

002.004

Speaker key

RE Researcher
SM Staff member

RE Okay, so as I said, I'm from xxx. I'm xxx, by the way. I don't even know if I introduced myself; I'm xxx. And I'm conducting and recording the interview. So everything you say is confidential. But can you introduce yourself for the tape, so that we know who you are?

SM I'm xxx and I work at xxx for txxxx and I support the residents to stimulate them into daily-based activity.

00:00:39

RE Brilliant. Thank you. So thanks again for agreeing to take part. As I say, I'm interested in how staff working in care homes manage agitation; and by that I mean things like aggression, verbal or physical behaviours like restlessness or wandering or pacing around or shouting. And we're asking you because we know that you've got lots of expertise and many years of managing and knowing what works, basically.

Just the thing is that obviously I'm recording this and whatever you tell me is anonymised but... And confidential, but if you do tell me something where I thought someone was being harmed in some way, I would not be able to keep that confidentiality.

SM Oh, no, you can't.

RE Okay, but I talked to you about that. And if at any point in the interview you need to stop, just let me know and we can do. So first of all, can you just think of...? I mean, you've obviously been doing this a long time, but if you think of maybe someone you've worked with closely who has been very agitated and just tell me a little bit about... Describe their behaviour and what's happened for them.

00:01:53

SM Well, there's frustration in a dementia person when they get a bit confused, want to go home, and the frustrations build up, they stand at the lift, or get really agitated that you have to try and support them in a way, in taking them from that environment or, you know, calming them down by talking, giving them a cup of tea or...

RE Yes? No, that's ... And can you think of a particular...? Is there a particular person you've got in mind that you could, sort of, describe?

SM Well, there's quite a few.

RE Think of one. Just tell me about one of them.

SM Well, there is one. Like xxx. He find that this home - can I use that word? Prison?

RE Yes.

SM He find this home that it's a prison, because he likes to go out each day. It's provided that they can go out each day but it needs more staff as well as one-to-one to go out with him. So we encourage the family to help out a bit more in that.

RE And has he got dementia?

00:03:15

SM Slightly. He's got dementia, but the frustration with him, he will bang the door really agitated, let me out, you know? In a frightening way, which sometime it could be upsetting for the other residents.

RE And so for him, he's, you know, I was going to say, so when he wants to go out, how does he, sort of...? If he... How does that come out? How does the agitation show itself?

SM Well, the shouting, his voice raised and, you know, just pounding down the lift. So it's frustration for himself plus the staff plus the other residents so...

RE Gosh. And so that's one example of someone who's been very, you know, gets quite agitated. And what...? How do you makes sense...? What do you think it means when he behaves in that way?

SM Because he's not used to not going out so... You know, he feels... That's when he feels this is a prison.

00:04:33

RE And does he say that?

SM Yes.

RE Does he say, oh, I'm in prison. Or is that...? Yes.

SM He does. He said, let me out of this prison.

RE Yes. And he bangs on the doors and...

SM He bangs on the lift to get out because that's the only way he knows to go out. Because he doesn't know the fire doors and stuff like that.

RE Right, yes. And what...? So one thing is about him, he's not used to not being able to go out. Do you think there's anything else that, kind of, causes him to behave in that way?

SM He... The things what he likes to do on a day-to-day base. He likes to go to the pub to have his drink, he likes to go to the bank because he's able to take his own money out. So truly, in a sense... Can I say it?

RE It's fine, you can say whatever you want because I'm going to take all the names out and stuff.

SM Because this... He wasn't ready for here. So I feel that that's when the agitation come because he used to open his door, go out, takes the bus. So obviously he's going to be very agitated, frustration and get angry and ...

RE And how long has he been here?

SM He's been here just about three months now.

00:06:05

RE Okay, so it's still...

SM Still new for him because it is a different environment.

RE And...

SM So what I engaged him, supporting him... When I see him in a calm mood, I'll always get him straight after breakfast to distract him from being frustration for going out. So stay with him, we have a newspaper reading, then I engage him with dominoes and he's much calmer. And then he said oh, twelve o'clock he wants to go. I will said, I think you need to have your lunch first and maybe after lunch we could go for a bit. Because I do take them to the pub, have pub lunch and stuff.

