

# 001.001

---

## **Speaker key**

RS     Researcher Staff  
LL     xxx

RS     All right, so we both need to talk clear.

LL     Okay, yes.

RS     Okay, so just to start, I mean, just to introduce myself for this, I'm a researcher from UCL, and I'm going to be conducting and recording this interview.

00:00:15

LL     Okay.

RS     So everything you say is confidential, but I'd quite like you to introduce yourself for the recording, so the typist can identify you. So I'm xxx, and you are...

LL     Okay, I'm xxx.

RS     Okay, right. Great. So thanks again for agreeing to take part in the interview, and as I said, I'm interested in how people working in care homes think about and cope with residents with agitation. So by that, I mean when... behaviours like restlessness, pacing, shouting, verbal or physical aggression. And we're asking because we know that this is something you and your colleagues manage a lot...

LL     Yes.

RS     And we want to make use of your expertise.

LL     Okay.

00:00:56

RS     So I'll be asking you about your experiences of working with people with agitation, and about what works and what doesn't, and what helps and what hinders and what kind of gets in the way really.

LL     Okay, yes.

RS     And we're going to use the information to help develop an intervention to reduce agitation in people with dementia living in care homes. So we're interested in how to make it

something which is practical and fits with day-to-day work in particular care homes. In terms of confidentiality, obviously, I'm audio recording, and whatever... but whatever you tell me will be anonymised for the purposes of this study. So you or any other individuals will not be identifiable. But if you did tell me something about you or someone else being harmed, I'd ask your permission to discuss that.

LL It's no problem. Yes.

RS I'll supervise that. And, you know, we have... we respect confidentiality, but can't keep that a secret.

LL Of course you can't, no. Totally understand that.

RS If anyone [overtalking]. Okay? So if at any point during the interview you feel you need to stop or leave the room, just tell me. Okay. So, I mean, just first of all, I want you to think about a resident you know well who's been agitated. You don't need to tell me their name...

00:02:06

LL No.

RS But you can. Can you just tell me a bit about the person and describe their behaviour and kind of what has happened?

LL Okay, I'm just trying to think of the best person that I could... okay, we have a lady here. She's agitated on a daily basis, and we... it's because... a lot of the time, it's because she wants to go home, constantly wants to go home or to see her husband, whose name's xxx. And she's constantly seeking both of these things, and she can't understand... because she has a very short span of memory, you can tell her something, but within three or four seconds, she's totally forgotten what you've told her, so you find you're constantly trying to repeat everything. But you know full well she's not going to remember those things, so we have to use diversional tactics to try and help the agitation.

RS Yes, and when she's agitated, what does that... what does that look like? What, you know, how does it show itself?

00:03:17

LL It shows itself in... she will... she can be very repetitive. "Where's xxx? Where's xxx? Where's xxx?" All the time. And she will pace up and down from room to room, and she goes in a lot of the other residents' rooms because she's seeking xxx or how to get out to get to her home. And she can get quite tearful as well. She can get quite tearful.

RS And what happens, you know, is there anything else that happens with that? So when she goes into other people's rooms?

LL Well, obviously, some of the other residents don't appreciate her entering their rooms, and it can become an issue with the families also, because this particular lady does like to... she feels that everything here is hers. So she acquires things from other people's rooms that

aren't her property, and that can sometimes cause... upset with the other residents and families, so...

RS Gosh, okay. And what do you think may have caused this agitation or may be behind it?

LL Just the fact that she's... I think it is... basically, she's not getting what she wants. All the time her husband is here, she's very calm. You can hold a reasonable conversation with her. Although she might be slightly muddled, she doesn't appear agitated in any way. But as soon as he goes, she instantly then is seeking again. Where is he? I haven't seen him. He hasn't been to see me. Even though you assure her five minutes before, he's been here, she won't believe you. So that tends to increase the agitation.

00:05:07

RS So something about not getting what she wants when he's...

LL Yes.

RS Especially when he's not here.

LL Yes.

RS And are there times when it's better or worse?

LL The time I find it worse is because she does periodically go home to stay for a few days with her husband, but obviously, he has problems himself, so he can't cope with it on a full-time basis. So when she's been home for a few days, and then he brings her back, she becomes very agitated then. You know, it's a case of, why have I been brought back here? This is not my home. I've been home. I want to go back again. And of course that, for two to three days after her visits, she can be very agitated.

00:05:55

RS Yes, and how, I mean, you've sort of said already, but how do you make sense of that... of that... of that... ?

LL Sorry, I'm not quite understanding.

RS How, you know, what's your understanding really of why that is?

LL Well, let's face it. We all want to be in our own surroundings, and we want to be with our loved ones, and when that's taken away from you, it's really, you know, it would make me jolly anxious. I know that much, so I can totally understand how they're feeling, especially with somebody with dementia that doesn't understand where they are and why they've been put there.

RS Absolutely. And have you noticed anything in other residents when they become agitated, maybe sort of different sorts of things do you think [?]?

