

# **006.001**

## **Speaker key**

RE     Researcher  
SM     Staff Member  
UF     Unidentified Female Speaker

RE     Okay. So I'm assuming that that is recording. It looks like it's doing something so it's recording. They're really powerful so we don't need to shout or anything. So, I'll just introduce myself again even though I already have. So, I'm fromxxx and I'll be conducting this interview and obviously everything you say is confidential but can you just introduce yourself for the recording so that we know who you are?

SM     Yes. My name is xxx and I'm the Deputy Manager of xxx.

00:00:32

RE     Brilliant. Thank you. So thank you again for taking part in this research and as we've been discussing it's really just about helping us to understand what and how people who work in care homes think about and cope with managing residents when they become agitated and distressed.

And so what we're talking about when we use the word agitation it's really, kind of, behaviours like restlessness or pacing and wandering, shouting or becoming verbally or physically aggressive. And, as I said, we're asking about this because we know it's what you know about and we want to make use of your expertise so we're particularly interested in, kind of, what works and what doesn't work and then what gets in the way or makes it harder for you or for the staff who are, kind of, on the floor as well to, kind of, do their jobs. And we're going to use it to develop an intervention which we'll then try in care homes.

00:01:35

So, as I've said, obviously it's confidential and what we do is anonymise everything so it won't be... you know, no one will know you or which care home you're coming from and any residents that you mention won't be identifiable either because we take all the names out. But if you do tell me something that I was concerned about in terms of, kind of, risk or abuse I would have to act on that by talking to my colleagues at but I'd talk to you about that first, obviously, if I was worried about something.

So if you need to stop for any reason if it's... I'm sure it won't be. Like, it's not going too much but if you need to, like, go out and deal with an emergency or the dog needs a...

SM     Yes.

RE     cuddle, just let me know and we can, sort of, stop or pause it. But just first of all, can you think of maybe a resident that you know well that who's here or has been here? Can you just tell me a bit about a resident who's been agitated or gets quite agitated at times and can you just tell me a bit about them and describe their behaviour and what happens when they get agitated?

SM     Okay. I'm trying to think which one of the residents. Right, so we'll pick xxx say.

RE     Yes.

00:02:56

SM     xxx can be quite aggressive when she wants to but more so to the female carers. A long time ago it used to be most of the ladies preferred the female carers and not the males but as the dementias have progressed it's now going in the opposite way.

RE     Oh, that's interesting.

SM     With xxx it can take up to three female carers to get her done purely because she'll kick, she'll bite, she'll spit, she'll punch, you'll be called everything and anything under the sun that she can think of. A male carer can walk in and it's like, a completely different woman. It'll be, hello darling, lovely to see you, yes of course you can do that, yes of course I'll do this and it's just completely different.

RE     And is it always...?

SM     Always the same.

RE     She's always fine with men and always not fine with...?

00:03:48

SM     Once her personal care is done she's fine with women. She's got a thing about short people, actually. She doesn't tend to like... We've got three short female carers here and whether she's had personal care done or not she's, sort of, a bit... So we're not sure what's happened before to make her... with the short people but, like I said, once she's up and dressed and she's down in the lounge or she's in her room, female carers she'll talk to fine but to try and do personal care, like I said, it takes three of us to do her.

RE     And it's just around personal care, then, for her?

SM     Yes.

RE     And so what happens? Does she just, kind of, refuse from the start or just...?

SM     Yes, I mean, you can go in and you'll speak to her and you'll be like, shall we get you up and dressed? And she'll start off by saying, yes, okay, and then it's as soon as you go, maybe, like, go and sit on the commode, it'll be, get off you f-ing this and

the fists will come and she'll kick out and she'll pinch and nip but the blokes will go in, shall we get you up and dressed? Yes, my darling, that would be lovely and she's up completely... you wouldn't have said it was the same person if you had seen her.

RE And so how do you understand that? Like, what do you think that's about?

SM Well, if it was the other way round, when it used to be... obviously, it would be a dignity thing and be less embarrassing for a woman to look after a woman but with xxx we just don't know. She's got two different types of dementia at once which is not helping.

00:05:24

She had an accident when she was younger and had a really bad bang to the head so we're not actually sure because according to her daughters when we spoke to her about the swearing and things, when xxx was younger, never swore, a proper lady, had her hair done, makeup done. Everything was just so. Very well spoken and then when the dementia set in it was completely different.

I mean, she even used to swear at her daughters when they would come and try and help us so it's not just a carer thing. It's even the same when we have a female GP come in the house. We have to have a male carer go down with her.

RE At least you know what works with her?

SM Yes.

RE Have you got male staff though?

