

005.004

Speaker key

R Researcher
SM Staff Member

R ... just ignore it. So, as you know, I'm from xxx and I'll be conducting the interview. Everything you say is confidential, but can you just introduce yourself for the tape so I know which one is you?

SM Yes. My name xxx, I've been at xxx (the organisation) .

00:00:36

R Okay, thank you. Thank you for going to take part in the interview, as I said, I'm interested in kind of how staff manage people with dementia when they are very agitated and when I talk about agitation I'm talking about restlessness, pacing, shouting, verbal or physical aggression, those sorts of things, and we're asking because we know this is something that you and your colleagues manage a lot and we want to make use of your skills and experience and we'll use it to develop an intervention to reduce agitation in people with dementia in care homes.

So I'm going to record it, whatever you tell me is private, anonymised, so I'll take any names out, and it's confidential, unless I'm worried that someone is being harmed, so if you were to tell me something I was worried about, but I would talk to you about that first. If you need to stop at any point just tell me, it's fine. Is that okay?

SM Yes.

00:01:45

R Okay, good. So, first of all, can you just think of a resident who you know well, so it might be someone here or it might be someone from your previous job, it doesn't matter, someone who gets quite agitated, and can you just tell me a bit about them and about what happens?

SM Yes. There are numbers of things for agitation, so the residents, there is sometimes UTI, urine infection, sometimes they are not well, sometimes they did not sleep the previous night, so we have to find out, maybe the resident is in pain, we have to find out why the resident is agitated. Maybe the resident is covered with faeces or his pad is soaking wet, then maybe residents cannot express themselves, I want to go to the toilet; when someone's saying, giving a cup of tea, the residents don't feel very well to drink that tea, then the resident wants to get up and go to the toilet comfortably, you know, they're doubly incontinent, maybe they feel like their skin is rubbing them, so we have to find out why the resident is agitated. When

the resident has been taken to the toilet there is maybe a pressure sore, that's what the pain can be, we have to find out.

So sometimes they're agitated because there's noise, sometimes the dark light, sometimes the TV, numbers of things, so agitation, we have to talk to the residents, then make them calm down, we have to have eye contact. When maybe sometimes we're taking the pressure to go outside, it depends on the condition, why the resident, sometimes two residents fight at the same table, there is a kind of aggravation throwing the things and...

00:03:39

R What, so they might fight with each other, or... ?

SM They do sometimes. In that case we have to, because I'm always working with the same clients I know my clients, they cannot sit at one table, you just separate them, so that can be easier for us and good for the residents not throwing the glass and breaking the head, you know?

R And is there a particular, can you think of a particular person that's been very hard to manage?

SM Yes.

R Just tell me about that.

SM I remember one of the residents, he's very, very aggressive when we're giving the personal care in the morning; firstly, he's a male resident, the first thing, he doesn't like to have two staff there, he's thinking two staff are coming and then just doing something to him, and then when he's double incontinent or soaked in urine he doesn't like it, he's embarrassed but he doesn't want to say I'm embarrassed, he's calling us names, so you're this name, that name, this name, he says, go away, what do want, and then when we convince him, Mr xxxx, let's get started and have a shower. And he doesn't like to shower, water touching his body, however, he doesn't like to have a shower in the morning, at the same time he's covered with faeces or urine, we cannot leave him in his bed, that's kind of abuse.

00:05:14

So we discovered, firstly, two staff, he doesn't like it at all; most of the time he prefers female staff to males, because males, when he sees him he feels like something, I don't know, because he's in my mind, hate, he was working in the army, you know, xxx, so, me, I discovered that even also I shared the information with all my collages, in the morning when we go in he likes one song, like a xxx, that one I start with, then he forgets he's covered with faeces or whatever; I encourage him to get up, when he gets up I continue the song and I say, let's go together, today is Friday, or if the daughter is still, and then I will make busy, busy, busy, so he forgets what he's doing, slowly, slowly you walk with the Zimmer frame and then when he's sitting in the Zimmer frame I just remove his underwear and then I show what is the reality there, then he'll agree because he's near to the toilet, he wants to sit there.

If you tell him in the bed, you're covered in faeces, he doesn't know, if you tell him near to the toilet and pull the knicker pad to show that is the reality and holistic, so he'll sit there.

00:06:33

By the time he's sat I will give, rather than him hitting us, he always hits the staff, butting with his head, butting the female staff, because once we know it's easier, so later on when he's sitting in the toilet, the first thing, I give him his toothbrush, and then he'll say he doesn't like to brush, and then he knows there's a morning routine for him. I don't want to brush him because he knows that is my morning routine.

Then after that one I show the shampoo and everything, then he'll say, okay, I can have a shower today, today is Friday, he's the only one saying, then I start slowly to give him a shower, and then I show him the razor, I'm giving it in his hand, he's the only one shaving, by that time the job is done.