LL Yes, we've got another resident. She also becomes very agitated. She's quite visually impaired. She can... she can't see very much. So that in itself can be quite distressing for her because she's not aware of where she is, who she's with, and with the cognitive impairment as well, it can have a knock-on effect. So when she feels there's nobody about, she'll constantly shout and scream, and once you go in and talk to her, she'll be calm, and she'll be fine. But then as soon as you leave the room, she starts again.

00:07:29

But I could... I can totally understand that too because if... cognitive impairment is bad enough as... in itself, but without having the visual, you know, the visual bit as well, it's, you know, it must be really distressing for her. But most, I would say, no two of our residents are the same. They've all got different issues, and you have to sort of try and work out what is best, or try to do your best for each.

RS Yes, and actually, even saying something like agitation is different from person to person doesn't really mean...

LL No, it... they all have different ways. It's all sort of some form of agitation, but they nearly all show it in different ways.

RS That's interesting. And so when you think about the person you were describing, say, the first lady, how has that... how have you managed that situation when it happens?

LL Well, we have had some people come in to discuss with us things that we could do to keep her more occupied, to try and take her mind, so distraction basically.

RS Who were those people?

00:08:44

LL Oh, gosh. Now you've asked me now and I can't remember, but I have got the paperwork. I can show...

RS And what kind of people? Was it like doctors, or [overtalking]?

LL Like therapists. Like therapists, so I can't remember exactly what company they came from, but, as I said, I can show you. They asked us to fill in these forms each time we do some form of activity with her stating whether she participated, what her concentration levels were, what we found was best. So each time we do something with her, we write this down – how long we've spent with her – so that we can find out what is best, you know, what best suits her.

But again, this doesn't always work, because it can change on a daily basis. So, I mean, apart from... apart from that, we try to engage her in as much as we can to try and sort of take her mind off of looking for xxx and going home. She absolutely adores dancing, so we find that's a great thing, to put some music on and dance with her, because she loves dancing. And all the time she's dancing, she's happy. She forgets about things, but as soon as that stops, then she starts again. So it's mainly just sort of trying to... not distraction, probably the wrong word. Trying to divert her on to other things to try and lessen that agitation really.

RS And it sounds like you're also getting her to do things that she enjoys.

LL Enjoys, yes. She loves talking about Australia, so we've done some flip charts.

RS Is she Australian?

LL No.

00:10:31

RS Oh, right.

LL She isn't. She's just been there for lots of holidays.

RS Okay.

LL So we've done flip charts with all things to do with Australia, and... which was quite nice. We went through lots of magazines and different bits and cut up bits and put them in this flip chart. And she will sit with you, and because a lot of these places, like the Sydney Opera House and that, she's been to, so again, that's another, quite a talking point, which again, sort of distracts her and makes her think of happier times rather than being upset.

RS So those things help. So it sounds like those things have worked well. Is there anything else you've tried that maybe hasn't worked so well with her?

00:11:07

LL Yes, it's... they always like us to take her for walks out of... outside of her actual unit, which is not an issue whatsoever, because obviously I appreciate somebody doesn't want to be shut in the same four walls. But instantly you take her out of those four walls, she thinks you're taking her home to her husband, so that when she actually returns to her unit, it increases the agitation. And then she can't understand, well, why did you take me out in the first place when you're not taking me to where I want to go?

The only place we do find that she doesn't is if we walk her in the garden, talk to her about the flowers, and let her smell the things like the lavender and different bits. And she will say, well, we've got some of that at home, and different bits, and that doesn't seem to upset her quite so much. But if you take her out of her familiar surroundings, it does have an adverse effect a lot of the time.

RS And is there anything else you have felt able to do at the time with her that has helped?

LL Well, we, as I said, we do lots of things with her. She likes to count money, but because this lady has a tendency to put things in her mouth, we didn't want to give her proper coins. So we've given her paper coins that could be reproduced all the time. But she still... and we photocopied money. I know possibly you shouldn't do that, but she feels – although we know it's not real money – she's got a purse, and she keeps that, because she's a lady that wants to pay her own way.

00:13:00

So if she's able to undo the purse and give you something, she feels... and that seems to help her an awful lot. She likes to purchase her own things, so we take her along to the... we've got a little shop of our own here. And she... we let her pay with the fake money, so she feels she's paid for it, but obviously then we claim it back from her funds. But so I find that helps an awful lot.

And to talk to her about her family. She likes to talk to about her family, although when you're actually talking about them, she doesn't always recognise who you're talking about. She has to visually see who the person is, and then it will prompt her. I mean, there's so many things she...

RS All sorts of things, really.

LL She loves to brush hair. So we bought her a, you know, one of the mannequin dolls with the hair so she could... because she likes to brush our hair for us. She likes to do other people's hair, so when we're not about, we bought her the mannequin so she can do that.

RS What do you think it is about all of these different things, like her buying her own stuff, or, you know, brushing hair, that is important for her?

00:14:14

LL Well, let's face it. All those sorts of things would be important to us. You don't want to give up your independence, and that is a way of showing your independence. I'm still able to do this. Whereas, if you... if you just sort of say, well, here you are, XXX [?], you can have this. There's no charge. She feels that she's not entitled to that. So allowing... giving her the paper money that she can pay with, she feels that she's paid for it and that it... she's worthy to have that sort of thing.