SM We have. We've had to employ more male staff now because we only did have one and, obviously, he's not here to 24 hours a day.

RE No.

00:06:17

SM So we've now got four which is the most male carers we've ever had. We even got a male housekeeper now and she'll let him do things for her as well.

RE Has she been here a long time?

SM xxx's probably been here about two years coming up.

RE And you're saying she changed in that time, so when she first came she would accept care from women but not men?

SM No. When she first came it was the same but it was only then when we said, well, let's just try, xxx, one of our male carers. He went in and we said, any problems? He went, no. And then he actually came in. I went up because I was on care at the time and he actually came in with me to do her and because he was stood behind her

she didn't see him there and he actually saw what she was like and he said, I can't believe it was the same person.

So now we just pass her over to the men now. It sounds awful but it's less stressful for her so we don't see why it should take three of us to go in to stress her out when one of them can go in and she's much happier with that.

RE Yes, of course. It's about doing things that, you know...

SM Yes. It's got to be better for them rather than us.

00:07:32

RE Yes, exactly. And what else have you noticed in other people who get agitated? Are there, kind of, different things?

SM Yes, I mean, you know, everyone's different really and you get it in different ways. We've got some that will start pacing the corridors. We've got one lady who'll get very upset and start crying and then she also has, like, a panic attack because she's getting wound up but because of the dementia, she finds it hard to communicate. She can speak but to get all her words out in a proper sentence, she can't do it. So whether that frustrates her and then she just, sort of, flings her hands and she's off again...

RE And what happens with her? Does it come and go or is it all the time that she's [overtalking]?

SM No. It will... because some days she'll be lovely. She'll wake up and she's laughing, she's joking, she'll talk to you and then it could be something that's triggered it. It might be a song on. We don't actually know what it is and the next thing she's crying and she's pacing the ward, she wants to get out. One day we did actually find out. I know because this lady came from xxx and I went over to xxx with her brother to bring her back. Her dementia has progressed in the last year she's been here but when we first got her it was still, I wouldn't say early onset, but I'd say, mild.

00:09:00

But she remembers me for some reason and I don't know why. And she loved to talk to me or xxx – she calls me xxx – and she'll start saying stuff to me and one day I took her down the back. We were having lunch, you know, because she was getting really upset with a lot of people about. I took her through the back end in the activities room down the back with the sofa and we sat there and had lunch and she started getting upset and I said to her, what's the matter, xxx? And she actually pulled a photo out of her husband, out of her pocket and she said I'm looking for him.

So sometimes whether it's that but because, like I said, she can't get her words out, it is difficult sometimes to actually work out. I mean, obviously, we don't like to give people medication if we don't have to. We will try and find an alternative. So with xxx, sometimes it does work just by popping her in the car and taking her out for a little drive and then bringing her back in that way and she seems to calm down. So

whether it's just the change of scenery just to get out of the house, the same four walls, I don't know.

RE Yes. And you're saying that, you know... is that xxx who pulled the picture of her husband out?

SM Yes.

RE Yes. And that she can't always communicate but there might be things like that that she's thinking. And have you noticed that with other people as well, that they're, kind of, looking for people or...?

00:10:17

SM Sometimes it's, like I said, it's different for everybody. I mean, we've got one lady down there and she'll often think she's got to go and pick the kids up from school. We've had that quite a bit, actually, where they want to get out because they thought it was time to pick the kids up.

RE Yes. And what helps with that?

SM With that, I mean, there's a couple I can think. I mean, one lady's not here anymore. She passed away. But with her, she used to try... because she was at the stage where she was in the bed all the time. We were caring for her in the bed and she used to try and get out of bed to say she had to go and pick up the kids up. So we'd just say, it's all right, I've picked the kids up, tea's on, don't worry. Oh, thank you. I'll have a little sleep then and she'd...

xxx, that's down there now with her, her thing it's not so much about picking the kids up, it's having dinner ready for them, coming home from school. So, with her, we'll take her into the little prep room. We've got tins of soup and sausages and stuff in the cupboard and we'll say to her, look, it's all there. Nine time out of ten she'll say, no darling, that's not mine. I can't steal it. I need to go to the shop and get my own food.

00:11:25

So, with her, we get a shopping bag and take her down to the kitchen – the big kitchen – into the store cupboard and I'll say, look, I've got all this, you take what you need. Don't worry about it. But I've got no money. It's fine xxx, it's there. You help yourself. Don't worry. So she'll probably pick up a packet of biscuits and, like, a tin of soup or spaghetti. She'll go and put it in her wardroom in her room and then she's quite happy then but then if she comes back out and says I've got no food, I say go and check your cupboard. So she'll open the cupboard, see it and then she'll settle down after that.