Then after the shower he started to complain he feels cold, so I've already given him one towel so I don't want to dry him because I was encouraging him to be as independent as he can so he's at least remembered this is his morning routine. So then shower's done, everything's done, and then when he gets up again he's looking left and right because he's tired, I say, the chair is there, the banquet is waiting downstairs for breakfast, and then he realises his routine is next to breakfast, so the job is done.

So that's the way I approach it, I shared this information with my colleagues, we updated the care plan, then, however, no staff are going in his bedroom, then sometimes if he didn't have a good night's sleep we come to know anyway in the hand over, then we leave him at least until 12 o'clock in his bed, but at least a cup of tea or at least, because he's a diabetic, a slice of cheese, he likes cheese, we keep him in the bedroom, upright, and after he eats we put the bed down, then 12 o'clock we'll do the, because there is no, it's a 24 hour process and this is their home, they can get up when they like, as long as they eat and they feel comfortable, that's the most important, I believe, that's my care experience.

00:08:37

R Yes. Well, no, I think you're right, aren't you, but it sounds like, so the routine is very important when people are agitated, actually?

SM Yes, routine. Because, for example, when and me, as a female, when we have, sorry, it's recording, but, still, we can delete later, when we're having a period every month, that is not our daily routine, is it, that's once a month we have it, so for three days we can't wait for it to stop, we feel, like, uncomfortable, the same residents, they're used to going to the toilet all the time because of the dementia and mobility they can't help it, they feel something, they're uncomfortable, which they cannot express, though for me, we have to understand the residents, which way we can cope and which is the best way, why he's confused, why he's aggressive, you know?

R And what, because, I mean, you've said lots of reasons why people might behave in that way, so what else works, what else do you find works well when someone is kind of, you know, someone like him or, you know, someone getting aggressive on the unit, what's the most important thing, do you think?

00:09:55

SM Important to calm down is staff communication, I mean, how is the resident, the approach, you mean?

R Yes, so, with communication, what works, you know, what's good communication when someone's, you know, got dementia and is very [overtalking]?

SM Yes, teamwork, staff need to be teamwork, if there is no teamwork with staff, for example, X, X, X, X, X is allocated to me in the morning, you go to X, X, X, X, X, maybe he's in bad mood, he doesn't like to see my face, every day I'm going there, so I come to approach my colleagues, he doesn't like me, XXX, you go and approach the staff and maybe say, I don't like to go there because it's too hard and then you know how he's fighting and always butting with his head, so, anyway, talking of this one, you are the only one allocated for him today, do it, that means, meantime, he maybe doesn't like me that day, the way he is, the way we have to convince him, the staff has to go and see different, maybe he doesn't like my face today, maybe he'd like another face, so teamwork is very important, if there is no teamwork the residents will remain like this the whole day, so teamwork is also important. Communication is also important, not only for another way of looking after residents, the whole thing, we have to work together to make the residents comfortable.

R So communicating with the other staff as well?

00:11:30

SM Yes, definitely. And then also if I see he's covered with faeces up to here, the resident, so I have to go downstairs and communicate with my colleagues because that can be near his skin, the urine can attack his skin, which is not good, that can end up in pressure sores, so however we have to go with two staff, he doesn't like two staff, yes, firstly, however, we have to encourage him with the two staff, so get him up from the bed; there's a number of things, you cannot stick to one thing, we have to see the resident and how we can approach, what we can do best, how is the resident's mood, if he's not in a good mood after being covered with urine or whatever we have to get him up anyway.

R Yes, so you have to try different things.

SM Different ways, not only one, that means teamwork and communication with my colleagues is important. Colleagues have to stick with for each other for the wellbeing of the residents, not only one staff can do it, if the team is strong and good, so we feel good, the residents feel good, the team feels good, I believe that.

R Yes. No, I think you're right, aren't you? And what else have you noticed your colleagues doing that works well when someone's very agitated, you know, what have you seen other people do?

00:13:00

SM Well, I think so, but then I think no... ?

R It's all right.

SM Well, for example, if the resident is shouting, is actually shouting, he might be saying, calling my name, whatever, a bad name, for example, you too, if I say to him you too, he doesn't know what he's saying to me, bad names, swearing, he doesn't know because of his mental capacity, he doesn't, if I answer him, yes, you too, then he gets more aggressive, he gets more and more aggressive, he'll never calm down, so the whole day, we'll destroy his day, when he maybe calms down, he may be repeating the same things in his head because of the dementia, he forgets the things, so those things maybe doesn't come in his head, so that's why whatever he's swearing we have to try another way round.

He's swearing, for example, you, whatever, oh, you too, we shouldn't say that, so some of the staff I've noticed that they're saying that and the aggravation becomes worse, worse and worse, so a person has said something like you, too, and then he calms down, when I go again, maybe the resident's thinking I'm the first person, who came first, then the whole day my life is difficult, he's making it difficult.

R Yes. So if staff respond in the same way it gets worse.

SM Definitely, worse and worse and worse. And then the residents maybe, the different residents, they've different types of dementia, you know, sometimes they fight, the residents, maybe the whole day, it can be emotional, my resident, you know, may be hitting, because the residents cannot express why, they cannot maybe eat the whole day, they may be sad and sitting gloomy.