RS Yes, and do you notice anyone else doing anything that works well with her? Is there any, you know, [overtalking].

LL Oh, with her?

RS Other people involved with xxx, is it?

LL Well, we all basically try to sing off the same hymn sheet. It depends who's actually with xxx who she responds to. She responds to some people better than others. I find if somebody – and I don't mean this to sound nasty or rude in any way – if somebody has got a foreign accent, she doesn't always respond to those quite as readily as somebody with an English accent. Whether that is because there is a lack of understanding or whether she's got any issues with foreigners, you don't know, because we have got several people here that have got issues with foreigners. But she doesn't actually state that at all. So I don't think that's the case at all. I think it's possibly an understanding issue with the accent.

RS So I was just going to ask you actually about good ways of communicating with people when they're becoming agitated. What do you find works?

00:16:06

LL A lot, the flip books are very good because xxx – sorry, I’m not...

RS It’s okay...

LL Is... ?

RS We will take the names out. That’s fine.

LL Okay, that’s fine. She... you can say to her, okay, let’s go and get the cup and saucer, and she’ll go over and pick a sheet of paper up. So she’s not actually... although she knows what she wants, the two things aren’t engaging. So with the flip books, she can point to the things, because the visual thing seems to prompt her, so she can ask for exactly what she wants, although you can hold a quite a good conversation with xxx. But it’s the fact that because she’s got such short-term memory that within just a few seconds she’s forgotten what she’s said or... so you find you’re constantly... but a visual thing she seems to keep in her mind longer, the visual part of it.

RS So having something visually, that helps. Is there anything else in terms of kind of how you can communicate and... ?

00:17:15

LL You always need to be very patient with xxx, extreme patience. Don’t try to hurry her. She doesn’t like being hurried, which, let’s face it, no one wouldn’t. And give her your full attention. If she feels you’re palming her off, she... that really increases her... so I find the best thing to do is say, come on, xxx, let’s sit down. Let’s have a cup of tea, and we’ll have a chat, because she feels she’s got your full attention then. If she feels she hasn’t got your full attention, then she becomes quite agitated.

RS Okay, and just also, how do decisions get made, generally, about how to respond or what to do?

LL We have xxx, our manager, she suggests things to us that she feels that may benefit her, not just her, you know, with anybody. And as an activity team, she will ask us sometimes if somebody has had quite an agitated time, which doesn’t seem to have decreased, she will ask us to do certain things with that person and give them a more one-to-one basis until the agitation subsides. Doesn’t always work. Other times, it does. As I said, their... the people’s moods vary on a day-to-day basis, so it’s very difficult to say one thing will work every day, because it doesn’t. But xxx will give us a set regime of what she would like us to do, which we adhere to as much as we possibly can.

RS Okay. So often, there’ll be a kind of plan from the manager...

LL Yes.

RS Basically [overtalking] do anything to try to [?]....

LL Either that or xxx [?], the nurse, she would ask us also if we've, you know, if we can do things. I mean, it's not always possible that we could... because obviously with 89 residents, there's all sorts... not just one person. There's... yes.

00:19:27

RS Yes, okay. And so things like... I was just thinking specifically about certain, you've mentioned a few things like, you know, obviously activities and communication for people. Do you think things like, you know, helping manage people's pain is an important thing at all?

LL Oh, good grief, yes. Yes, because if somebody's in pain, and it's not always something that they can tell you. They may feel the pain, so you've got to be aware for signs that there may be pain causing their agitation, because some people aren't verbally able to tell you. And even some that are able to verbalise, they can't specify exactly where the pain is, so you've just got to keep an eye out for, you know, signs like holding the back or rubbing the head or tummy, you know, and just sort of be aware that that could be an issue, and then report it to the nurse so that they can deal with that situation or get the doctor to come in and have a look.

00:20:33

RS And other things like – I don't know – music, activities, or sensory stimulation, are those things that you've...

LL Yes.

RS Use here?

LL We do. We've got a sensory room upstairs. It's... which we find works incredibly well, especially for people with very severe dementias. We find for people that get angry rather than agitated, the sensory room's quite good because it's sort of dimly lit. There's lots of fibre optics and colours, and we've decorated all the walls with, like, for obviously for somebody that's got visual impairment, they're all textured so they can feel the walls. We've also got putties that they can rub in their hands that let off aromas, so... and we find if we sit with them, play them... because we've got lots of therapy music, reiki music and different bits, and we find within 20 minutes or so, they've usually gone to sleep, so...

RS Yes, and it's very powerful, isn't it?

LL Yes, and music definitely, especially if you... we... when somebody first comes in, we do a social profile, and we try to find out what have been those person's interests in the past. It may be some of those interests they can't physically do anymore, but it doesn't mean to say they wouldn't like to talk about them. We like to try and get ideas of what sort of music they like so that we can get that in. We've got one lady here that absolutely... well, she actually thinks she's married to xxx. So if she... if she becomes agitated in any way, we put something on to do with xxx or talk to her about xxx... and we also have an xxx impersonator come in.

