

# **001.004**

## **Speaker Key**

IV Interviewer  
DW

00:00:00

IV Okay there we go that is recording. I mean I've told you a bit about the project and you know I come from and it's all confidential and anonymous but because we're going to type up the recording would you just introduce yourself so that we can differentiate between people's tapes?

DW Yeah my name is xxx. I'm an NVG level carer in xxx.

IV Thank you and I'm . So thanks again for taking part. As I said, I am interested in how staff working in care homes are managing the agitation that some people present with. When I'm talking about agitation I'm talking about behaviours like restlessness, pacing, shouting, verbal aggression, physical aggression and that sort of thing. As I said we're asking because we know that you have a lot of experience in this and we want to learn about kind of what helps and what makes it harder to manage these things and we'll use that to develop an intervention because we want something which is practical and with fits with the busy day to day life in a care home. As I said, I am recording it and whatever you tell me is anonymous for the purposes of this study so you or anyone you mention won't be identifiable. But if you do disclose anything that you or someone else is being harmed I will have to ask your permission to talk to someone else about that. We can't keep a secret if anyone is being seriously harmed.

DW No.

00:01:43

IV If you want to stop at any point just let me know and hopefully it won't be in any way distressing. Okay so first of all I just want you to think of a resident you know well here who has been agitated and can you just tell me a bit about the person and describe their behaviour and what happens?

DW I'm trying to think of which one.

IV There's so many.

DW Say Mrs. S, she gets very agitated with personal care, when you take the food in and it was all down to that the place where she was before she was not very nicely treated so now every time we go in there she thinks that... if she said that someone is taken to the toilet or whatever she said that she's thrown off the bed or someone hasn't taken her to the toilet and you might have only just come on shift and you know damn well that she has had that done. She needs to wear a hearing aid but won't so she can't hear what you're saying properly so you have to go up a few octaves which doesn't sound very nice when you're talking very loudly to someone. But it's her own choice for this refusal and she will... and it's like anything that she does it's got to be in a rush even though she's not capable of doing it

herself, even to the fact of eating. She is quite verbally... she can be very verbally nasty to other residents.

00:03:50

IV I was going to say so how does the agitation show itself? What does it look like when she becomes agitated?

DW Its expressions on her face and the way she talks to people that's how it comes out. She will, you know, say really nasty things to other residents because anything that's... if she's sitting in a room that's her room and anything in that room belongs to her and she can be verbally aggressive to other residents and even calling carers liars that it's her staff and whatever. So if someone didn't know and came in they would think that she basically wasn't very nice and we're not being very nice to her.

IV So she says very nasty things to other residents and the staff?

DW She can be nasty to staff but it's mostly other residents that she's nasty to and it's verbally.

IV Right and what affect does that have on the other...?

DW Some of them they get quite upset so what we do is we tend to move them around or if she's been in a certain place for a certain amount of time then we will move her back to her room and put the television on in her room. Because if some of them get too upset they can fall and other things can happen because they got so agitated themselves.

00:05:32

IV So it's kind of about how you respond to the others?

DW Yeah.

IV What do you think might cause her agitation and that behavior?

DW I think it's because she was abused where she was before, she was, you know, not treated very nicely and I think she was sort of like thrown and well not literally thrown but put aggressively on a bed or whatever and that's why she was moved to this care home because of the way she was treated in a previous one.

IV Do you think there's anything else that means that she behaves in that way or she responds in that way?

00:06:22

DW I don't know if part of it is how she's always been because some people when they get dementia they change and they can come aggressive when they've got dementia. Other people don't and on the floor that I work on we have got all different kinds of dementia so, you know, and each of them respond in a different way. There isn't one person that you can say oh I know why they're doing that because they've got a certain kind.

IV So people are all very different and they all have different types of dementia.

DW It's like if you put a group of people in a room we've all got different personalities.

IV And what are the other sorts of explanations then if you think more generally about people when they're agitated what kinds of things cause that?