RE Yes. Well, that's really...

SM So, just for the sake of a tin of soup to sit in the cupboard, I mean, we just take it out afterwards. It's not a problem.

RE But it sounds like you know people really well?

SM We do in the fact that we're a small home.

RE How many residents have you got?

SM We have – sorry, I just going open a window – 28 residents we've got and then we have six staff on in the morning, six in the afternoon and three at night. And it's nice because you can get the care done properly and you can then spend time with the residents.

00:12:27

When a resident moves in we also get we also get a family member to fill in a, what we call a getting to know you file. So it will be stuff like what they used to do for a living and your brothers and sisters, what children, grandchildren they've got, where they went to school. So that comes so the staff can all read that so they got some idea so you're not walking in and start questioning somebody and firing all these questions. So what did you do? You can walk in and say to somebody, well, hi,xxx, I'm whoever. So you used to work in a factory making jam? And you are actually then... they'll be, like, oh, yes and then it will start a conversation off that way.

RE So that really helps. And what else helps when residents get, kind of, distressed or agitated or their behaviour is difficult?

SM Again, it all depends on the person and why they're distressed. If it's something we can do then we will do it. Sometimes we might have to talk to the family member because it might be a certain date coming up that we don't know about. But it could be... we try to use different types of therapy.

In the bathrooms downstairs we've got, like, disco lights but not really bright ones so that it puts the patterns on the wall. We've got all these relaxation CDs with the bird sounds on and the music so we'll make a nice warm bath with all the flickering candles and put some oils in and then make it so it's nice and relaxed from that way.

RE Do people like that?

00:14:02

SM Yes. We used to have – we've still got her actually – xxx, when she first came, even though she was married with children, her dementia took her right back to when she was about 16 and, at the time, she had a boyfriend and he was the love of her life; childhood sweethearts and all the rest of it. She was pregnant and she was made to get rid of the baby.

They lost contact for about 50 years, then she got into contact with him again and then he died and even though she was married with a husband, all she wanted was him and all she kept saying was, I need to get to xxx to see xxx. But she would rip the windows open, she would scream, she would claw at her face. Why, God? Why have you taken him away from me? She'd chuck things and at that stage there's not a lot

you could do for her. We, sort of, had to let her go. She was safe but we just had to let her get it out so she did need medication.

They started her on medication but then, slowly, we started reducing it again because, obviously, it was a lot of medication. We didn't want her on that so we reduced it and then, with her, when she started getting wound up, we would say, oh, come on, we'll give you a little pamper session, set the bathroom up so it's nice and warm put the Jacuzzi mat in, the music and she'd be in there for about 45 minutes just laid in the water with the music, listening and watching the lights and that helped a lot.

00:15:33

So, then, she'd start calming down but she would still talk about Paul but you could talk to her in a more of a calm fashion and she would tend to stay away from the fact he would die but talk about what he used to do, what they used to do together and that sort of thing.

RE Yes. So that sounds like that would make a difference. And are there other things that you've seen working well?

SM Animals. Animals are brilliant.

RE Yes. So tell me about that because, obviously, it wasn't on the tape?

SM No. Obviously, we've got the dogs. I bring my dog in. Like I said to you before you can walk through the lounge, talk to the residents and they'll completely ignore you. Walk through with a dog and it's completely different. Oh, hello my little friend. Smiles.

We used to have one lady here, Jean, and she actually got to the point where she was on the bed but she needed nursing care so she had to move on. And she didn't have any children of her own. Her nieces used to look after her and she was very close to them but she always felt like she's been dumped here. She'd get really upset thinking nobody cared, nobody loved her. She'd cry for ages.

00:16:50

So what we'd do is, literally, pick up the guinea pig, take it down. Jean, look at this and the crying would stop. Oh, you love me and it was just that comfort of having something just laid there, cuddling with her. So she felt the love coming from the guinea pig and she'd be completely different. She'd stop crying, she'd be happy, she'd talk to it, give it a little stroke because they make the little bubbly noises. She loved that and she just used to lie in bed with then.

RE Yes, they make weird noises, don't they?

SM They do but she loved the noise of it because she used to think that they were talking to her and it was, sort of, weird because this is what it was like. She would talk to them and she'd think they were talking back so she'd have a full conversation. I mean, I can't talk. I do it with the dogs though.

RE Obviously, yes, well, me too. So there's things about, kind of, just giving people comfort in that way and what else helps? I mean, what do you see the staff doing that, kind of, helps to calm people down?