00:22:28



RS That must be confusing?

LL She actually loves it. She'll just spend her whole time saying, I love you. And he's very good. He responds to her, not as a husband, but in an appropriate... in an appropriate way, and she goes back so happy.

RS I bet.

LL Because she thinks he's been in to see her. So it's all those sort of things really that really help.

RS Yes, and is there anything that kind of makes it hard to do those things, do you think, for people?

LL Yes, if I could be totally honest, participation by other staff members can also be an issue. Not always their... not always their fault. They've got time restrictions the same as we all have. You know, they've only got a certain amount of time, and they want to make sure that their part of their job is done to the best of their ability. So we don't always get possibly quite so much help – I'm not saying always, but sometimes – that we would like to help us with the residents that become agitated.

00:23:37

They find that if somebody is really agitated, it's, okay, take them along to activities. They can deal with it, and then hopefully bring them back when they've calmed down, which we can, nine times out of ten. But as I said, with 89 residents, that's not always possible to do on a one-to-one basis. So I do feel that sometimes, some of the staff, on their quieter periods, could possibly do something a little bit more... I'm not saying they don't, because some of them do. We have got some that are really good. We've got others that don't.

RS And is there anything that you think helps to engage those other staff, to kind of, you know, to get them?

LL Yes, it's to try and incorporate them with the activity that's going on. If we say, look, there's only two of us today. We'd like to do bingo with the residents, but obviously, there's a lot of people here that are impaired in some way, but we'd like them to also take part. Would you be prepared to sit with them and help them? And on some of the floors, we get lots of help.

So that can sometimes determine where we will hold a specific activity, which is a shame because if an activity is going, it should be held regardless, throughout the building. But obviously, if you... if you require help, you're going to go to a place that you know you're going to get... to make that activity as best as possible, or productive, I should say.

RS It's hard, isn't it?

LL Yes.

RS And, I mean, I'm just, you know, what is it, do you think, that makes it hard for them to kind of... ?

LL Time restriction, I mean, especially on the units where there are people that need feeding. We have some... one unit where I would say three-quarters of the residents need to be fed, and obviously, somebody's nutritional needs are far more important. Some... not all the time. Sometimes it can be just as important activity-wise for mental stimulation and what have you.

But obviously, someone needs to have nutrition. So a lot of their time is taken up by feeding and giving... making sure people are getting proper fluid intake and different bits. So, as I said, it's not all... it's not always their fault that they can't do things. Sometimes I think it is with certain members of staff.

RS So what, I mean, just to sort of push you on that a bit, and obviously, it's confidential...

LL Yes.

00:26:27

RS But, you know, when you... when you think about particular members of staff, you know, what is it possibly about them that means that they find it difficult to do those things?

LL Because I... it's not that they find it difficult. I think that they feel that activities aren't a necessity. It's not an important part of that person's care. To some extent, I can see where they're coming from. Obviously, to keep someone clean and tidy and feed them is very important. But also... I also personally feel that someone's – what's the word I'm looking for – ability to express themselves through activities, and that also becomes quite an important thing as well. Because if somebody's bored out of their skull, that's going to increase agitation. So to try and engage people as much as possible with things that they would like to participate in, to me is just as important, but people don't always see it that way.

RS No, I think you're right. And is there anything personally for you that gets in the way of being able to kind of do more to manage agitation, or... ?

LL Only time, really, because, as I said, we've got 89 residents. Some of, you know, you'll get the nurse... you'll get several nurses on a daily basis come and say, can you do... spend some time with so-and-so, when you've already had someone else say, can you spend some... and there's only three of us. But on any given day, there's usually only two, other than a Friday, when there's three of us. So you can imagine, it's quite an issue trying to see everybody.

00:28:26

We do... to try and make sure that everybody... we keep... we keep our records, and we do a graph where we put down how much time we've spent with each individual within the company. So that... and then we do a graph each month, so that if it shows one individual possibly hasn't had as much time as another, we will try and concentrate on the one that we

haven't spent as much time on, so that everybody is getting an equal amount of our time, if at all possible.

Doesn't always work, but we do do our utmost, even if it's somebody that's bed-bound that isn't able to communicate in any way. Even if we just do hand and body massage or play music and just sit and read to them, or even just hold their hand. It's still counted as some form of activity.

RS Yes, and do you think there's anything about the residents actually that make it harder sometimes to...

LL Yes.

RS Manage their... ?

LL Unwillingness to participate.

RS Yes, tell me a bit more about that.

00:29:25

LL We've got some residents that, no, no, no, don't like that. Don't... no, won't join in that. Have you tried it? No, but don't want to. So it's trying to find a way to try and get them... to get them to try it. Can I give you an instance?

RS Yes, of course.

LL Okay, last week we had the mobile farm in. It's...

RS Oh, wow. You don't get that in xxx.

LL No, no, and the residents absolutely love it. We've got... but we've got one particular lady who's... smashing lady. She can verbalise with you perfectly normally. But she can be quite opinionated, and what... you always know when she's starting to get upset with you, because she'll call you 'Darling'. And that's just how she says it.