DW It could be they've gotten bored, someone has been shouting and it has agitated them, it can be loads of different things that happen that can cause the agitation.

IV And when you think about Mrs. S. I think you said...

DW Yeah.

IV When she's getting...

DW What I try to do is sit down with her and talk to her and try to change the subject so she's not still highlighting that someone is touching something of hers or whatever even though it's not because normally she's got the items in front of her. I offer her tea or anything to sort of like change the subject or calm her down. If she doesn't respond to that and she's still sort of like looking at the other person and won't focus on anything else we will then move her into another room to calm down and then she knows she's in her own space because it could be she feels that she thinks it's hers, everything that's in the room is hers so sometimes it is better to take her back to her room where she's got everything that is hers.

00:08:58

IV And what else... do you think there's anything else that works well with her really?

DW It's usually talking to her or she does like people sitting down with her and talking to her but in this profession you haven't always got the time to do that. I might take five minutes out to sit and talk to her especially in the morning so what we tend to do is to sort of rotate the different people in different rooms so then in the afternoon we've got more time with them and the people don't get agitated.

IV So you have a bit more time with people in the afternoon?

00:09:44

DW Yeah because morning...

IV There's a lot more to do isn't there?

DW Because we work as a team what we try to do is do all the personal care and we've got 20 residents and there's four staff and some of them have to be hoisted and different things and if you give someone, you know, you've got to give them their breakfast, some of them need feeding and before you know it it's dinner time and then you start all over again. But I mean I wouldn't want to lay in bed dirty before I had my dinner so we all try to make sure they are all up and washed or even washed in their beds before dinner.

IV Do you think there's anything that doesn't work so well when you are managing agitation in people?

DW You can't talk loudly to somebody if they're agitated even if they... say for instance it's somebody who shouts a lot and they go on and on and on and sometimes you think to yourself please for five minutes don't keep shouting, if that's the case, you know, and it's got to you because everybody has bad days walk away and see if you can get someone else to go in and see if they can do something because, you know, everybody is human and you can only take so much of someone shouting the same thing at you over and over again.

IV Yeah absolutely.

00:11:25

DW So, you know, that's the only thing I can suggest.

IV But that's really important isn't it?

DW Mm-hmm.

IV And have you noticed other people say with that lady you were talking about?

DW I think because the team I work with now we know each other well, not outside but personally inside, we can talk to one another and we can, you know, go in and we basically do the same sort of things really. Say for instance if I'm busy and she needs more attention and somebody else isn't so busy I can turn around and say to them and they can go in and sit with her because it does seem to be even if she's still saying people have taken her drink away or whatever or someone has forced her to have a cup of tea and they can sit down with her if I can't or another member of the team can't so that's what we tend to do.

IV So you can sort of share it between...?

00:12:31

DW Yeah we are... it is an enjoyable team to work with at the moment.

IV I get that feeling from talking to everyone so that's good.

DW Yeah.

IV And do you think... are there people sort of outside your direct team that get involved?

DW We've got activities which come up. I mean and also we have singers and that come in so, you know, we have put this particular lady because I said I don't know if she's going to like this or not because the first time she said oh why is she shouting? We did have someone who was pretending to be xxx at the time. The last one she had when she was up here they came up here and she sat in the dining room and I just looked over and went like this and she gave me the biggest beam and I thought well she must enjoy this one so that was quite nice.

IV And what do you think works, you know, what do you think are good ways to communicate with people when they are agitated do you think?

DW Because of the restrictive area that we've got if someone is agitated I always think it is best to take them away from anybody else.

00:13:54

IV Is the door shut? Go on.

DW And have five minutes quiet time because I find with most people, even a gentleman we had before could turn very quickly and the best thing to do was to sit down with him, sit down and have a drink and that with him, take five minutes out and sort of walk back to his room or whatever. That does seem to be the best thing that you can do in a restrictive area because it's not like I can sort of walk off the floor and take a resident with me, you know, you have to have permission.