00:15:11

R So why do you think sometimes that staff might respond in that way?

SM Well, we have different attitudes, isn't it, so I cannot judge about that.

R No, I know, but you're not them and you can't get into people's heads, but I just wonder, you know, what might make someone respond in a kind of... ?

SM Some, I would like to say something because as per my work experience of ten years I've met lots of permanent staff, bank staff, agency staff, some of their staff, to be honest with you, they don't want to do this care job, I've noticed that, and then in my mind, if I enjoy the caring job I don't talk to the residents like he's talking to me because I have mental capacity, I

know what I'm doing, why should I answer the resident and make him more upset, then my life is more difficult that day.

00:16:07

Some of the staff, I've noticed that they come in, they're doing just the tasks and then they're just going, they're for money only; some of the staff, they are very friendly with the residents, they believe what realistically is going on and they're calm and gentle with the residents, you know, it's different ways. Some of the staff here they don't like, if you are saying something is horrible or terrible, and then there's something, why should I look after that man all day, they're just coming to say downstairs, oh, he's sleeping, he's sleeping, he's sleeping. So, well, most of the time staff also have to give more priority because it's different type of staff sometimes, you know, with agencies, I'm doing this one, you know, so it's very difficult when you have new, new staff, especially agency, that day is really, really hectic.

R Because you're having to do a lot more?

SM Yes.

R But it sounds like you've noticed that staying calm, you know, being gentle, that works better?

SM Much, much better. There is, I know one of the residents, she's swearing all the time, she has mental capacity, she can decide what she wants, what she likes, she knows whether her daughter is in xxx, she's got grandchildren, and then her daughter is coming once a year to visit her because she's got little, little children, and then she was in another unit, she came from advanced dementia unit, because of her noise they put her in advanced dementia unit and then everybody was asking who are the relatives, why is she in the high demand dementia unit, because she's swearing at each and every person, residents, staff, colleagues, this one, everyone, visitors, everyone.

00:18:09

So when she came they put me as her care worker, even in the first place she was swearing, then one day I sat with her and then I chatted, chatted, chatted, chatted, chatted, then after chatting she was crying, crying, every day crying, the first thing I discovered, I put it in the care plan and then I updated the care plan and I give my, the first thing I discovered, when she's swearing she feels loneliness, when she's swearing she's thinking she's a useless person, she started to cry and then she said her daughter is, she knows her daughter's name, her grandchildren's names, she said when I'm well they put me here, they're not coming to visit me here, then I said they're at work so far, so that's made her to get more, you know, emotional, she felt there was no life, you know, and then that is swearing. And then I was always telling her, it's not good to swear, and then she's very, very calm, very nice, even today, I miss her, I'm here, she's my key worker for almost three years, she knows each and every member of staff because she has mental capacity.

Like, this, slowly, slowly we're thinking she's swearing, she's cursing, and then she's swearing at the staff, we have to find out why, we have to find out why she's swearing. And then she had great difficulty to breathe, three times a day she has an inhaler to spray, so maybe she's congested, her chest is blocking, that's the reason she's swearing, so the staff is busy, in her mind, they're doing something, why can't they come to me and help.

00:20:00

There's numbers of things, we have to find out why she's swearing, why she's crying, so, you know, conversation, as much as information when we find out with the resident, it doesn't matter about their dementia, they can tell you even in bits and bits. Dementia is confusion, memory cannot take, the brain cannot take the memory but sometimes they talk a few words, so we have to catch-up, a few words can help us.

R Yes. So you can work out what people are trying to tell you.

SM And then also there's the passing the information to our colleagues which is good, like a team meeting every day is good so at least you can work it out.

R And do you have that here, or... ?

SM Well, I came two weeks here, xxx (manager) said I have to do it because I'm looking for time, I have to do it, he's given me a team meeting book, I did two days but there's no time, and then colleagues...

R Is it different?

00:21:02

SM Yes, up there every day when we're bringing the residents down, 11:30 we're having a meeting, every staff has to tell what was on our floor, how were the residents communicating, how were the residents today. So, for example, I'm working X in another room, another staff is working Y in the room, if you don't get together not passing information until the end of the day, until we go home, nobody knows. You log in your book what you've done, I log in my book what I've done, nobody knows. So the team meetings are important, sitting 10 minutes and discussing about the wellbeing of the residents, that is really, really important.

For example, eleven o'clock we have a meeting how the residents were this morning, aggressive or whatever, in the afternoon it's much easier because it's still our shift, so that is really, really important. But I have to do it, I have to try to.

R Yes. And is that someone that doesn't happen, it's more difficult here to make it happen? Do people not want to do it or do people say they're too busy, or... ?

SM Well, it is very difficult to say that because I'm just two weeks here, and then some of the, not only one person, some of the staff, two residents are washing with one resident, they continue more than the time, if they want a 45 minute they spend one hour and then they're

chatting inside the room, chatting and chatting and chatting, so by the time they've finished at 12 o'clock all the tasks, where is the time for a meeting?