And trying to get her to... she doesn't ever want to leave her chair. And trying to get her to engage in things is a daily problem. But you can sort of her coerce her I suppose, in some ways. I know this sounds... this is going to sound absolutely awful, but we're doing it for her best interests.. she adores chocolate. And I usually say, I tell you what. If you come to this activity, on the way back, we'll nip to the shop and get a bar of chocolate. Okay, and she'll come. And she, nine times out of ten, thoroughly enjoys the activity.

00:31:01

We did try it with the farm last week. We managed to get her into the wheelchair and take her to the activity. And I knew she wasn't enjoying it because she kept calling me Darling, this, Darling... and that's usually a sign that I'm getting fed up. So I said to her, would you like to go back, xxx? Yes, please. So we... I... please excuse the swearing here, but this is... this is for her.

RS It's fine.

LL We actually took xxx back. I said, well, did you actually that today, xxx or was it not quite your cup of tea? Well, I suppose I did if you like the smell of shit. And that's... so we know that that's possibly not...

RS Not for her.

LL For her. Yes, so we've got to then sort of work on the things that she does like. She will come to bingo because she knows she can win bars of chocolate. So it's trying to work out what will encourage her to come. That's the point I'm trying to make.

RS Yes. No, absolutely. And is there anything, do you think, about the relatives or the families of people that makes it a bit harder sometimes?

00:32:05

LL Oh, good grief, yes. That's one of our major barriers. We have some families that are very accepting, very grateful in anything you do. They're what I call the middle people. Can't thank you enough. Mum never used to do this. She hasn't done this for ages. Now we see she's doing it. That's fantastic. Then you've got the people that... well, mum used to do this, that, and the other. They used to go skiing. I can't understand why they can't go out and, you know, and they cannot accept, because of their physical and mental impairment, that they're no longer able to do those things.

So we... it may be, too, that that person's lost interest in what they used to do, but the families sometimes can't accept that. So we have to try and... we try to get together in groups with the resident and the families, and we try to discuss and come to a mutual agreement as to what we can do for that person.

But then you go totally to the opposite extreme, where the people want to join in, but the families don't want them to. Oh, no, don't think they should do that. They might fall and hurt themselves. Or I don't think they should do this. So they put barriers in the way, when you know full well this person wants to do this and is quite able to. So it's trying to find ways to show the families, look, this person can do this. Would you like to come along and participate with us, you know, so you can see what they can do? As I said, on all three scores, it doesn't always work, but you can only try your best.

00:33:54

RS It sounds like you do an awful lot, actually, that...

LL Well, we do... we do try. We don't always succeed. I'm not going to say we always succeed, because we certainly don't.

RS Who does?

LL No.

RS And is there anything, do you think, about the team that makes it a bit harder or... ?

LL Well, there's only three of us in our team. Or do you mean the staff as a whole?

RS Well, as... maybe in the whole... you've said a bit about the staff already, actually, so...

LL Okay. I mean, as our team, as an activity team, we're pretty good. We all... we all get on, and we all... sometimes we have disagreements about how things should be done, but we try to talk it out and come to a mutual agreement as the best way to go about things. I mean, there might be sometimes that perhaps I really don't agree, but I've got to be fair on the others. Got to give them... their chance to try their way. So you've got to give in. There's got to be give and take. You know?

00:34:47

RS But you work quite well together?

LL Oh, yes. Yes, on the... on the whole. I'm not saying you don't sometimes have an issue, but we wouldn't be human if you didn't have issues, but at least we're... all three of us, it's quite good because I've worked with xxx for, oh, crikey, 25 years now in different establishments. And xxx, the other one, is her xxx. And I've worked with xxx since she was about 14. So we're able to verbalise things without it becoming, you know, without causing upset or anything, because we've known each other for so long now.

RS Well, it's quite literally family.

LL Yes, so it does become easier.

RS Do you think that's something that actually helps...

LL Yes.

RS Get things done?

00:35:36

LL Definitely, because with some of the staff here, I could probably say to Tina, oh, come on, Tina. That's not going to work. You know it's not going to work. And she... we'll discuss why, and she'll be fine. But if I go to one of the... some of the staff, one of the other staff and said the same thing, it would instantly get their backs up. And they'd say, who the hell does she think she is? She's only an activity coordinator. That's what we get. They're only activity coordinators. But as I said, in their defence also, I can see that they're on the go all the time, and it is very difficult for them. So you can't make judgments really. You do make judgments.

RS We all do all the time.

LL We all do. I'm not going to say we don't, because I'd be a flaming liar. Everybody makes judgments, and everybody does a moan and a whinge from time to time, but on the whole, everybody gets on really well and try to work as a team.

RS I was going to say as well, do you think there's anything that your managers do that make it a bit harder sometimes, or, you know, is that an issue, or... ?

LL We're very lucky actually. xxx although, as I said to you before, if there's somebody with a particular issue, she'll set out a strict regime of how she wants us to follow that to try and resolve the situation. But on the whole, xxx's very open minded. She sort of gives us carte blanche as to what we want to do. I mean, obviously, we have to run things past her first, but she's... very rarely does she put an idea down. Even if she doesn't think it's a good idea, she'll let you give it a go to see if it works.