IV And how does... when you say about getting permission who would you need to get permission from and how do decisions get made about what to do in these sorts of situations?

DW Say it is one of the residents we're more restricted because all of our suite is dementia. If family come in and want to take them out they are quite welcome to take them out because they're family. If we wanted to take them down to the shop I would ask the suite nurse on say if it was an agency that we've got covering or something then I would go downstairs and say to xxx (manager) I'm going to take so and so down to the shops. But they're not really ones that enjoy doing that kind of thing.

00:15:37

IV So yeah so you start of talk within the team?

DW Yeah.

IV And is there anything else you've seen work in terms of managing agitation in people with dementia?

DW I've seen sort of like what we've done before is we've sat down at the table and got some paper and we've done some drawing and different things. It's basically trying to take their mind off the thing that has agitated them in the first place. It could be as simple and moving them from one room to another or sitting down and doing something with them because normally a lot of dementia is usually... even if you have sort of calmed them for a few minutes it does seem better if you move them out of the situation into a different area just for a while.

IV And how do you... so there's lots of different things that have been tried in managing agitation and, you know, things like making sure someone's pain is managed.

DW Yeah.

IV Or checking out their physical health. How do you think those things make a difference?

DW That can make a lot of difference because being, you know, that we are the carers if we see any difference in the residents at all, like a gentleman we had this morning who had a hip replacement, he has come back out of hospital, he's only had a tiny amount of food

yesterday and fluid but this morning as soon as you went in there I thought it doesn't look like a stroke it looks like something else and he's actually got a great big abscess come up inside his mouth. So not only is he suffering he's refusing medication and everything so we've actually sent him back to the hospital because we can't put him on drip.

00:17:41

IV You can't do that here can you?

DW No.

IV I know. And what about things like having more time to talk to people, more communication are those things you feel make a difference for people?

DW Yeah but I'm finding at the moment we have so much paperwork, there's just so much paperwork so, you know, sort of like just after dinner we might have a half hour that we can catch up on different pieces with the paperwork. So it seems a little bit of a shame that you are spending less time with the residents because of the amount of paperwork that is involved. But you have to have it to cover your back to cover somebody else's back to cover the resident so everybody knows where they are coming from.

00:18:41

IV And then other things like sensory stimulation or...?

DW Well we've got a sensory room on our floor.

IV Are those things you see working well?

DW Certain residents certainly do. We have got a gentleman that sort of if he really doesn't know what to do, it's very rare that he gets agitated but when he does you can't seem to... it doesn't matter what you do. So if we can get him to go in there and sit down... but he has got a tendency to destroy everything he sees.

IV When he's like that?

DW Yeah not deliberately but I think because he used to be a mechanic he thinks he should take something apart and rebuild it. Because to me, and I know it sounds a little bit thing, but with dementia it's like going back to a second childhood and a lot of the way, behavioural patterns are of a young child.

IV And what helps you to kind of manage those patterns do you think?

DW Well I, like children actually and to me if you look at the photographs and the way somebody was, nobody wants to have this illness and somebody has got to look after them and I think as long as they're happy and we go in singing and sort of like talking to them, try to treat them like they are like your buddies they seem to respond to that. They like to know that you are in there and you're happy. If you go in miserable to anybody it's going to bring them on a downer so I try to keep as happy as possible.

00:20:54

IV What do you think makes it easier for you to manage agitation in other residents do you think?

DW To be perfectly honest there's not really... we don't really have a lot of problem with it, they don't get upset unless it's through pain or something but they're all quite settled and I think because of the team that we've got at the moment it makes a difference to how the residents respond.

IV Because that's what I was just going to ask you, what is it about... because that's unusual in a care home so what is it about your team that means that people are actually quite settled?