RE Yes, so I was going to ask you actually about, you know, what works? What have you tried basically? And what to, kind of, calm him down or to, kind of, manage it?

00:07:08

SM Tried all sorts. He likes the fresh air. So we have the garden, so we'll have a chat, a cup of tea in the garden. He goes with the day centre residents if they're out there as well so... So we try different little things. You just have to know that person and know what they dislike and they like. And if you engage them early... And, you know, by talking to them he's quite calm.

RE So you said about getting to know them, tell me more about that. Or about how you might do that and...

SM Well, I always like to know what did you used to do in your time. What work do you like doing, you know. All the different things, really, in life. I try to not... Because they got dementia it doesn't say they can't express themselves about their feelings and what they used to do day-to-day.

RE Yes, so you're trying to get to know them is one thing. With someone like him that helps and... What have you noticed other people doing with him as well because...?

SM Here?

RE Yes.

SM The other people? Residents?

00:08:28

RE Yes, either staff or other residents. Or relatives, you know, or... What do different people try?

SM Well, I've found they're just... With the staffing here they just try all different solutions just to make him more stable and not...

RE Yes, so like what? What kind of solutions have you seen?

SM What I seen is just talking really, just talking with the staff here.

RE So spending, sort of, sitting talking to him about...? Yes.

SM Well, no, not really. I'm not being horrible. And, you know, I'm speaking from the heart and as a person, a human being. And care homes overall, I believe they should have enough staff that the... Because dementia residents they all need one-to-one. Yes, you could have groups, but for how long? Because we all different. So I believe overall in my heart, seeing and working with the residents, they're all one-to-one. And you can give a lot of care in one-to-one.

00:10:02

Speaking from the heart, I have experienced that. I was given a key worker, years ago, in the day centre when I was... She came out of psychiatric ward and she couldn't speak. She couldn't speak. I took her for long walks, we went to the park, we talk about the birds, she still... She was just... Needed someone secure and she... I said to her, in human life there's time we could cry, there's time we could scream.

And one day she done that. And that's why I know it's a one-to-one thing with dementia. And she screamed and she worked along with me. If I'm not at work in the day centre, she ain't coming to the day centre. Because she felt so secure with me and I make time for her. I didn't disclude the other residents, but I had groups as well what helps her and give her the things she likes doing, cake baking, flower arrangement and stuff like that. And that was very rewarding for herself, because she

made the choice three years ago that she didn't want to come here and she was aged... Was she 40 or 38 when she started the day centre?

RE She had dementia? Gosh, so she was very young.

SM Very young. And she made the choice that she don't want to come to the day centre. She want to stay at home with her husband. So that is very rewarding. And that was one-to-one. She was very hard work.

RE And it sounds... You know, there's lots of things that you said there, but one was about it being one-to-one. But also about, kind of, getting to know the person, isn't it? And making them feel secure.

00:12:21

SM Secure.

RE I think you said.

RE Tell me more about that, so how do you make someone feel...?

SM Well, making them feel safe? Because she felt safe, there's more staff but she felt very comfortable regardless I was the key worker for her. She felt really comfy talking to me, because maybe she didn't want, like, a massive group.

RE Yes. And what do you think helps someone who's agitated, who's got dementia, to feel safe? You know, what are the things that can help someone to feel safe and secure?

SM The environment.

RE Tell me more about that. What about the environment?

00:13:08

SM Making it homely. You know, just knowing in their care plan what they like doing and try and put that in place that they feel warmly and not feeling scared or being agitated. And do not force things on them what they don't want; if they want to be left alone, you have to leave that. But not disregarding them you could go back in ten to 15 minutes to see if they want to interact with whatever is happening around. I don't know if that's...

RE No, that's right. There isn't a right or wrong anyway. I'm just really interested in your views. And actually, you know, that's really helpful. When you think about... Because obviously the guy you were talking about is presumably on the first floor? He's not...?

SM Yes.

RE Yes. Is... If you think about the second and third floors, because they're people who are presumably more severely impaired. Can you think of someone there who gets very agitated in a slightly different way?

SM Yes.

RE And tell me about them.

SM xxx would get frustration with...If his pad is wet and he's not being changed when he wants to, you know.

RE Is this a different xxx?