00:22:51

So we have to, all of us have to work out for the wellbeing, for the residents' good, so we have to look at the whole clock, so this, for example, this afternoon one of the staff, she went to xxx training, so one of the agencies, so one thirty to between three who was sitting in the morning brought [unclear] hasn't been [?] toileted, five residents with a hoist are toileted with that agency because it's the time, so we need to time this, why, because you sit with the toilet residents ten minutes, five minutes, hoisting them and then making them comfortable, putting back, or the hoist still remaining, another resident is being chit chat, it depends on how you can do the work, some of the staff just, you know?

Everything depends on the colleagues' teamwork, if the team is built very good, we can give more time to the residents then the work is done properly on time we can sit with the residents one to one, we can talk to them, we'll make them happy, you know, take them sometimes into the garden or whatever, get them fresh air. For me and you, sitting 12 hours inside the house, we don't want it, this afternoon I just run out, say, 20 minutes for fresh air, how are the residents inside, they need some oxygen, not only eating, sleeping and toileting and back, I believe they need a little bit of fresh oxygen now and then is good, even in the winter time five minutes of fresh oxygen will make them feel better.

This is why at the end of the day I go mad because I'm not used to it with the glasses, so I remove my glasses and I need fresh air, the residents, you see, they're the same as you are, it doesn't matter about the dementia, they're like us as well. They were mums, you know, they were going to college, they studied, they were driving, they're like us, isn't it, today they are old, tomorrow I'm old, so I have to look, you know, at what they were, you know, maybe some of them, they were working as Royal pilots, doctors, xxx care home, some of the doctors are there, you know, their occupation was doctor, pilot, so they are in a care home so we have to give the quality, make them, you know, comfortable. They might be not seeing they have dementia but sometimes, dementia, yes, when they come and sit in one place and looking at the wall, which is not good. Do you agree?

00:25:34

R Yes, I agree. But what can you do about it, I mean, how do you sort of change it, how do you change the way it is in a care home?

SM There is, we can engage them in lots of activities, that's what I'm saying, team, time, colleagues, that's the most important.

R Team, time and colleagues?

SM Yes. If the team is not good and there is no time, if there is no time you cannot make residents engage with the activities or whatever; outings, grouping and talking, especially the residents may be every Fridays going outside to the xxx Centre, xxx Community, you have to

make arrangements, but if there is no time, no team, no communication, you cannot do the residents a favour, you're sitting there and sitting there and sitting there, one day... It's a pity.

R And do you think that that then can make people more agitated?

00:26:45

SM Definitely. Because sitting in one place, the same place, the same building, the same food, they might be, some of the residents who have mental capacity they're going to get depressed, depression, what do the doctors give, the doctor gives tablets and they deteriorate, deteriorate, deteriorate, what is the consequence that we land up with, you can tell me now? Now I'm asking you questions.

R Yes, no, I mean, yes, I'm not here to answer questions, so basically it's, you know, people get depressed and then they get medication and then they get worse and... So, because that's the, I mean, do you, medication is sometimes used to manage agitation, is that something that you have seen to be helpful or do you think it's not?

SM Well, there is no choice because if there is the depression. I noticed that one resident here, I'll just give you quickly an example here, so one resident when I came here, so I opened her care plan, I saw her care plan, where she worked, she was born in xxx, she was brought up for 35 years in xxx, she speaks xxx, and then I was still today, since I came here, I've never spoken to her in xxx, we together speak xxxx, then my manager was asking [foreign language], can she speak xxx? She was surprised.

00:28:13

Well, last Saturday she was sitting in the dining room, her daughter was there, then we had a good conversation in xxx, then the menu was there, she said, I'm fed up with this food; then I asked her in the xxx language, her daughter doesn't understand because she was born here and brought up here, but her mother speaks it, then I gave her so many menu lists [list of x foods], lots of, and then she chose so many things which are her favourites and then her daughter said, I discovered from her daughter she's a xxx, she can anything xxx, no problem, so I promised her one day I want to take her outside to an xxx restaurant, her favourite dishes are xxx, so I want to take her to lunch, so where is the time?

I put it even in her care plan, I discussed it at the meeting, where is the time? But, as I've promised her she's, as long as she sees me, because she's running, nobody, they say she's the last person coming out of bed, I say, if she's the last person to come out of bed at 12 o'clock or whatever, she misses her breakfast in the morning, maybe she'll have a bit of lunch, then she's maybe not hungry so she'll end up with poor nutrition, so we have to encourage another way round. So I'm trying to talk to her in xx now, so usually she's coming at 12 o'clock, now she's coming at 10 o'clock, at least she has something to eat or drink, then, as long as she saw me in the bed she stares at me for a minute and then I say, hello, [foreign language], she says, [foreign language], you can go now, [foreign language], why? Then immediately she gets up, so her language reflecting her to bring her memory back.

R Yes. And do you think that you're the first person that's been speaking to her in xxx there?

00:30:15

SM Yes. The way she's speaking xxx, like a parrot, I was surprised, I show you her now, I was surprised.