SM To be honest, I think, the easiest thing to do for me personally is you enter their reality. While you standing arguing with someone saying, no, you're 90 and your kids are all grown up, to them they're not. They're still at school. They need help so we just say to them... so just go in their reality with them. If they're looking for their kids, the kids are at school. They're all right.

00:18:11

Yes, all right, some people say you shouldn't lie to somebody but then the little white lie to calm them down or you could be stood there for an hour arguing with somebody, you're 90 your kids are grown up, they're not at school and you're just making them worse. They're getting angrier and angrier and then it's just more frustrating and they're getting more upset and that's when you get people start lashing out because that's the only other way they can get it. I've had enough of you, now go.

But for the sake of just saying, no, the kids are fine. That settles them, they're happy that they know that their kids are safe. You're not lying because you know the family are safe. They're all right.

RE Yes. I was going to say that's not... yes.

SM You're not saying... You wouldn't go as far as saying, oh, they've just gone to the shop. They'll be back in a minute because then that minute they could still be, well, where is she?

RE Yes.

SM If you just saying the kids are fine or another one is, I don't know, I haven't seen them today but I can fine out for you. And it will be a case of, I've spoken to your daughter. She's all right. She's up at the shop working. Okay, that's fine.

00:19:07

RE So you're, sort of, reassuring them, really?

SM Yes, I mean, I have seen it before. We've had one lady and she was actually sat eating her breakfast. She actually had the bowl of cornflakes in her hand eating them and she was adamant she had no breakfast but she was eating her breakfast at the same time. And one member of staff – they weren't doing it horribly – they just actually said, you're already eating your breakfast. You've got it and she went, no, I need my breakfast but what she was trying to say was she wanted some more. She was still hungry.

RE Yes.



SM Because they didn't get the right... Well, no, you've got your breakfast. You've just eaten it so all I did was, I said, look, just take the bowl away and put a fresh bowl of cornflakes. Thank you dear. She ended up having five bowls of cereal that morning but because she couldn't actually come out and say I'm hungry, all she kept saying was I want my breakfast but because, to them, she'd had her breakfast but to her she wasn't because that's not what she was asking for.

RE So it's just, kind of, going with the people?

SM Yes and, I mean, at the end of the day, even if it's the case of them saying I want my breakfast and you put them a bowl of cereal in front of them and they don't touch it, to them, they've got their breakfast. If they don't eat it, well, what have you lost, 20 pence for a bowl of cornflakes? I mean, you know?

00:20:22

RE Yes. And do you think that...? Are there other things that, maybe, you've seen staff doing, either here or somewhere else, that doesn't work so well, where you think, actually, that's not probably the best approach to take?

SM Yes, I think when they try to be... they're trying to do the right thing by being honest with somebody but, like I said to you, it doesn't work. It does for some people. If it was a case of... I mean, we've had ladies here who have had early-onset dementia and they know they've been diagnosed with it because they'll say to you, I've got something wrong with my brain. I've got that Alzheimer's.

We had one lady here and we gave her all the literature or the training package and she wanted to read because she wanted to know what was going to happen to her, which is fair enough. But then the trouble is... so that was when she first came in but you need to remember the dementia then advances so by that stage some staff was still looking at her like when she first moved in but you're now six months down the line. So there's a lot of change in that six months.

And then I don't think that they do it on purpose but they forget, then, that they need to be moving on with it whereas they're still stuck with, well, she used to do this. She did this last week but that was last week. Today is a completely different day.

00:21:40

RE Yes. So maybe thinking that people can do things that they can't actually do and thinking that they're maybe more able than...? Yes.

SM Yes. I'm not being... Just to be totally honest, I'm not knocking anybody but I think, some people, it doesn't matter how much training you give them, they just don't get it. You could train them till you're blue in the face, every training going and if their mind set is not willing to go that way...

RE Yes. So just tell me about it because you're not the first person to say that. In fact, most people I've interviewed – you're probably the last person I'm going to interview actually – but, you know, they've said similar things. I'm quite interested in

that and what it is about this group of people who just don't get it or aren't going to change?

SM Not to pinpoint a certain group but I think, mostly, it's the older carers, the ones that have been doing it for a long time. I mean, I've been here ten years but I'm still relatively new to care.

RE You're a baby.

00:22:44

SM Where you've got some people who have been here for 26, 27 years but that time, 27 years ago, we were just a residential home so the residents in here just needed that little bit of help washing and dressing and that's it. Everything else they could do for themselves. They were happy to go off and chat sitting with... Now, a lot of them still are in that mind set. I work in a care home so I'm here to wash and dress people and that's it but with dementia you can't do that.