SM Yes. There's quite a...

RE I know both xxx. Okay. No, that's good.

00:14:39

SM Yes, I'm going by him because he would, nurse! You know, shout and the nurse and, you know. I heard that bit and seeing that bit.

RE So what happens with him? He gets frustrated if his pad is wet?

SM Yes.

RE And how does that...? How does he show it? By screaming? Or...?

SM By screaming, nurse! You know, or maybe they might... It's all different things, really, what the residents...

RE What do you think causes people to get agitated in that way?

SM It could be they're showing signs of their feelings and how... I don't know.

RE Showing signs that their feelings, yes?

SM Feelings.

00:15:27

RE So feelings about what's going on? Like, you know.

SM Could be what's going on, not paying attention, you know. That's why it needs more staff.

RE And...

SM It just needs more staff, as I keep saying, for these residents.

RE Yes, and if... I mean, it... That... I think, you know, that having more staff obviously would make a real difference. Based on how many staff you have at the moment, what do you think works well? What does help for people when they're agitated?

SM Well, since my leg being broken, it has worked well because my managers they listen now. And two... I'm getting more support so it'd be easier to have two groups so the residents won't wander off. So we engage them with different things and that works very well.

RE Yes, so having more than one person doing activities? And whose, kind of, job is it to do the activities and stuff? Is that something that's just the activities coordinators? Or it that everyone gets involved?

00:16:51

SM Well, it's supposed to be everyone as a human being getting involved. But I find that it's quite too much for the team leader who's in charge of that unit. And the staff load is heavy because one person as well it could be... It's three staff on duty, two might be in the room doing a bathing. So, yes, there is a lot of frustration on staffing and the residents.

RE Yes. And so that... There's always this thing about, kind of, not having the right people. And what doesn't work? What have you seen not working in terms of managing agitation or when behaviour is quite challenging? What doesn't help?

SM What doesn't help with the care setting? Or...? What...?

RE Yes. Or, you know, is there anything you've seen staff doing that actually doesn't help or makes it worse? Or...?

SM Walk away.

RE Yes. Does that work or not, to walk away?

SM It doesn't work. No.

RE Just checking, I wouldn't... I didn't want to, kind of, put words in your mouth and...

00:18:12

SM No. Just walk away from that person not even, say, give that confused, demented person that five minutes. Just walk away. You can't walk away.

RE Is that something you see happening?

SM Yes, I see it. I'm not here... If... I will report the danger and the abuse part. But I'm not here to run to boss because I believe that a manager should always have about ten minutes away from their desk to check on their floors. They're the one

employed. You're not saying... But just see how things are doing, but they're... You know.

RE And do you see that happening here?

SM Sometimes.

RE Yes. And what effect does it have when you see the managers, kind of, getting out there and just, sort of, seeing what's happening and getting [overtalking]?

SM Well, if I see something wrong be around, I'm going to approach who's in charge. And then I would report it. I will report it.

RE So how did decisions get made about, kind of, managing agitation and things like that?

00:19:45

SM How does it...?

RE How did the teams...? How did they, kind of, make decisions about what to do if someone's very agitated?

SM Well, with the team on the units, they will challenge - no, it is challenge? - refer that question again?

RE Well, I as just asking about, you know, how do they decide what to do? Like, if someone's getting very upset or, you know with [overtalking]...

SM Oh, they... If it's a constant thing then they review the person and they will call in the social workers and all that, all the teams and everyone get together to know what's the best to help that person.

00:20:33

RE And what have you...? You know, in your experience, what works well in terms of communicating with people with dementia especially when they're, kind of, agitated? You know, what helps you to communicate?

SM Well, what helps me is having group works and we talk... I'll talk... Start off in talking how I feel this morning or... And then they will join in. And I find that is a calming... And I always find it's how you situate your room, how you're going to have your....

RE So how you actually set things up? Yes.

SM Interact. To interact with them, yes.

RE Okay, so what...? Is there certain things that work better than other things?

SM Yes, because some days I would prefer not to have them in the lounge because they're for constant in the lounge. So I would, like, have groups in the dining room. And I find that is very uplifting for them.

RE So trying...? What is that? Like, trying different things out, or being in different environments?

SM Yes.