R Yes. Because she probably hasn't spoken xxx for many years.

SM Many years. And then the favourite dishes that she was saying, she's fed up with those sandwiches, cheese, soup, whatever, her favourite dishes, for 30 years she was born and brought up for many years maybe she's missed the dishes she was eating in her childhood. So if I take her one, two, three times then maybe I approach her very easily because we've become friends and then reflecting her mind and bringing her memory from childhood when she's eating her food.

She said her mother was cooking xxx, those [unclear], that's why she said, that is then her breakfast, so we have to find out from the residents and then one day my manager xxx was here and then she's on anti-depression tablets, it was one and they increased the dose to two, so sometimes the medication helps but we have to also encourage another way round why they're, you know, then we have to find out, so we're talking with the residents and looking at the care plan and why is she depressed, why is she not coming, and that's why it's an important thing.

00:31:43

Since I came here they say she is coming 12 o'clock, why 12 o'clock? So we have to bring her, every day maybe she misses her breakfast, I had a meeting with xxx, my manager, and my colleagues, and it was, xxx, was one of the advanced dementia care mappers, she's also in the ward, her meeting, the morning ten o'clock we have to make time, we have to wake her early, every day we have to take her out of the building for breakfast, instead of bread maybe one, two, three times she could have croissants or maybe cappuccino; maybe she's thinking, oh, today I have to wake up early, something is interesting, looking forward to going out of the building, she might get up tomorrow early, then she'll stop getting up late from the bed. So we have to work it out whatever, not sticking to a 12 o'clock bed every day, and because also team, you know, team.

Now I am trying ten o'clock, I just came here at two o'clock [?] sometimes it's very difficult to do is challenging, I just came here for two weeks and then they give xxx, my manager, you know, where I was, they've given me to lead the shift here so I try to bring her at ten o'clock and then they're thinking I'm coming in bossing. You know, sometimes it's very challenging, it's very difficult.

R It's very hard, it's hard to come into a meeting and...

SM Very, very difficult to come to a new home and then to find out with the residents, discovering what is good something and then putting it into the practice, maybe the staff usually do the same routine, they don't like it, so it's very difficult, this is a really challenging example, but like challenging now they say I'm just showing off, which I'm not, I'm not showing off, I want to just show off and do something which it's not, I'm working for what is the best interests of the residents, not for me. So we have to accept everybody and work on it together as a team, then only we can make the residents happy.

00:33:44

R So you need to, it's hard coming in and trying to change things in a team, that's a very hard thing to do.

SM Very challenging. Very, very challenging. Very.

R And what do you think helps when it comes to, kind of, maybe managing things differently or changing the way people do things, what helps you to do that?

SM Sorry?

R So what makes it easier to change practices or change what people do in relation to caring for the residents?

SM Well, for me, because if she comes in the morning, she gets up in the morning, as it became, an example, her one, it became her daily routine and then she wouldn't be fighting, she wouldn't be challenging because we have to make, like friendly, we have to make friends and she won't be challenging, that is easier for us. So if she's 12 o'clock, getting into the habit, and then one day she's going to box and fight with staff because it's not her mental, she's only depressed, she knows what she's doing, once her mental capacity has gone she'll start to box because before that we have to make it a habit to bringing now, taking her out, at least, you know, balance.

00:35:05

R Yes. So different things. You know, what else, what do you think are the biggest barriers, really, the things that get in the way of managing agitation better?

SM Managing agitation?

R Yes. So what sort of makes it harder to do your job, really, what makes it harder to care for people when they're agitated?

SM Well, I don't know what else to say?

R I know, it's quite a hard question, let me think about how I can [overtalking].

SM I know, you explained it.

R What is it about, so, like, what does it say about the staff that would make it either harder or easier to kind of do a good managing the agitation? What kind of qualities does staff need, do you think?

00:36:00

SM You mean staff?

R Yes, what qualities do the staff need to be good at managing the agitation?

SM The staff has to be calm; the staff has to be proficient and when they're talking they have to know what they're talking about; and then all the time we need to be smiling when we're working with the residents, smile all the time; and then we have to talk to them in their language, not our language, when they say, for the cup of tea on the table, so I don't want a cup of tea, so I can ask them, okay, then what do you want because a cup of tea sometimes, we have to talk to them in their language, not our language, you have to drink it. No, then the residents get very aggressive, they think I'm bossing them. Okay, leave it, I will come back and drink this cup of tea, leave it for me. Then the residents will drink, change their mind and...

R Yes. And so it sounds like, you know, all those things like giving people more time, talking to them in their language, all of those things that work, what stops you or your colleagues from doing that more, you know, what gets in the way? Because it sounds like what you're saying is that, like, some people do it really well and others don't, or some units it works really well and in other teams it doesn't, so... ?

SM I don't know.

00:37:34

R So in this team, say, do you think there's things about the team here that make it harder to do your job?

SM Mmm hmm.

R Yes? And what are those things, what makes it harder?