DW Because we all get on well with one another. We can be sarcastic with one another but that's all part of it and if we get on well with one another and we go into the room, we usually go in singing or something especially if we're doing personal care. It may not be the best singing and sometimes you get no and I'll say I don't know why you don't like our singing, we should have been on X Factor or something. If you're happy it rubs off on the people that you're caring for. If you're unhappy they tend to be unhappy and I know a little while back when we were having lots of, not to do with agency or whatever, but if you have too many people up there and they don't know because they do like similarity as well so it keeps them settled.

00:22:38

IV So that's something that makes it harder when you have lots of different new faces?

DW Yeah.

IV And is there anything about you in particular like the way you are with people that helps do you think that helps that kind of makes it...?

DW I don't know probably because I'm a little bit mad (laughing)?

IV Yeah are you?

DW I don't know.

IV But I was thinking about, you know, what is it about you or the other people in your team that means agitation is managed quite well?

DW I don't know. It is because we try to... if someone is upset... because we do observations on some of the residents because they are prone to fall and all the time even if they're not having observations done you're looking all the time. You may be going to the suite or something and on the way you could be looking so if there's someone getting frustrated or agitated with something you can go back to the other carer if you're doing personal care, sorry I had to stop and sort out, you know, Mr. B. or whatever on the way. So the sooner you can sort of like see the problem you can stamp out the problem if you know what I mean.

00:23:55

IV Yeah and what about... is there anything about your, like outside of the team, like the management or the care home that makes it easier, that helps you to manage the agitation when it happens?

DW What sort of like home life?

IV No I mean like the managers here or in the care home more generally outside of your direct team?

00:24:22

DW Well no we usually sort it out on the floor really and don't seem to have to go down to management unless it was something really severe, which we haven't got.

IV And what else... is there anything else that helps you to be able to sort of find time to do some of those... I suppose some of the things you know work like sitting and communicating with people or doing activities with people?

DW Activities we tend to stick to the afternoon because everybody has got the right to be up and dressed or in bed and washed and dressed and so all the things like that we do tend to do in the afternoon unless something is going on in the care home because it's like on the 26<sup>th</sup> there's a big fete here so that will be all day. Then what we'll do is we'll do it in turns to bring different ones down unless the family have come and then they can bring them down so it frees up time with the others.

IV Is there anything to do with the relatives actually and the families of people to make it easier for you to kind of help manage agitation?

DW Well normally I mean if anyone has any of their families come in they are more relaxed and that helps with the agitation anyway. We don't really suffer with a lot of it on our floor.

IV Good. When you think about maybe... it sounds like at the moment it's not such a problem but there might have been times when it was harder, what makes it harder to manage agitation in residents?

00:26:17

DW It all depends what kind of dementia they've got. We did have a gentleman he could turn being very agitated, aggressive and if he didn't like a certain resident the point it got to one particular day there were three of us keeping an eye on him to make sure the other ones were safe. But then that was all sorted out so he's no longer with us because he wasn't safe for the other residents.

IV Because he was too...?

DW Too aggressive.

IV Too impaired yeah. Is there anything about say the families or the relatives that can sometimes make it harder to manage the...?



DW Sometimes it must be awful because, you know, I haven't had dementia in my family and it must be very difficult but some families feel that they are the same people but you are restricted on what you can say to the families to say to them but they wouldn't be here if they hadn't got a problem you would have them at home. But they want you to get their particular member of the family up first, stay up all day because that's how they... and they can be very rude towards us through it.

00:27:49

IV That must be hard.

DW That is hard and then I think, you know, one particular case one of the members of the family is a carer and I'm thinking well you should know, you should know that there is no way that we wouldn't be getting the person out of bed. The reason they're not out of bed is A, they may have been asleep so we go on to another resident first or the person wants to stay in bed which is their right. I mean I don't think they should stay in bed all day and its palliative care and they can't get out of bed. But if a person is able to then I think it is nicer if they are but I don't think families should say I want them up all day, I want them to do this, I want them to do that because if they were able to they wouldn't be here. It must be hard but sometimes I find it very rude the way they can be towards one of us.