For when it was a residential, it was always personal care first, everything else second. It's definitely the other way now. Your personal care is still important, obviously, but you need that person-centred approach which is more important because, by having that, you actually get to know your resident and that's when you can stop all the agitation and the aggression because you know why they're upset, you know what's going to upset them.

And, I think, with these big homes where there are 109, 110 beds, it's too much. I know they split them into smaller units but the staff are stretched so thin, it is just a conveyor belt; who's next, who's next, who's next? Whereas here because we are small, we get to know our residents properly, we know what they like, what they don't like.

I mean, for us there's 40 plus staff here. You could go to anyone, housekeepers, kitchen staff included and they could tell you something personal about every single resident in this house which is how it should be, I think.

00:24:18

RE Yes. And how do you do that because, I suppose, I look at that and think, well, how do we get that because there's thousands of homes, aren't there? Like, how do we make more homes like this? Like, what works? I mean, partly, it's about the size.

SM Yes.

RE But what else? Like, what would you tell me we should be doing or advising people?

SM Well, so like you said, partly it is the size. I mean, by all means have a huge house but make sure you've got enough staff to run it. I mean, it all comes... Some places pay peanuts but if that's the case, employ more staff or increase your wages and

have better staff. Make sure they got the training. Make sure they got the qualifications to do it.

There's loads of free training out there. Loads. You can do online courses so even if you get up and set it up. I mean, probably nine out of ten people have got a computer at home or know somebody that can show them how to use it. E-learning, it's there. All right, it's not fantastic because you're just staring at a screen but it gives you the basics. I think, again, a lot of people still have that mind set of working in a care home, it's washing bums and that's it. It's not. To me, you have to know the person.

00:25:33

RE Yes. And so what do you do? What helps you to, kind of... It's like, I mean, you can't completely change people but, you know, these carers have been here a long time and what do you do to try and get them to, sort of, do things differently?

SM We have actually done it this last couple of years since me and xxx have taken over. We've actually had phone calls from the night staff who have been here a long time and actually said, I've really enjoyed that training. Thank you so much. And normally they're the ones that, oh, God. Not bloody training again. We've done this already. How much more can we learn?

Because we've tried to make it more ways for everybody to learn, I think that helps as well. I mean, for example, our moving and handling, we actually have a bit of everything so we've got... everybody learns differently so we try to put all the learning styles into our training.

So we'll have a visual one so we've got a model of a spine so we can actually show people. I'll use jam doughnuts and actually show them what the cartilages in the spine looks like. When they say, oh, your disc doesn't slip because they don't move but imagine your jam doughnut, this is in your spine so when you move the wrong way your jam's pushing out so you end up with a flat doughnut but because you then give them a doughnut...

RE Very good. I would respond very well to a doughnut. That's true.

00:26:52

SM That's what I'm saying. If you give them the doughnut, right, now you do it. And then they get, oh, yes, look at it that way. I mean, the First Aid course was another one. Oh, look, first aid. Well, we're not a nursing home. We just phone 999.

RE Yes.

SM So, what we did when the trainers came in, we actually pre-warned them. Look, you will have a few people that will challenge you because they don't think they should be here. He said, don't worry about it. I'll sort it out. As soon as they walked in, oh, first aid. How boring. Whatever do we need this for? And he said all right then, forget work. Have you got grandkids? Yes, I got two. Well, what happens

if your grandkid started choking? What would you do? Well, I never thought of it that way.

So he made them stop and actually think, it's not just for work, you can use it outside so what we've tried to do with all the training is bring it that way. So, even with the moving and handling, we're just not saying about moving residents. So, what happens when you pick your grandkids up? You know, oh, my back. Oh, yes, I never thought of that. Because you're really bringing it into their reality and you make it about them, they tend to, then, pay more attention.

00:27:56

Instead of sitting there going, you must do this in the care home, you must do that and they just thinking, oh. If you start bringing it in to, you could do this at home and you could do that and then they start, oh yes, actually, yes, yes, yes. So you make it more interactive for them and then I think you get more out of it.

RE And [sound slip] as well as...

Break in recording...

SM It is because the trouble is, from head office, they tend to stay up there and then they only tend to come and see us when there's something important that they can get their face in the paper basically and then they'll come down and they'll just start firing loads of questions at you but you've got it coming from all directions. It is a lot to take in, especially if you've got at least four of them down there.

RE Yes, it was, like, stood up. Like, sit down, guys.

SM They do. They're quite intimidating when they come in as well.

RE Well, it looks like you've handled it well, both of you.

So you were just talking about some of the times when it can be a bit more difficult. What else, do you think, have you noticed can make it harder for staff to manage when people are very agitated?