SM Well, they don't communicate, they don't, the staff is not communicating, the staff is doing their own things, everything is hard. Everything is hard because lots of things can go bad because the staff is not communicating, the staff is doing their own things, the staff can't say what they want more than time [?] so it's very difficult.

I cannot say any picture [?], sometimes an accident can happen that they can be worse, too much of a job sending the hospital, filling in the accident form, so if one of the residents is aggressive I cannot go and approach him, give the time, so everything is also... The main things I can say is staff, work colleagues, how they are, everything is, in the morning,

communicate, we speak to each other and we plan, we have to make plans, which is the which one what we do, so then it's easier for us otherwise it's very difficult.

Sometimes staff don't communicate, for example, staff cannot be bothered who are the residents in the room, the residents maybe end up not eating, so that's also hard, so that can be an aggravation. When the resident is not eating and not drinking that can be an aggravation, the resident will maybe not say why I'm upset, the he can throw the glasses, be upset, swearing.

00:39:18

R That must be hard for staff. Is it hard, stressful?

SM Yes, if you believe, if you don't believe then they can say, oh, this resident is aggressive. Why is he aggressive, we have to find out, that's the first solution, we have to find out. You know, every day, everything, I will say, why is the resident aggressive, we have to find out why. So that means we have to sit together, team meeting, communication, we have to, and focus on the residents very closely.

R Absolutely. And what about the... ?

SM One resident...

R Oh, go on.

SM Sorry. One resident here, another resident I discovered there, she's complaining all the time of pain, pain, pain, pain, pain, she was admitted to the hospital, they put her patches, they discontinued the patches, tramadol, they discontinued the tramadol and now she's in pain, all the time pain. Pain, pain, pain, pain, everywhere pain, she has pain.

00:40:21

So I sat with my colleagues and my manager, so, pain, because she was one staff, just lifting, you know, so that can be a pain risk, she's very frail, maybe her skin can tear, her shoulder can be paining one day, maybe it can dislocate, we never know, it might become, we never know, we have to prevent, minimise the risk. So I discussed with my colleagues and my manager if you all agree she should have two carers, we should use the belt, we are not touching her body, grabbing, I don't know when I touch you how hard my hand is, you maybe won't express because you feel it internally, so, belt, transferring belf with two staff.

So now she's in pain, co codamol as and when, prn yesterday because we keep her on place monitor, observe her temperature, medication chart, pain chart, turning chart, so we indicate where does the pain come from, why is she screaming all the time pain, pain? Maybe she's in pain in her mind, logically, here, lifting and transferring, maybe she has pain, she just said pain here, so we don't know, we have to keep the monitor chart every day where is the pain, what's the number of the pain, sharp pain, then we have to work it out. Now she's has two staff, yesterday doctor [unclear], so...

R Yes. So that's, so, you know, that's a really good example of...

00:41:58

SM Communication.

R Yes.

SM Passing the information, if I know something, realise, passing the information to my colleagues, work it out together, and that makes residents better.

R Yes. But why, I suppose what I'm interested in is because, you know, not everyone talks like you do, not everyone understands like you do, why don't other people kind of... ?

SM Because they're just doing their tasks, they're going home, that's what I told you in the first place, they're doing their tasks for 12 hours, they're going home, they're not interested in the care job, however and whatever, it's nothing to do with me, they're thinking, oh, why should I, I'm a normal carer, let the in-charge do it, why should I do in-charge, that's the care manager can assess her, where's the care manager? No, in my mentality I'm a carer, I have a responsibility for my resident, I am all the time with her, my manager is not here, what I've discovered, what I've seen I have to discuss with my manager and we sit together, what is the outcome and we'll work it out, I cannot say oh, I'm not team leader, I have to tell, team leader has to do the paperwork.

00:43:16

We have to share the idea because that can be good for the resident, at least. Because, maybe, for example, that resident, she may be prone to get pressure sores, she's very frail, has a lack of nutrition, she's not eating, so giving painkillers, painkillers, painkillers, we have to find out why she's got pain, how much nutrition she's taking, calories, weighing her and then two staff at least minimises the pain so that is very good for her, so she's in bed, two o'clock, three o'clock I put turning chart, so we have to share the idea, and for me...

R So why do you think, I'm just really curious, like, why do you think that some staff are just doing it for the money? You know, you said that, why is that, why is the care staff like that?

SM Everybody's different, you might be interested...

R But do you think there's something about the organisation or about the kind of, the way that care work is seen, or what people get paid, or... ?

SM No, not the organisation, because I can say that one strongly, some of the staff, not everybody is enjoying this job, out of five maybe four are enjoying this job, one is definitely not. When four are enjoying the job, there a difficulty in the model, four of us difficult, the resident is difficult.

R Yes. But what do you think makes it hard for them to enjoy the job?

SM What is, sorry?

00:44:52

R Why is it hard for them to enjoy their job, what is it that's so difficult?

SM In their mind, so, okay, the staff you mean, yes, the staff, they have in their mind, oh, this woman is getting old, why should I do more, she's eating and then finishing her life here, maybe that is in mind, I don't know what, God knows, I cannot say that.