RE Yes. And is there anything else about the environment that, kind of, helps to either calm things down or sometimes can make it worse?

SM Yes, if it's too noisy with the music and no quiet room. I give them things what they really love like coffee room, tea room, they love all that. They think they went out. You know that coffee morning we had this morning, could we have it again, you know, things...?

00:22:25

RE Yes.

SM I just like to see them happy, that's all. I'm too soft, I'm a softy.

RE Well, it's... It doesn't sound very soft to want to make people happy in a care home when that's your job. I think it's... Sounds very appropriate. And so have you...? What...? Have you noticed staff doing anything else? So, like, when someone gets very, kind of, aggressive or agitated about something is there anything you've noticed staff doing that you think, oh, that's a good idea? That works well.

SM Well, it's knowing that person. So, yes, we all try to work togetherness. Some of the staff, oh, xxx's (activities coordinator) here, she knows what to do. Because I do know them; I take time to know them. And we know, oh, if you give him a cup of tea, he will be... Yes? Maybe his pad? You know, we talk about little different things, not in front of them, but maybe you have to think for most of the dementia unit. Because I know when they wet... I watch the actions, standing and I said, she needs to be toileting. Half of the time, I just... I ain't meant to because my job role has changed but it's a human being. And it might be very... Why you keep standing all the time? And I know. I just can't do personal care.

00:23:56

RE Yes. How come it's...? How come you know the relatives well and you know these things and you notice these things and other people don't? You know, what's the difference?

SM Because I think I spend more time with them. Even though they do spend more time, but their work is rushing, aren't there? They spend, like... They said it should be how much? 15, 20 minutes for one person they're going to bath? But sometime it doesn't, it might be an hour. So, yes, because I have groups. Once I'm on the floors, everyone... You don't even see none of the staff. Because I know how to

situate the group. If they... Others are in the same room, quiet, having a nap and I'm still doing little activity with the...Even with the frail [?].

You know, I give thanks each and every day, to come in and they still recognise me, they could smile because they hear me, my big mouth, to, you know, give them... They're awake when they hear my voice. So I know I got that knack to give them a smile all the time.

RE Do you think that...? Do people see it as your job, really, or do you think the care staff see it as their job as well to...?

SM No because they know xxx (activities coordinator) as well could do anything is what they meant to be doing. I could do it anything with these hands, you know. Help out, do this and still organise my group and stimulate them. But, yes, I do love what I do.

RE That's...

00:26:00

SM I really, truly love and care for people. I wish someone going to care for me soon.

RE Yes, not quite yet.

SM But, you know, yes. I think it's...

RE So there's something about really loving what you do? Because I was going to say, you know, what qualities do you think you need to be able to, kind of...?

SM You have to be a calm person. You have to be able to let... Not have a tone of heavy voice to a resident, you know, a person. Okay, my voice might raise because I want them alert. But I know maybe they didn't have a good night, so they're not going to be alert to interacting whatever we're going to do.

00:26:47

So I... And that is so important. I find in sleep... If you sleep and rest, and not being taken out too early. Oh, they're alert, bright-eyes, you know, smiling. Like, I think as well, like, the residents, I worked here one Christmas. And they're done their time in working, this is their home. I don't believe in waking up a person till when you're ready to be woken up.

RE Is it different here? Is that not what happens then? So what happens? People get woken up at a particular time? Or...?

SM There's a few who don't sleep really at nights. Yes, so when they do fall asleep, I believe they should stay there. It could be ten o'clock. This is their home. This is their home and they're paying for my wages. And I think they should get the best rest. And to stimulate them up, not getting the good rest, it's not going to work.

RE And, sorry...

SM I know aging, yes, you do fall asleep. But, no, if you're in a good environment, and the right activity and stuff to stimulate them for the day, it's so beautiful. I took the half of this building to xxx, which is such a beautiful... And all passers-by stopped. They said, I never seen so much residents out. How did you get them out? It was... I done a sports day and that was amazing to see. And the residents was so happy because I got everything, I make sure everything, and went in the park, spoken to the keepers, got all the chairs all prepared.

RE And how...? So how did you get people to do it? Because one of the things lots of people said is that people don't want to join in activities. So what works in terms of encouraging people to join in?