00:01:06

SM I think it also depended on how they are that day. If they've had a bad night at home or they've got problems at home. Obviously, we do try and tend to say to people, whatever problems you've got at home, stay at home. Do not bring them into work because it's not fair on the residents but sometimes you just can't help it because you don't know what's happened. It could be somebody's lost somebody. It could be anything. I mean, life's life, isn't it? It happens.

But I think it just takes that one little thing just to... It could be somebody said something and they took it the wrong way and it just, sort of, rolls on then because then they'll get upset or they'll be in a mood and then somebody else will pick up and then it's just like a ripple effect throughout the house. And then the residents might

pick up on it as well which is never good and then it just causes... and then it just... and that's when you get the day and everyone's like, I've had enough. I can't take any more.

RE So it's, kind of, things that they, maybe, have going on in their personal lives?

SM Yes.

RE Yes, and do you think there's anything about, I suppose, the residents themselves that might make it harder for staff to look after them or makes it easier?

00:02:20

SM Even with them, we've had it before. We've had residents here and they were convinced that, actually, one member of staff was somebody that they knew... It was a lady here. She's lives in corridor three and she was adamant one of the new members of staff was a woman who had an affair with her husband. Now, obviously, it never really... her husband was 90. This girl was 25 so there was a big age difference but because she reminded her of somebody, she was adamant this woman was nowhere... she wouldn't let her anywhere her, she wouldn't let her do nothing for her. All she kept referring to was the bitch that tried to nick her husband.

So, with that, it makes it difficult because you've then got to try and keep that carer away from that particular resident, even though you know it's never happened and it never... But, to her, that's who she was so that was quite hard but then the way around it, you'd have to... That's why it was nice to have a few members of staff in because it would be, okay, well, you going in to her today and you go and do something else and we can swap them around that way.

But then you have some staff as well, also, when I said earlier they don't get the whole dementia thing, like xxx, I was telling you about, who'd never sworn in her life but now every other word out of her mouth is a swear word, some staff actually take that personally which, in this job, you can't because they don't mean it. They can't help it. But even though they know themselves they can't help what they're saying, some people are still very easily offended but that's just people, isn't it?

00:04:05

RE And what do you say to those people, like, those members of staff? Is there anything you can say about them?

SM I mean, you could say to... obviously you explain to them, look, you know they can't help it, it's the dementia and they'll say, yes, I know but it still doesn't make you feel any better. So it might be a case of we'll say to them, look, go and have five minutes outside, go and have a cigarette or a cup of tea. Calm down. It's also got to the stage where we've said to some carers, right, for a little while, a couple of weeks, just don't go in to her. We'll let one of the other carers go in to her and give them a break that way.

But then it'll also be a case of, like, where I'm on call, if we're not here and you get stuck, just give me a ring. And it might be, sometimes, it's just a case of they'll phone us up and they'll say, look, I'm really upset. This has happened and they've had a chat about it, got it off their chest and then they feel better because they've actually spoken about it.

We do have debrief sessions for the staff as well. So if they've got any problems on shift, they actually come out in this debrief when they're all together so they don't actually take their problems home. So they can get it off their chest and actually feel better and then when they go home they've left work at work.

RE And do you do that at the end of every shift?

00:05:16

SM Yes, we try to, obviously depending on how busy the house is or what needs doing but even if it's a case of me and xxxgoing around just saying to somebody, are you all right today? Or they'll just pop in and say, can I have a quick word for a minute, like xxx was when you came upstairs. But, no, I mean, doing it that way for her.

RE And what about the relatives of the residents you have here, kind of, how does that make a difference in terms of what you can and can't do?

SM Even that, it depends on what relative it is. We've got one particular family come in and we'll say to them, well, mum's not got up today. She's been up all night going through her drawers or whatever and they'll say, fine. We don't care. We know you're looking after her. We can see she's all right.

Then you'll have some families who are on the phone constantly or the email. They'll, maybe, just phone you at five o'clock the night before and they want an email at seven o'clock the next morning. What happened? Nothing. She's been asleep. She's all right. But they want to know every single little detail and, again, with a lot of them, they can be in denial because of the dementia thing and they'll be constantly at you. Can we have a doctor? Can you get a doctor for this? This is not right. That's not right. And we'll say to them but this is the dementia. This is the way it's going.

00:06:43

In xxx (care home chain) they have a dementia training package for families so they can come. It doesn't go into the depths that the staff would know but it gives them the basics. So when they've actually gone through it and, oh, actually, yes, dad does do that or mum does that and then when they, sort of, start picking up the little bits then you, sort of, see them back down a little bit because they now understand that's how it's going.