R Yes, it's just interesting to hear. So when people get very agitated, you know, when you've got a resident who's really upset or angry or who's, like the guy you talked about at the beginning who didn't want to be washed, when you can't make it better, you know, when they still stay shouting or upset, what effect does that have on you?

SM Shouting at me?

R Yes, how does it leave you feeling?

SM When a resident is shouting at me I don't feel any bad, myself, personally, I don't feel bad, I feel the resident is shouting, I know he's uncomfortable, that's why he's shouting, I don't feel myself anything bad, because...

R Do you think other people find it stressful or feel it's difficult?

00:46:16

SM No.

R Do you think any of your colleagues do get upset by it?

SM Yes, the staff get upset, they say, oh, that dirty old man, leave it, eating and dying there, I've heard it so many times, so that means they're not interested. I don't feel, well, when the resident is aggressive in the morning to me, I feel, for me, if I live like this the whole day, nobody coming and giving me care and washing me, I will end up without eating, so the same I feel the poor residents without eating, lying on the bed covered with faeces and urine, which is not good.

However, I convince my residents I will encourage him, because different levels, sometimes I lie to them, sorry to say that, sometimes I lie, I say, Mr xxx, do you know you have to get up from bed because xxx is coming today? Your daughter is coming today, so he'll say, why is she coming today? I say, of course, she loves you, she wants to see her daddy, and then little grandchildren, I know the grandchildren's names, I'm also saying, the little grandchildren are coming. Oh, they're big now, they're not little anymore. I say, grandpappa, for you it's little,

they are coming to see you, sometimes I lie, sorry. So then he's very alert, he gets up; sometimes you have to lie, sometimes when you really want to approach, sometimes you lie because it's for the, I lie sometimes, sorry.

00:47:44

R It's okay.

SM No, I lie sometimes because if I say, Mr xxx, your daughter is coming today, and then he's just very, you know, showing an interest rather than fighting? He's showing his interest because someone is coming to see him.

R So how does it affect you, then, when residents are very agitated?

SM The effect is bad, tiredness, I'm losing my energy the more that I'm using it, and then the whole day is difficult when you start in the morning.

R And so what do you do when you're tired and the whole day is difficult, when it is difficult how do you get support?

SM Yes, that's the first question, it depends who I work with, I told you this at the beginning, who I work with, sometimes I communicate with my colleague, look, can I quickly go out for 15 minutes or I need fresh air, sometimes they say, your break is not allocated, why are you going out? That is even worse, so maybe I'm not giving another resident attention because I'm already tired myself, I'm worn out. I'm worn out myself, I don't have energy to give another resident how I came in the morning, so everything. And also colleagues, it depends on the colleagues how you communicate, how you talk, how we're reflecting each other, happy, so what I gave in the morning time, I won't give it to him, you know, because my body is already worn down. It depends...

00:49:28

R So you can't give as much to the residents in the, like, when you're tired than when you started doing it?

SM Yes.

R And also, so you're saying that actually if you don't get the response that you want from your staff, like, if they, that can make it worse as well, or make it harder?

SM Yes, because, you know, a twelve hour shift is not easy, because...

R No?

SM No. This morning my colleagues, I was giving medication in the lounge and then I was doing the breakfast, me, myself, I'm more tired than them because up to two o'clock I haven't had even a tea break, I haven't had tea because there's medication in the morning,

breakfast in the morning and then they need lunch, then one or two others are sending the district nurse a fax , GP a fax because they need, the emergency medication has run out, so I'm working around the clock.

00:50:25

I believe my colleagues, also they work washing residents in the room, I believe they're also tired like me, so what I did, I hold myself, then I release them on break because when they're going on a break and coming back they get more energetic, otherwise they're gloomy, they might not be bothered to give residents... You know, myself, I'm okay, so I think, no, but still...

R But you need to have a break as well, don't you?

SM No, this is the fact, when I was giving medication, honestly, I didn't go to break, I think, the sink is there, I can drink two glasses of water; when they're on the floor there is no chance they can have a drink of water, they cannot open the fridge because they are washing the resident, who knows, I'm just saying, who knows, I'm just giving an example, but I drank water and then a cup of tea, manageable, then two o'clock, twelve thirty I had a banana, I didn't go on break, I didn't go out, I'm inside, two o'clock, there's activities going on at two o'clock, I don't want to really drop, I need a break, I'm starving.

00:51:35

Because it's true, two o'clock I took my lunch, I go downstairs, I have a break, when I came back upstairs I felt very, very fresh because half an hour I took a break, I drank a cup of tea, my lunch, then, one, two, three, four residents I hoisted, I took to the toilet, then I made them fresh, I took them to the hairdresser downstairs, one resident really, one carer she's in the training, I got one agency, so I took the hairdresser for the residents, then they enjoy participating with the activities, they participated in activities, so all residents who came in the morning, when I met them on the floor I toileted them because I don't want to end up, I feel more energy, again, fresh. And so like this we have to look after staff as well, so if you want the residents, you want to give more time and make the residents feel better, also we have to look after ourselves, at least break in between, then when the residents are aggressive, fighting, at least we have patience to sit and then talk and then, you know, which we can do better.