00:29:13

SM Well, just showing them what games and just telling them if you try and you don't like it, you don't, you know. Could sit out and maybe you want to do your knitting. Maybe you want to just read your newspaper and stuff. But I do try different stuff to stimulate. We do pub lunches, we do cafés. You know, I take them to xxx's Café. Changing the environment and they will... Cinema. They talk about all those things that they... What they like here.

RE And you mentioned tiredness. Do you think that, sort of, sleep and things like that can affect agitation? So...

SM Yes, because I notice if they're up too early, over breakfast they're sleeping. So, truly, they should be rested. Why're you sleeping in this breakfast time? You're supposed to be alert. And, you know, yes. You only can try. And then the second and third floor, yes, old age kicks in and stuff, but they're sometimes they're more stimulated than the residential floor.

RE And what...? Why is that?

SM Because I think they had a good night rest. Could be, I don't know.

00:30:47

RE Yes. What other factors, do you think? Are there things like that, like that can make people more agitated? Other physical things going on in their bodies? Or...?

SM Yes, it could be that they can't express what's happening to them, the frustration. Someone might be constipated. Yes? And that frustration. No one is trying to listen to what, you know, they're saying. I think that's one of the things.

RE And do you see, I suppose, practical or physical things that can help with those things? You know, what would help?

SM As I say, I'm not... And I'm not... Going back, years ago, we had about eight staff on duty, yes.

RE On one unit?

SM On one unit.

RE Right. That's a lot. How many have you got now?

SM Three.

RE Three. And how many residents?

SM 18.

RE Yes.

SM 18 on each floor.

00:32:01

RE And is that the same on the nursing floors? Or do you have more staff there?

SM You get four staff on the nursing floor. That's hard work; they are really tired, as well.

RE Yes, that's very hard, isn't it? And what about...? Have you seen...? Think about the relatives, residents' relatives. You know, do you see them doing things that really help, kind of, manage the agitation? Or, you know, what...?

SM Yes, there are... Because that is the problem with the dementia unit who's got family and they come to see, they want to be with their loved ones. And they come in and we get them involved, we really get them involved in showing if you have - well, me and my big mouth - I said, if you have five to ten, 15 minutes, it will be nice if you could just give them even five to ten minutes. And that's working really good because you're seeing more family coming in now to their loved ones. And they love it.

00:33:21

You know, and I said, stay for dinner with them, have lunch with them to show them they're not... Because that's really a... Heart-broken for the resident. Because their argument is that they want to go home; they know this is not their home. Pottering, you know, they're used to certain things in their home-home. Because we're getting old, we have to think how they think. Are we going to be...? We might not be demented, or whatever, but you have to think about yourself as a person.

RE And does that help you to then deal with them better?

SM With the...? Yes. I said, I can't get your mum to do anything today. I don't know why. She's been very quiet, you know. I believe in letting them know. And if they could try and say, oh, mum didn't like that or... Because half of the stuff is not in the care plan, is it? And get them and they will say, oh, mum, maybe she wants to go. I'm going to take her to the café, because every... I find that is very important, reading and the care plan. Half of the staff... Most of them don't get the chance to. So they don't know how to interact with that person.

RE So they've not had a chance to read about the person? Okay. And do you think that's something that gets in the way of them managing the agitation then? Does that make it harder for them to do their jobs?

SM It can be, in a sense. It can be, because if you could take that little bit and say what he likes and try and break down the agitation of that person, it would help. You know, I see, like, xxx when she gets frustration and/or crying and you have to try and reassure her to say, you know, it is good to cry and it might make you feel better. And then we change it and say, let's have some music on and a nice cup of tea. And that breaks down because she said, yes. So the more you talk to a individual it really helps.

00:36:08

RE So having the time to talk to the individual really helps. And what about specific things like managing people's pain, or music, sensory stimulation? Do you see those things working?

SM Yes, most of it. They said, I'm nuts. They laugh when I come in and they said, oh, no, she's here again; she's going to make us do work.

RE What kind of work? And when they say that, what were they...? What do they mean by work?

SM Working is, like, doing things. Like, it could be art therapy, it could be exercise, you know, hand massage. But they love all that.

RE Who? The residents? Or the staff?

SM No, the residents, not the staff.