I mean, it's difficult. Again, we've got one resident here and she was brought here by a neighbour of hers who she's actually signed a power of attorney over to but because her niece is not happy with that, they had a big falling out and they stopped talking. Because this lady needed extra help, he worked with the Social Services and found

her a place here. He got power of attorney. The niece and nephew aren't happy about it because they know she's got plenty of money, basically. That's what it comes down to so they've tried to cause no end of trouble since she's been here.

Because the niece and the neighbour don't get on, they were trying to get... by thinking, getting them involved, they would say, right, take her out of there because they want her to go back into her own home and said they would look after her but apparently it's all to do with money and they've tried to get it signed over to them and she wouldn't. So it's a whole...

RE Do you think that that can have an effect on how the staff manage day-to-day, like if someone's distressed?

SM Yes, I think so because sometimes you get family members will come in and say why haven't you done this or why hasn't that happened? And the staff are trying to explain to them, well, this is the situation. Mum wouldn't let me, dad didn't want to but because they don't understand it, they think the staff are just making excuses and they get a little bit funny and then they'll come into the office. Oh, can we have a word?

00:09:16

This has been happening, that's been happening and then when me and xxx (manager) say, well, actually this is what's happening, they'll be, like, oh, okay. They don't always take the staff's word for it and I think that that gets them a little bit because, at the end of the day, they're the ones on the floor working with the residents all day, every day. And it makes a bit of a funny atmosphere because then they'll see... then sometimes, not all the time, you'll see certain family members come in and staff will purposely go out of their way to avoid them because they think, oh, they've just come in to offend me again.

RE And that's not... you know, they're then avoiding them and then it's, kind of, difficult but it is easier for you, as managers, to, kind of, know how to respond, isn't it?

SM Yes, because some people are funny. They won't actually talk to the carers because they feel it must go to a manager. The carers aren't important enough to have this information. We've even had it with the visiting professionals.

We've had a physio come in once and she was adamant she wouldn't talk to us. I was a Senior Carer at the time. I must talk to one of the managers. The manager came down and she said, oh, it's just to let you know I've ordered him a frame. It will be here next week. And the manager actually said, well, don't tell me, tell the girls and she didn't like that because she'd passed it back to the carers. She was quite put out by it.

RE Oh well. And do you think there's anything about...? Because I know there's been a lot of stuff in the media and on the TV and newspapers about care homes and in the last – well, always but especially in the last year or so – and some of the people

I've spoken to have said that they've seen that that has an impact on, like, how relatives are or how staff are. I mean, have you noticed that at all or is it not the...?

00:11:10

SM Not so much here because we are quite lucky. With, I'd say, 98% of our residents' families we have a close relationship with them anyway whether it be through email, on the phone, or they come in but then we have had certain members of staff, not that they're actually doing anything wrong but they've now, because of what's been in the news, they feel like they're having to be extra careful, like with all these hidden clocks and things in the rooms, about what they're doing and it, sort of, does make them feel a bit uneasy for a little while but then they soon forget and carry on as normal anyway.

But then you do have also, when something comes up, you'll have certain family members will start questioning them all again. Oh, why didn't mum do this? Why didn't mum get up yesterday? Whereas, before, it would be, oh, did mum have another day in bed today then? Then something happens in the news and it's, oh, old lady dies from being left in bed and they're straight in. Why is she in bed? What's happened? And they panic then.

RE So do you think that that affects then, what the staff feel that they can and can't do?

00:12:15

SM Some of them take it personally, yes. But then, again, it goes back to that, some take it personally because they've been there a long time. I know my job. I know what I'm doing.

RE Yes. So it's, kind of, again, connects to the, kind of, personality or the type of person that is doing it?

SM Person, yes. It's like I said before, it doesn't matter how much training you give somebody, if they're going to get offended by something, they're going to get offended by it.

RE And do you think there's anything about you as, kind of, a manager or about xxx as a manager, that you do that makes it easier for staff to manage agitation or anything that you do that, you'd think, makes it harder?

SM No. I think we make it easier because if it's a case of, they'll come in and they'll say, oh, Room 18's done this and she's kicked and punched. So we say, all right, we'll go down then. We'll go and get the same abuse as you so we'll actually go down and physically do the care and we come up here, actually, yes, she did punch me, she spat at her, she called her a bitch. And then they, sort of... then it's not us just sat in the office going, no, go on, you'll be all right. Get on with it.

00:13:26



Because we've actually gone and done it the same as them, it's weird, because it, sort of, makes us... they think, oh, hang on. Well, if they can do it, we can do it. They took the abuse. They took it so we'll just shut up and get on with it, sort of, thing. But then that way, when they come and talk to us, they actually feel like that we understand what they're saying because we've done it whereas sometimes you've got the manager sat in the office, 9:00 till 5:00, doesn't see the residents, doesn't see the staff, they'll come in and say, oh, so and so has done this. And you're all right? I'll sort it out. And it's just, sort of, forgotten about.