00:37:25

RS So is that something that actually makes it easier for you to manage things, rather than harder [?]?

LL Oh, crumbs, yes. Totally, because xxx's always got an open door policy. You can go to xxx with any... if you've got an issue or you've got an idea, and she goes, yes, sit down. Have a cup of coffee. We'll have a chat about it. And she will also join in with things, which I find... managers of other places I've been to before... that's your job. This is my job. I'm not getting involved. But xxx will. She'll get involved an anything.

You know, we have silly eating contests, and she'll join in quite happily. So that makes it a lot easier for us. And I always find that that's good for the residents, because if they can see the manager's quite happy to join in as well, they are more likely to join in. So, and xxx, as you know, has just taken over as deputy, and we've always got on. We've always had quite a good rapport withxxx. And he's... he will let you know if you're not doing something right, obviously, but he's very open minded will give everything a bash as well.

RS Yes, good. I mean, the other thing, you know, is about whether there's anything about things that you see in the media or on TV or you read about in newspapers, like, that makes it harder...

LL Yes.

RS To kind of manage agitation and do your job.

00:38:50

LL The media are a bad enemy of ours, I feel, because the media will always expand on the bad things within care homes. You know, you get these awful situations where residents are being beaten or something nasty is happening to them. But you very rarely... the media very rarely portray the good side of care homes.

So you've got to think, a lot of these people were born in a time when homes were institutions. So... and they were... they were very much, you had your tea at this time, this, this, this. Everything was done very regimental. And, you know, you had all this awful

electro-treatment, and so a lot of our residents think that if they're going to come into a home, they're going to come to somewhere like that.

So it's trying to educate them, it's not like that any longer or in most places. I would like to think it's not. But the media doesn't portray it that way. The media only portrays the bad side of nursing homes nine times out of ten, not the... it would be so lovely to hear on the news sometimes about something that a home has accomplished and had a positive outcome.

00:40:12

RS And do you notice the effects of those things on...

LL Families, especially.

RS Families, staff?

LL Yes, on staff, it has... it gives a very low morale because they, you know, you'll hear the staff saying, that never goes on here, you know? It makes us all look as if we're bullies, and what have you. So it makes... gives a very low morale. And residents' families, they hear of these things, and it makes them feel guilty that they've got to put their loved one in a care home because they're scared something like that may happen to them.

And the chances are, in most care homes, those issues aren't going to arise, but it... the media might portray it that it happens in most care homes, that someone or another, not all staff, but someone along the line is going to do something terrible to your relative. So it makes them feel a terrible guilt complex that they're having to put their loved one in that sort of situation.

RS It's tricky, isn't it? Bit more positive, I was just thinking, you know, we've talked a lot about some of the things that make it hard...

LL Negativity.

RS But, you know, what are the things that make it easier for you to manage agitation and... amongst the residents you work with?

00:41:33

LL Make it easier?

RS Yes.

LL The fact that we've got a good management team, because, as I said, they allow us to do things that we feel would work, because they know that we spend a lot more time with an individual than perhaps they've..they are able to do. So they know that we can see things that possibly they won't always, on a day-to-day... they don't see the day-to-day changes, which we do. So enabling us to be carte blanche on what we do with that person helps and awful lot. What makes it easier? Getting help from staff.

RS Yes, so when people are around to help...

00:42:19

LL It makes it a lot easier for us. I think having joint discussions with the resident, the resident's family, so that you can discuss things, so that everybody is aware of what's going on and what's going to take place. That helps an awful lot, because otherwise you find you're working in... on... against barriers all the time. And also, that the resident feels that they are being involved in what's happening with them. You're not making a decision for them. They're able to voice their opinion in what they want. And I think if somebody's able to voice their opinion in what they want, that's a great help as well.

RS And their family as well to kind of...

LL Yes, yes, yes, because as I say, there are issues. Even between the family and the loved one, there are issues, and it gives them a chance to put their views across on either side.

RS And is there anything else about your, you know, the care home or the company that you work for that makes it easier for you to do your job?

LL Makes it easier for us?

RS I know, we're all very good at talking about what makes things harder, but not so good...

LL We have a very good budget. So the budget...

RS Yes, well, that...

LL If you've got a very small budget, it makes it very difficult. My... the last home I worked in had a really small budget, and that made it so difficult, whereas, we've got a good budget here. And there's very... even if we go over that, they'll let you know you've gone over your budget, but they don't... there's no comebacks. And they don't restrict you the next month. You still get the same budget. But, yes... no, the budgeting I think is a big thing. It... because you can do so much more if you've got a good budget.

00:44:23

RS And what about you? Is it, you know, what is it about you that makes it easy for you to do this well?

LL What is it about me?

RS Yes.

LL I'd like to think I'm pretty easygoing. I will take on virtually anything anyone throws at me.

RS That's good.

LL However silly it is, I'm game for it. I'm always game for anything. I've got very little inhibitions. I think if you're inhibited, that can be... it's not a good thing on activities.