IV Firstly what effect does that have on you?

DW It can make you feel you're not doing your job but then also it can annoy me because I think to myself well, you know, they're here for a reason, step back and think what that person wants to do because I'm not here for you I'm here for that resident, that person who is here and not for you. So don't make his or her life uncomfortable by insisting that they should sit in a chair all day in the TV lounge or something or come in and you may have toiletted someone, you know certain families will come up and say oh my mom or my dad needs to go to the toilet. You've just taken them and when you ask that particular person who is able to answer you do you want to go to the toilet and they say no and then the member of the family says oh yes you do. It's like they come out of duty but half the time they're sitting on their own because they're in the toilet or whatever.

IV So that can make it quite hard.

00:30:26

DW That I think, to be perfectly honest that can annoy me.

IV I can see that.

DW Because we're not there for them we're there to make sure they're comfortable.

IV And what helps you to kind of manage that? How do you... what helps you to kind of deal with it?

DW I discuss it with other carers.

IV Do you?

DW Yeah we have a little moan and then off we go again. You have to have a little moan sometimes.

00:30:54

IV I think so. I certainly do. Is there anything about your managers that kind of makes it harder for you to do your work or manage agitation when people are agitated?

DW What makes it harder?

IV Yeah.

DW Sometimes when we have had occasions when you're trying to deal with a certain situation and then they come up to you and say can you go and do so and so and I'm thinking but I'm already doing this, this is what I'm here for, I'm a carer, I come in here to look after residents, I'm not coming in here to do your work. I don't mind if I'm not doing anything, I really don't like it if you're already doing something because I tend to find... say if our resident is agitated and then you get agitated it can make it...

IV It makes it worse.

DW Worse yeah.

IV So what might be the sort of things that they would come in and ask you to do?

DW It might be something simple like oh can you go down and photocopy something? But, you know, at the end of the day now I will be quite frank and I will turn around and say no I can't, I've got to do so and so first and then if I've got time I will go down and do it. I don't like someone coming in and plonking something in my hand and telling me to go and do it when I'm doing something. If I'm not doing something it's a different matter.

00:32:35

IV So you want to be able to kind of complete the task that you...

DW The task yeah.

IV And, you know, is there anything else about the whole place really that makes it harder for you to manage agitation or are there any other barriers do you think to kind of...?

DW We were discussing this yesterday and I turned around and said it would be nice if sometimes we were on the ground floor.

IV What's on the ground floor?

DW Because we could open the doors and go out to the garden. Because we're on the third floor, which is understandable because then, you know, as the levels of care go up sometimes it would be nice just for certain residents to go out and sit out in the garden, where if we do it we've got to plan it because we have to make sure there's enough upstairs to cover the rest. We can't leave them on their own so it's quite nice if it's... like yesterday they had music out in the garden so activities came up and got some of their residents and took them

down and so did a couple of the relatives they took them downstairs but it's not always the case.

00:33:47

IV And it's not always everyone presumably?

DW No.

IV The other thing was just about, you know, is there anything about the media or the way care homes are shown on television that don't...?

DW I do think it's awful because they always pinpoint the bad which is happening to the residents, which I think is absolutely appalling, you shouldn't be in the job in the first place if you are going to treat someone like that. But also they forget what we have done to us as well. I mean, you know, I've known of some other carers who have been really badly injured by a resident but that's never highlighted is it, it's always what we've done to them via the family. I do think it's appalling.

IV I'm thinking what effect does that have when you see that?

DW You tend to find in here that we get all the relatives coming in for the next few days but I'm thinking you've been happy up until now why do you think all of the sudden now you've seen a program like that it has changed?

IV What effect does it have on your morale?

