use her stick, banging, banging, but because of the

medication, she changed, but we were scared with her before, she used to push the furniture down when she first came.

00:41:35

RE Does it ever, you mentioned feeling stressed before, does it sometimes feel like very stressful?

SM Yes.

RE Yes, and how does that affect you?

SM It's just tiredness, yes.

RE Do you think it makes it harder, when it's very stressful, do you think it makes it harder to do your job?

SM Not really, because I just carry on with my job, at the end of the day you feel really tired.

RE So when it is difficult, how do you get support?

SM We just, we don't tell the higher ones, that it's too much, we just keep it to ourselves.

RE How come?

SM Like some stuff, they say this unit is heavy, the residents, even this person, because we didn't have problem with this person anyway, who has been transferred to the other home, so even if it's not there, it doesn't matter, he was all right, he was very mobile, he was just sitting there, so it's all right, with less one. But some staff says this unit is heavy. You have this lady who is bedridden, she rings the bell most of the time, so you have to go to her.

RE But you were saying that you, just like, you just keep it yourselves, like you don't go to anyone else, if it's hard. I'm just, I'm curious about why you would...

SM They won't listen anyway, I don't know, we just... keep it to ourselves, yes.

RE Do you keep it, do you talk to each other about it though?

SM Yes, we talk yes.

RE Yes, and what about training, like, in how to manage agitation, have you had any sort of training or sort of, advice about that at all?

00:44:10

SM I haven't attended this kind of training.

RE Do you think it would be useful to have training on how to manage difficult behaviours and things?

00:44:25

SM I don't think it will... I don't know.

RE I want you to be honest, because it's helpful for me. So you're saying, you don't, do you not think it will be...

SM I don't think so, because the only thing that helps to manage this kind of people with this illness is just, give them one to one. But how can you give one to one if this ones needs you and then there's another person, another resident who is risk of falling, because she can stand up any time.

RE So you're saying that actually, I don't want to put words in your mouth, but you're saying that you don't think training would be useful, because actually what you need is just staff to do, you know, to have enough to do one to one with people.

SM Yes.

RE And so, is there anything that would be helpful, apart from having more staff, I mean you're right obviously, to have... but is there anything that could make it a little bit easier or might help you feel less stressed or...?

SM No.

RE No?

SM No, just one to one, if the family can come and see them.

RE Yes.

SM Because this xxx, early morning she will be up, sometimes the night staff is the one dressing her, but if she's not dressed. The reason for them dressing her, she gets agitated...

RE What, if they don't get her dressed, she gets agitated or... sorry, I didn't...

SM Yes, if they cannot dress her, because she is agitated, even though she is already awake, yes, she doesn't want to be touched.

RE Oh I see, so the night staff won't be able to do it, so you will have to do it.

SM Yes, it helps when they can dress her.

00:46:55

RE Yes, it helps because then you don't have to.

SM Yes, because you cannot leave her in her... because she is already out here, you cannot leave her like that, with her night dress on or with her pyjamas on.

00:47:10

RE And does she wander around like that...?

SM Yes, all the time.

RE All the time, like at night, does she sleep?

SM Yes, at night she sleeps well, but during the day, as soon as she gets out from her room, that's the time, she will run there, she won't sit still, she will sit down for two minutes, but if she will be with the staff, she will be sitting down.

RE Does it help to take her out?

SM Yes, still one to one, because one staff should be with her. Yes, she likes going out, because when her sons take her out, she enjoys it.

RE Good, is there anything else that you would like to ask me or say, before we finish?

SM As long as my name won't be mentioned there...

RE It won't be, don't worry. Honestly, I take the names out, and anything that would make it easy to identify you, because we want you to speak freely about what's working, what isn't working, you know, we're nothing to do with xxx (organization name), we're completely separate. So they won't know like, I've interviewed in five care homes, they won't know it comes from here. But it's more, just to hear about kind of, you know, because we could come in and say, oh we will do this training and we will do this, but actually if all the staff think, this is a waste of time, it isn't going to help. So it's useful to hear what you think about it.

SM But with our residents, because not all of them are the same, so maybe when you talk to the other staff from the other unit, maybe your suggestion to have training, will help for them.

RE Not all residents are the same, and not all staff are the same as well.

SM Yes, because they have different illness. I mean, they all have dementia, but the behaviours is a bit different.

RE That's really helpful, thank you.

SM You spoke to xxx already.



RE I spoke to xxx this morning.

SM So it was interesting.

00:49:53