You can't afford to be inhibited. And I'd like to think that I'm... makes me sound as if I'm boosting myself up here.

00:45:12

RS It's fine.

LL I don't mean this at all. I'm open to suggestions, but I'd like to think I've got quite an open mind. I haven't got a closed mind, and I'll... even if it... even if I think it's not going to work, I will give it a go because I could be wrong.

RS That's very important, isn't it?

LL Yes.

RS Okay, so just moving on. What impact do you think agitation of residents has upon the staff?

LL Depending on the staff member, it can be very stressful. Some staff have a lower tolerance than others, so they might find it a little bit more difficult to cope with, although I would say a majority are pretty good. We're always taught that if you're finding yourself getting upset or angry, walk away. Find someone to take your place until... take five minutes out. Then come back to the situation. Don't let it get on top of you. Sorry. Go back to the question. I forgot...

RS Well, no, we're thinking as what, you know, about the effects of agitated behaviour, was that [?].... also maybe on the effect it has on you.

00:46:38

LL Yes, well, it can. It can be very stressful. It can be tiring. It can feel... it can make you feel sometimes, when things aren't working, that you feel you've failed. But then it also, on the other side of the coin, if you do do something that does work, and it decreases their agitation, it also elates you, because you think, yay! You know, you've helped in some way, and that person's a lot happier, so...

RS And do you see an effect upon... on your team, on kind of what you feel able to do?

LL Yes, but as I said, because we work as a team, as I said, nine times out of ten, we work well as a team. I think if you work as a team, it can have a much more positive outcome, and you feel more comfortable with doing things. If you were fighting a battle with each other all the time, you're not going to have quite the positive outcome that you want to have. So working as a team [overtalking].

RS So actually you have something that kind of helps, you... because I was going to say, you know, what... when it is difficult, how do you support each other? Or how do you get support?

00:47:57

LL How do I get... well, as I said, very often, by getting somebody to... if you're having a really bad time, and you're... you can find yourself getting uptight or tearful sometimes, because you do... because it can make you really tearful sometimes, just get somebody to step in. Or even sit down and have a chat with you about what's, you know, what the issue is. And sometimes just having a chat can help resolve it. Just getting it off your, you know, just getting it off your back, sort of thing, can help. And knowing that other people sometimes feel the same as you do. It may be that you're having a good day and can cope with it, but the other person can't, and vice versa. So that helps an awful lot.

RS And do you feel you can ask for help or support when you need it?

LL Oh, crikey, yes. Definitely. Yes, definitely.

RS Who would you go to?

LL My team first. Yes, the activity team. xxx always. Well, and xxx, come to that. When xxx was here, the deputy, she was always quite... can always go to them. Never have an issue. I don't personally. I'm not... I'm not talking for anyone else. I'm just talking about me personally. Especially if I've got... something's wound me up, xxx's always ready to sit and listen to you and sort of look at things logically and make you feel better about things.

And especially if I feel something's my fault, and I'm blaming myself for it, she'll sit down and reason with you. Well, why are you thinking it's your... you've done this, this, this, and it makes you think about it more logically. And then I go, yes, it isn't really my fault. I have done my best. But sometimes you do go home disarmed, because you feel that you haven't been able to do the best for that person that you can. But on other hand, then you go home, and you have days that are really good, and you go home really... oh, yes, you know, it's been smashing. But as I said, yes, just people listening I think goes a long, long way.

00:50:02

RS And do you think that for some people, because it sounds like you're good at asking for help or getting the support that you need, but do you think, you know, what gets in the way for some... for other people, maybe, in getting support?

LL Some people do find it very difficult to ask for help. And they tend to bear the brunt of things on their own shoulders all the time, and that can have an adverse effect.

RS In what way?

LL In the way they work, their mood, how they work as a team. It can cause arguments within the team purely because they find it difficult, but I find some of the staff feel that if they were to go to management especially, or the nurse, possibly not quite so much their team that they're working with, but somebody of a higher grade than them, they feel that they won't be listened to. And they say, what is the point? Nothing can get done. But if you don't ask, you don't get. So you've got to ask in the first place. But then it's... that's easy for me, because I can do it, but not everybody's made that way. So that can cause issues and problems.

00:51:25

RS Yes, okay. And what training have you had to help manage when residents become agitated?

LL We have had... I've been in quite a few behavioural courses. I've had... I've done a three-month dementia course, not here. That was... that was at my old company. I've been away to seminars and things too... we've been up to xxx too to learn new ways and get input from other homes how they do things, which can also be of a great help, because it's possibly ideas that you've never even given a thought, and you think, ooh, yes, what a great idea. Hence, our indoor garden. We got an indoor garden. And of course [unclear]. That was an idea that came from some... another home when we went on a seminar to xxx. So bringing ideas in from other people can help and awful lot.

RS And when you think about the training you've done, what's been most helpful about it?

LL Learning how to cope with it. Learning... what's been most helpful? To me, again, I'm only talking for me personally, it's... we've... we're taught to see the person, not the disease, which I think is a really good help to look at the person, not how they're reacting. Try and forget how they're reacting and to treat everybody as an individual, because we're all different, regardless of whether we've got a mental or physical disability. We're all different. And trying to see how they're seeing things. I mean, it's not always possible, because obviously, we can't be inside their head. But, you know, trying to see how they would feel I think helps a lot.