00:35:15

DW I find that quite distressing because I think, you know, just because people have done stuff like that it's like you're being tarred with the same brush, that it's happening to their loved ones and I do find that quite upsetting.

IV Do you think it affects like what you feel able to do with people as well?

DW Yes.

IV In what way?

DW Well we've got certain ones down there that I call by nicknames and there's three ladies who are in rooms next to each other so they are called the xxx and I do get quite offended when you get some people that say you're not allowed to call them dear or darling or whatever. It's the way we were brought up and a lot of these people that do get upset about it are not actually English and just because I've called say you darling it's not to say I'm in love with you it's a term of endearment and that I find quite upsetting. It's the way I've been brought up.

00:36:32

IV And do you think that there are differences within the staff team here? Are there other people who work in a very different way than you do you think?

DW No I don't think they do, I think we all work in the same way and, you know, and also if someone has found something... say if I go into one resident and they are okay with me but some days they might take offence to somebody else than we'll do it that way, we'll change. It's a routine but not always the same routine.

IV And when you think about things like I don't know ways of dealing with people or responding that you can have are there things that make it easy for you to put it all into practice or are there things that make it harder for you to do that?

DW Is this the new thing that we're being filmed?

IV I don't know what that is but have you not been involved in that?

DW By all accounts we've all got to be involved in it. I don't fancy being filmed.

IV Have you got to be filmed?

00:38:01

DW Some people have got to be filmed with the residents. I think it's a good idea but also they've got to remember it's not just a place that you come and you can do activities, it's everyday life even though, you know, the people that are here have got problems you still have to do everyday life. But if you can make that exciting that's nice but it's not something we can do all day. I think if we could have someone that could do activities in the morning once they've gotten up and dressed and go to the TV lounge but not part of the team that are doing the caring part, if you've got someone who could go and do that in the afternoon it would be fantastic.

IV But would you see that as separate to what you do?

DW No we could join in the afternoon but in the morning you just don't have time. So it would be quite nice if you could have someone who was taking them once they were washed and dressed, the ones that were able, into the TV lounge to keep them amused while you're carrying on that would be nice but it's not always the case.

IV You have lots of different things to do all the time don't you?

DW Yeah and sometimes there's not enough hours even though you do 12. (laughs)

IV You need 14 or 15 hours in the day.

00:39:43

DW Yeah.

IV So what, you know, it sounds like things are quite calm on your unit and it does feel quite calm being here actually but when things are less calm and residents are more agitated what effect does that have on you?

DW You do sometimes wonder why you have actually come in in the morning because you think to yourself, I don't know if I can cope with this today but then, you know, you take five minutes, you have a chat with one of the other carers and then we sort it out. What was

it the other day we had a gentleman that had a fall in our suite so one of us have to go out with him because he's got dementia as well. So that left me and two new carers on the suite and we were actually thanked in the afternoon for just getting on with it without moaning but I said we did under our breath (laughs).

IV When you were thanked for that...?

DW Yeah it does make you feel better. It's when sometimes it doesn't matter what you seem to do just a thank you once in a while does make a lot of difference because we don't get paid an awful lot for doing what we're doing.

IV And are there times where you feel a bit like the opposite where you're not getting thanked enough?

00:41:12

DW Yeah you do get times when you feel like that but as I say over the last three or four months where things have settled we've got a new suite manager and we've got our sort of team now the suite manager will say at the end of the evening thank you very much or will even sort of like say my name or whatever as she's going through and it does make a difference, you feel like you've done a good job. There are some days you feel like well, they wouldn't notice whether I'm here or not but then that can be the mood that you're in so you try not to be...

IV Well other people wouldn't notice if you were here or not?

DW You can have days like that but it doesn't seem to be like that now, it has settled.

IV And having a new manager has made a difference?