00:36:57

RE And what about the staff? Do they see that...? Do they love it?

SM Oh, they love it. When I show them, they love it. And the... Everyone works really properly because they thought it's just my job.

RE And do they see it as their job?

SM Now they do because they're interacting a bit more. Because where they were so laid back and it could be tiredness, changing two or three person - because they're

quite weighty as well, regardless they have the hoist - they're not so tired, are they?
The staff.

RE Why? Because there's more staff? Or because there's an extra activities person? Or...?

SM Yes, because xxx is on the floor. They could, like, have that five minutes.

RE Okay. And what else makes it easier, do you think, for...? To manage agitation? You know, what else?

SM What else is...? For me working here with them, it's just keeping them stimulated. And just have that minute to listen to them because that's all they want, reassurance, really. And whatever question they want to talk, if you could give the answer back. But just giving them what they like, I find will break...

RE And is there anything about, say, the managers here or the organisation that you work for that makes it harder or easier to, kind of, do a good job managing the agitation and things?

00:38:59

SM Well, me personally, as a... And I keep saying, say I was a manager, which I don't want, I wouldn't like to...

RE No?

SM No, I wouldn't. I think it's such a boring thing being a manager

RE But if you were...?

SM If I were...

RE What would you do differently?

SM I personally would have a nice, nice team. I would have all the people who say that... You know, who cares about the resident. Because some of them don't. It's just to live really, some of them. I know in my heart, I come to work and give what I'm good at for these people. And I know that I'm going to get pay at the end of the day. But I don't... I can't treat a human being [unclear]. I can't do.

00:40:05

RE But it's interesting. Because almost everyone I've spoken to has said that there's a, kind of, difference; there's people who do it because they really care and then there's people who are doing it, you know, because it's their job. And I'm just interested in that difference. Like, what you notice in people, and obviously not mentioning anyone in particular...

SM Because their heart is not there. And I don't think in a care home you should have someone when their heart is not there.

RE So what's the solution to that? Like, how...?

SM Choosing the right staffing. It's not being... Not bias or whatever, but I find, you need to have a good carer. And a calmer in you working with someone.

RE So is there something that...?

SM There's good staffing here and there's not very good staffing here.

RE Do you think it can be taught though? Or trained? I mean, do you think people can learn how to be different? Is that something that...?

SM But we all different though? We all different. But if you say you take a course to come into work with the elderly, you need to show it. You need to show it. You know, the loving part, because that's all they ask for. To be cleansed, to be fed, you know, to be cared for. And you know, have time to listen.

00:41:51

RE Yes. And is there anything else about, say, the way things are managed here which maybe make it harder to manage agitation? Or make it harder for the staff on the units to, sort of, do their jobs? One sec.

SM God knows.

RE I don't understand technology, sorry. Yes, so what was I saying?

SM To stop the team, if we could stop...?

RE Yes.

SM If I was a manager, what would we stop to help the agitation? But I would... I know I wouldn't be all over my staffing as a manager. But I would have that meeting with them at least every three months or two months to say, how was thing working and you know. You don't get that; it's all this rush, rush.

00:00:50

RE I was going to say, so is that something that doesn't happen? Do you think that...? Do people not meet as a team? Or anything like that? You don't have that with the managers?

SM Yes, we have beautiful... We... I haven't had no staff meeting or such here. It's all... I know things change. But in this care home it shouldn't have changed, having regular...

RE So did there used to be?

SM Yes.

00:01:23

RE Yes, okay. And is there anything else that...? You know, what else makes it harder to manage the agitation in the residents? Anything about the teams? Anything about the organisation? Anything about the relatives, or you know...?

SM I think some of the staffing is too arrogant with each other, so it makes it harder for...

RE What do you mean, arrogant? Like, what...? Can you give me an example?

SM Team, you know. In care, you work... You're supposed to work as a team. Yes? And sometime frustration from you might upset that resident as well, so... [overtalking].

RE And is there anything about, say, xxx (organisation) that makes it harder? Or, you know, about the way they do things? Or...?

SM Well, I think there's not enough listening to the persons who are doing the work. Because you're down here as manager or deputy... And I think it's so important in life to listen to your staff if you want a good work, you know, environment. I find that is important.