00:53:26

RS And what about... is there anything that you haven't found helpful in terms of training you've had?

LL No, not specifically. Again, because a lot of courses cost... there's a lot of costing involved, there's some times when you perhaps could go on a day course, and you feel that if you were able to go on a longer course, you would benefit from it. And so you come away with... perhaps feel only half-sorted on a situation. Although you're clear on what they said, you feel that there could be more to go into. So perhaps courses on a... with a slightly longer duration may help, because...

And also tutors – this is going to sound awful as well. Some tutors are excellent. Others are rubbish. You get some tutors that speak in a monotone voice like this all time. If you... and it's trying to keep awake. So you're not taking things in. And yet, you get other tutors that make things fun and interesting. They use a lot of expression in their voice, so it makes you better, more willing to learn.

RS And what helps to, I suppose, put the things that you learn on training into practise?

00:55:00

LL What... sorry. Say again?

RS Yes, what makes it easier to kind of put what you learn on training into practise day to day?

LL What makes it... ?

RS What helps you do it?

LL Well, knowing how to do things. They show... they show you ways in which to do things that you possibly didn't know before. So they're giving you a tool to work with to show you how to do something that you possibly wouldn't have known before.

RS And do you find you come back and do things differently?

LL We will come back and do things differently. We try to, but we will also try to explain what we've been taught to other staff members, and say, well, we think this would be a good idea. You get some that will take it on. Yes, that sounds like a great idea. You get others, really negative. Well, that won't work. Not even going to try it.

RS So that makes it harder. It's...

LL Much harder.

RS Hard to put things into practise when you're trying to get other people to...

00:55:59

LL Yes. Again, it's conflict of views a lot of the time. But we do have just a few staff here – I won't say all, but a few – oh, God. I know they're here just for the money, just to earn a wage. It is only a very few, I hasten to add. But that makes it so... I'm not saying they don't do their job properly. They do do their job properly, but that's as far as they go. They won't be... they can't see that if they were to be a little bit more open, and try things in other ways, it would possibly benefit them.

RS And is there anything that makes it, I suppose, anything else it makes it easier for you to kind of integrate what you've done on training into your day-to-day practise?

LL Makes... we will come back and inform xxx with regard to what we've learned, and we discuss with her the things that we think that would work. And she will make... let the staff know that she wants this put into practise. So it's not just coming from us, because you do get the, again, the outlook, they're only activities. Why are they telling us what to do.

00:57:20

RS Yes, so if it comes from your managers...

LL They will... they're more inclined to do it than if, as I said, this is only for a minority of people that it's like that. A majority will...

RS Take it on?

LL Yes.

RS Okay.

LL But then, we're all like that. Let's face it, in some ways. You know, you can't blame people for how they are. We're all made differently.

RS We are all made differently. So is there anything else? Before we finish, is there anything else you wanted to mention that we haven't covered?

LL I do think... well, we are, I mean, we have covered training, but I think for the training for the ones... the staff that are perhaps a little bit more reluctant would give them a better insight and perhaps make them more responsive. Probably a wrong word. Cooperative? In joining in things. Other than that, no, because, as I said...

RS I mean, do you think... what do you think would work for that? I mean, what would help to get those people to be more, I suppose, you said responsive or cooperative or more involved, maybe?

00:58:43

LL Well, at the moment, we've got a company coming down that are doing a thing called xxx. Have you seen that?

RS Yes.

LL And that is helping a lot because although people have probably been less inclined to join in with things, because these people are very outgoing and have got this way of making things, not... well, yes, enjoyable, I suppose, and making it fun. I think the word... that's...

RS Is it quite interactive, what they're doing?

LL Yes, a lot of interaction. And we're trying to follow this on so that, I mean, they're here for a year, so... but once they're gone, we want to carry that on. So it's making things fun and pleasurable and getting people to engage. And they're helping an awful lot, because they're showing us ways in which to do that.

RS Yes, and how... what do you think works? Sorry, I know we're getting where we're [?] going to finish, but you've just got such a lot to say...

00:59:51

LL Sorry [overtalking].

RS No, helpful things.

LL Oh, sorry.

RS I'm just thinking, you know, with something like the xxx thing, so they're here for a year and then they're going, and you want to keep those things going, what kind of helps... what works, in terms of keeping things going? What do you have to do?

LL Well, you have to persevere, because if you don't persevere, things just get forgotten, and then it just goes back to being as it was before. So you've got to keep encouraging people to go forward rather than go backwards, because taking a step backwards is just a total waste of other people's time.

01:00:29

And when you're being given a tool to show you how you can make things better, then at least use it. Don't just think it won't work, because unless you try it, you're never going to know. As I said before, it might not work, but unless you try it, how do you know?

01:00:48

RS Thank you. That's been helpful. I'm going to switch this off.

LL Sorry. Have I been gabbling too much?

RS No, not at all.