R Yes. And what about, before I meant to ask about the relatives, the families of the residents, how does that help or not help with managing the agitation, just, you know, the relatives being around or not around?

SM When the relatives come I believe so far when the resident's relatives come later on they get more aggressive, more agitated, because after they leave they look left and right they notice the family's gone, nobody's around, so a few minutes they're coming and visiting, they make them happy, later on they make them unhappy for themselves, I've noticed that. But anyway, looking the other way around, relatives can't sit all the time, but a few minutes, a few one, two, three hours, then they forget, obviously.

R Yes. And what about, like, communication between the staff and the relatives, how is that, is that ever difficult, or... ?

00:54:05

SM Well, I think it's okay, staff and relatives' communication is okay. I haven't noticed that anything, the staff is talking in professional manners.

R Yes. No, so I meant, like, you know, if you've got a resident that's very agitated, is it easy to kind of talk to the family about that and... ?

SM Well, it depends on the family, some of the family, they won't accept, some of the family, they're going to say, okay, that's why my mum is here, my dad is here, you have to look after them, so it depends, and sometimes the relative's daughter, she's going to ask me why is my daddy's laying here, did he have a good night's sleep, like this, you know, some of the relatives they can't be bothered, they say you have to look after and you say to me aggravation, why aggravation, and then they're making different types of, you know? But some of the relatives understand why aggravation, maybe urine check and then UTI or whatever, it depends.

R Yes. And is there anything that makes it easier to sort of, I suppose, talk them about... ?

00:55:21

SM Yes. Okay, one resident I remember, one of the residents, she's very aggressive, she's confused, but when she's confused she says she wants to speak to her daughter and then some of the staff say, oh, come on, you, she's at work, so I say, the answer, come on, she's at work, you don't have any job, she has lots of jobs, I say, no, that's not, when we're saying no, we are not allowed to call her daughter all the time, we're disturbing her, if the five minutes, if talking to her daughter makes the resident happy, why not? Why not?

So most of the time I pull the care plan, even if I get told off from the seniors, then that idea, I bring it to the meeting, so the managers say the resident's five minutes makes her happy, why can't she speak for five minutes. So that is an ongoing habit now, when she's saying, oh, I want to speak to my daughter, after five minutes she's speaking to her daughter, the rest of the day she's very happy, she's spoken to her daughter.

R Yes. So you just have to find ways to manage it, don't you?

SM Yes.

R And what about training? Have you had training to help you manage when residents are agitated?

SM Yes, that is very important. Yes, that is really important, we need training, most of the time, training is very important, how we can manage the residents; sometimes some of the staff after they come back from training they're saying nothing happened, they're just going on this training, sitting there, they're listening, they won't put it into practice. Some of the staff they really put it into practice, some of the staff, the training is really helpful.

00:57:16

R So what gets in the way of staff putting it into practice, what stops them from putting it into practice?

SM Sorry, I didn't... ?

R Like, what makes it harder for staff to put what they learn into practice? Because you said some people come back and they say, it wasn't that helpful, so why don't they put things into practice, or why is it... ?

SM Lazy, habit, what can I say? They're not showing any interest, lazy, habit, that's all I can say. The same route and they continue.

R Yes, but do you think there's anything about the type of training you have which means that it's not as useful, or, you know, what kind of training, when you think about training that you've had, what was most useful about it?

SM How we communicate with residents, how we approach when they're aggressive, what can make them happy.

R Yes. And what helps you to then come back and put it into practice?

00:58:21

SM Who, staff?

R Staff? You?

SM I don't know.

R Because it sounds like you do, you have training and then you put it into practice, what helps you to do that?

SM I don't know, I can't answer.

R Is it that your managers support you, is it that your team supports you, is it that, you know, you want to try new things, what, you know?

SM Sorry. I think, yes, this training, when we come back from training, putting it into practice it helps, support from the manager, colleagues, yes, colleagues.

R Is it better when you do training with your colleagues?

00:59:10

SM Yes, we're always having training, for example, this team I'm working in, they're going to pick three of us for training for tomorrow, I'm off, for example, tomorrow is training, they have to pick three of us for tomorrow's training.

R Yes. What training are you doing tomorrow?

SM No, I'm just giving an example.

R Oh, okay, you're not actually in training tomorrow.

SM Yes.

R And so what training would you like in relation to managing agitation, what extra training would be helpful?

SM How we communicate with dementia, towards dementia, challenging behaviour, every year they're updating anyway, aggravation.

R Yes. And when you think about some of your colleagues what do you think would help them in training?

SM I don't know.

00:60:00

R Right, it's a hard question. Is there anything else that you think that we've not already talked about that you wanted to just talk about or tell me in relation to managing agitation?

SM I don't know, managing...

R No? Any questions? No? It's really helpful talking to you, thank you. So I'll switch this off...