RE And do you think that the staff would feel that they're not listened to?

00:02:50

SM Yes, like, I get that a lot because they... Because I mix with the manager and the deputy, and I, you know, you need to listen to me now. We're not here to fight each other; we here to support each other. So truly, for the manager's team, if they really listen - because they're not with the residents - this is what I'm telling you what's happening, you need to really try and come and see how it is or not. You know what I mean? But, it is a nice home, it just need to be run really nice.

RE Yes. So it's something about how it's run.

SM Yes, and look after each other, you know what I mean? It's not, it's not all that.

RE And do you notice...? I was just thinking, you know, what impact does residents' agitated behaviour have upon the staff?

SM Well, as I say, it could be maybe not understanding, because it's all foreign here now for the English...

00:04:26

RE What do you mean?

SM Residents. I think the barrier of hearing... Sometime the frustration, the residents are saying something and they don't understand. Because, you know, we're not... It's a culture, multi-culture, we're not disputing, but all these residents are English most of them. So I believe, it's the frustration comes in with the barrier of not understanding what most of the ...

RE Are you saying that...? Because I don't know the make-up of the staff here. Are you saying...? Just because I... That a lot of the staff aren't English, so they don't speak English and that's a barrier?

SM Yes.

RE Okay, just checking.

SM Yes, because the... It's every... Because they're all new and most of them are from the European, they comes in and half of them - very nice girls once you sit them down and show them - they rush too much. And these are gentle person you're dealing with. They're not... They don't like to be rushed. So you have to take your time. But I think where they come... They rush too much. Maybe because I'm too English; my kids say I'm English.

RE So there's something about language and culture, which maybe makes it harder?

SM Sometimes, yes. I seen it, you know, some of the staffing, how they approach the residents as well. Even being in the same room as well. And they just walk away and... It's not... It's the truth, because everyone notice that. But it's been really nice now lately.

00:06:45

RE Yes. What's been different?

SM Because I think the difference they're showing, they... Or they must have spoken to the staff about how they approach the residents and not to rush. So everyone is calmer. And you need that. You can't be rushing them because they're frail, old.

RE But does that rushing, does that also connect to what staff have to do, do you think? Or...?

SM Yes, but you can't rush the elderly. You can't rush them. They're the one who's paying your wages. If they wasn't here, you wouldn't get no pay in here. So...

RE Yes. So what about...? Do you...? Because it sounds like, you know, at times, some of the residents, there's behaviour which is quite difficult to manage, do you see that having an effect on the team or on individuals?

00:07:54

SM What, for the staff? Or for the...?

RE Yes, for the staff. Do you see them getting, you know, I don't know, like, stressed or frustrated or...?

SM I think we all get stressed because this job is stress because you have to be on your toes all the time. It is hard work but it... You can manage it if it's what you inside wanted to do. You know, I been on residential for Christmas - they didn't have no staffing - but because I love my job, I don't mind. And I stay for Christmas and they was really shocked. Because I don't, I don't leave out the residents; the environment have to be kept to a standard. When they came in they didn't have to do nothing.

So at the end of the day, yes, it's finding the right caring person to calm situations on floors because... I'm not boasting. There is a team leader who run residential - he's a male - he's the most caring from years ago, because we were like best friends, so caring. And when he's on that floor everything runs smooth. Everything runs smooth, you don't hear no arguments... I hate that. And it's just nice

RE And what is it about him, do you think?

SM It's his humour, as a person. A person... How he look after the residents, and they love him. And they love his... You know, the others, just to give medication takes, like, three hours; with him, it's just half an hour. And then everyone is doing what they're supposed to do, the residents as well. It's just calm and nice. I love it.

RE Yes. And what about support? So when it is difficult for people, how do staff get support here?

SM Here?

00:10:33

RE In this home.

SM From the manager. (laughs)

RE Does that...? I mean, is that what happens? I mean, that's what's supposed to happen. I don't know if that is [overtalking].

SM It is supposed to. But as I say, if my leg didn't broken, I don't know if I would have get support. Because it's ridiculous... It's 53 residents. I, as a coordinator, I go in every single room to make sure that the residents are fine regardless. If they have water in their room that they could get to; if their radio's on; a magazine; a little chat,

even that they can't respond; and the little touch, just touch their hand, because you could hear a person grunting to say, thanks. Because no one hadn't been in there. And I got them on their toes doing that.