DW Yeah even though there was sort of like the grievances when she first got here because it wasn't a very good attitude when she came in. She turned around to me and said to me you don't like me very much and I said no. What I didn't like is that you didn't learn the residents first their ways and then you didn't know what we were like. I expected change but I don't like you won't like what I'm going to do. I'm thinking are we doing a bad job and that's when you start questioning if they've got to change everything are you doing a bad job?

00:42:55

IV So when people start questioning what you're doing or you start having that feeling of am I doing a bad job what effect does that have on what you think you can do?

DW Well you feel like you don't even know what you're going to do when you come in the morning because everything was changing but as I said that has all settled down, it has all worked its way out so it's all settled and its fine now.

IV Good.

DW But we do have meetings and we do discuss, you know, what you're upset about. Even though sometimes people don't listen it does matter, it is discussed.

IV Do people say?

DW Yeah.

IV You do say?

DW Yeah.

IV And when it is difficult how do you get support from staff?

DW If it was really difficult I could go down and I could talk to xxx the manger about it but normally we try to keep everything on the suite so, you know, if anything... say if I had a grievance with a nurse on the suite I will actually go up to them and say something to them now because I think to myself we're all doing the same job, I'm just not giving medication. That's what we're here for and, you know, if I think something is not being done right then I will go up and say so and if they feel I'm not doing something right I would hope that they would come up and say something to me? You have to work as a team doing this otherwise you can't.

00:44:31

IV Yeah absolutely and do you feel you can ask for help when you need it or support?

DW Yes.

IV And how do you do that? How do you and your colleagues sort of support each other?

DW Yeah we do support each other.

00:44:49

IV In what way?

DW We will sit down and talk, sort it out if we need to say something that we're not happy about. If we all know what's happening, why someone is upset or whatever then it can be dealt with. If it's not spoken about then it can't be dealt with and then it can't be dealt with and then it can go on and get all blown out of proportion.

IV Is that the same if you have had a resident that has been very difficult or...?

DW Yeah we, you know, we discuss it and also we've got a book that we've got anything that's gone on, if there's been any problems or whatever it goes into the book so when we start the morning of handover we know what problems have been so then we can go and deal with it.

IV About that training have you had training to help you manage when residents become agitated?

DW Yeah.

IV What has that been like?

00:45:55

DW That's been good. The training I would like which now that xxx is deputy manager it's not self-defense is it?

IV Breakaway or...

DW Breakaway yeah I would like training on that because they're frail and elderly even though they've got a very strong grasp sometimes to know different techniques how to get out of a situation without actually hurting them or hurting yourself I think is a good idea.

IV When you think about the training you have had to help around how to manage agitation what do you think was most useful about it?

DW Most useful? I would say sort of like the talking part of it. I mean everybody has got their own ideas of how to deal with a situation. Maybe I will be doing something and you will say oh I found if you do this it helps so I always think the communication part is the best policy.

IV So talking in the training about your experiences and sharing ideas?

DW Yeah because then, you know, someone might be doing something and they will say it doesn't matter what we do we can't seem to get her to do something or whatever and then we say oh we've had one like that. If you offer them something maybe a jelly or whatever it can calm the situation down so that's what I found is the most useful.

00:47:53

IV And has anything not been useful in the training you've had that you've thought that's really not helpful?

DW No because I think all training is good. You always get little bits but then you sort of forget about those bits and go onto the bits that you find interesting.

IV And when you think about the training you've had like the stuff about managing agitation and behaviors what helps you kind of learn what to put in to practice?

DW Again discussing it because that's the best way to do it because, you know, say I've been on training today and the others haven't had the training I would say oh they can, you know, if you do this or try this it has helped with other people so then we are all reading from the same book. Information given and shared is the best way to go isn't it?

IV And is there anything that makes it a bit difficult to put what you've learned into practice?

DW No not really no. Okay?

IV Before we finish this is there anything else you would like to mention that we haven't already talked about?

DW No I don't think so apart from we would like more pay.

00:49:19

IV I know well you've got...

DW We deserve more pay.

IV I think you do as well. I agree.