RE So you've got... You said you've got them on their toes doing that, in case it didn't pick it up. But I mean, do you think staff do feel supported here? If there's something that's difficult or...?

00:12:03

SM I can't say for each and every one, you know. I feel for myself because I go directly to the manager. So... But I can't speak because everyone is different.

RE No, but do you get the sense that people feel that they could ask for help? Or does it...? Is it a bit different, do you think, for the staff on the floors?

SM Sometimes I find that it's hard because they said, oh, they don't listen to us, but could you ask them for me? And stuff like that. So I would just directly go.

RE And what do you think gets in the way for staff for asking for support?

SM It could be just their self-esteem, isn't it? And then it needs more to have regular meetings, because that... I find that is very supportive because I find you might have your own personal stuff. I know you ain't supposed to bring it into work, but sometime it could be about your parents or something. And you need to really have a good chat where you're working, you know.

RE And do people...? Do you think people can do that? Or do you think that it's hard?

SM Well, yes, I don't think they should hide away from that.

RE And what about training? What training have you had to manage agitation in residents?

00:13:44

SM I done challenge behaviour.

RE Yes, and was that useful? What's been most helpful about that?

SM Well, it's very useful because I do not... I challenge the person and I, for each individual, I respect their needs. We all adults, so, you know, I do challenge that. Could be a manager, staff.

RE And is there anything that you've not found helpful when you've done training? What doesn't, what doesn't work for you?

SM In training, what doesn't work is when a trainer comes in - which has been really nice, having training here - and when they're talking all these blah, blah, blah,

you know, too much big words that... Just keep it to a base. That's your way you was taught but when you go it was... And I hate when it's rushed.

RE Yes, so when there's just lots of...

00:14:57

SM Yes, information to, kind of, take in. That's what I hate.

RE And what about...?

SM But training is very important.

RE The other people? Because it sounds like, you know, that you see a lot of what goes on here and you, you know, there's other people who you think could probably do with a bit of training in certain areas. What, you know, for those people, what do you think would be most useful?

SM And that's why I'm saying, running a home as a manager's point, they should really get the training and ask, have you done interaction with the residents? Or do you know what's the first thing you're supposed to do in knowing a person? I find xxx (organisation) is a bit lack of that.

RE What? So finding out whether people are...?

SM Suitable, understanding the residents. A work, yes, is work. But you still have to know some info on that person. And I believe they should still have handovers here with staff.

RE Is that not something that happens?

SM Well, some of the staff when I said, oh, this person wear glasses, and they challenge me, saying, no, they don't. Well, if you... Did you read the care plan? Oh, no, where is it? So truly, they need to address, because some... I might not be there, and somebody else might not tell you what's happening to that person. You need to know. Not... I know some of the team leaders does it. But I'm saying, if you're even sitting there in that five minutes, just take a folder, and have a little read on one of the client who's really getting agitated all the time.

00:17:23

RE And if you do think about, you know, what training may be useful for people, what kind of things do you think would help people?

SM Well, everything.

UM Oh, sorry.

SM No, what you want?

UM Can I go through to the garden?

SM Yes, you can.

UM Sorry, I didn't even know you was in here.

00:17:39

SM Why? Didn't you see us?

UM Seen [?] two quiet people in [overtalking].

RE Yes, so what would help?

SM I think stimulation is very good. Who want to sit in the chair as you wake up till night? And even this... I always believe they should have a physiotherapy here on the floors. You can't be having nursing care when not having, like, a physio to help out with...

RE Yes, okay. Is there anything else before we finish because I've kept you for quite a while?

SM Well, it's me going on.

RE No, it's great.

SM No, but it... Did you get any little bits?

RE It's really helpful. It's really helpful.

SM You sure?

00:18:34

RE Yes. Thank you. And if we develop some materials and things for a training, would you be happy to look at them and give us feedback and stuff? It won't be for a while, but, you know, it doesn't sound like you're going anywhere for a while.

SM Yes. Oh, I don't know. I don't know. I just love what I do.

RE Well, that's the most important thing, isn't it? Switch that...