RE So you're going to get your hands dirty with that.

SM Yes.

RE Get in there and...

SM If it's a case of we need to go and mop the bathrooms or jump on cleaning cooking, I mean, both me and xx both started here as housekeepers and we've both worked our way up from there so we know what it's like to do all of the jobs in the house. So if someone's gone off sick in the kitchen and we need a cook, we'll go and cook, we'll clean, we'll go and care.

RE And the staff know that about you as well, don't they?

00:14:30

SM Yes, they do. I mean, xxx's been here longer than I have but like we said, we both started on the floor. So a lot of the carers that have still been here, we've worked with them whereas they've chosen... a lot of them have said I'm happy where I am. I don't want to do anything else. We've obviously gone further because that's what we wanted to do. So we've actually worked with them on the floor.

So when you do get a few that will come in and try and say, oh, it's so hard doing this and doing that so we'll say to them, well, try it this way. Why don't you do it this way? Oh, yes, I never thought of that because then they can't argue because whereas you might get some people who say, well, actually you're sat in the office all day. You don't know. We can actually say, well, no, sorry we were on the floor. We were carers. We do know. We will still work a care shift if we have to.

RE Actually they, sort of, respect you've for that, sometimes.

SM In a way, yes, I think so, yes. I mean, there's always going to be that us and them thing but there has to be, I think, sometimes.

RE Yes. And do you think there's anything about the team here or, you know, your staff team that makes it easier or harder, at times, to manage them?

SM Both actually.

RE Yes, sure.

00:15:38

SM It's easy in the fact that a lot of them are related but then that's also the bad thing because if there's a family argument or something happened in the family and you've got three or four family members working together, it could be quite awkward.

RE So tell me about that because I've been mainly in care homes in London and that's not the case there. It's just, like, you know, staff don't know each other and they're from all over but I went to one in Kent and they said the same thing, that there's, like, families of... you know, there's, like, three generations or, like, an aunt, a sister and is that, kind of...

SM Same here. Well, my sister works here.

RE Oh, really?

SM Yes. xxx's sister works here. xxx's daughter works here. xxx's mum worked here.

RE Oh, wow.

00:16:25

SM The cook in the kitchen, xxx, her daughter is the Assistant Cook and she's also our weekend bank carer. We've got another family, the two housekeepers are actually brother and sister-in-law. xxx's wife works here on care, which is xxx's sister and then xxx's two daughters work here and two granddaughters work here.

RE Doesn't it make it hard at Christmas? Doesn't everyone [inaudible]? What do you do except do it all here?

SM No, to be honest, we make fair. We say you can have any holiday you like if you can get it covered. The only five days we say no to, obviously, is Christmas Eve, Christmas Day, Boxing Day, New Year. It's only fair if we're short shift, you have to work it.

I mean, Christmas just gone we had a husband working an early shift and his wife working the late shift and they had a little girl. But it's not fair for us to say, all right, well you two... because it was either them both work together and have to bring her in anyway or we'd have uproars if I said, well, you two can have Christmas Day off.

RE So you have to, kind of, work those things out but you were saying sometimes that can be harder. Is that because it's just the arguments?

SM It can be, purely, as well, I think sometimes you have that little boundary issue as well because it could be your sisters or your husband and wife. You forget, when you're at work, you need to be more professional and it might be a case you wouldn't speak to them like you do at home, which is not always a good thing because sometimes you would just actually come out and say what you mean, not swearing

and stuff but you might be a bit more abrupt with them than you would if it was another member of staff.

00:18:01

RE Yes.

SM But then it's nice on the other hand because everybody knows everybody. So you know if somebody's upset or they're having a bad day, you actually know when you walk in. You can tell how they are from how [overtalking].

RE And does that mean, as well – because I was thinking about the good things about that – do you have quite a stable staff team. Like, do you not have a lot of turnover?

SM No. I think the biggest turnover we've had is probably been in the last... a year and a half since me and xxx took over but that was purely because we've had another member of staff on each shift because it used to be just five. We've now got six.

RE Right. You've had to get new... Yes.

SM But even the new ones, we've just employed a husband and wife and a close friend of theirs who are like family anyway.

00:18:46

RE And has it made a difference having that extra member of staff?

SM Yes. Huge difference.

RE Did you increase the number of beds as well?

SM No.

RE Or is it just you increased your staffing levels?

SM We needed to because at one point we had, I think, it was, like, seven or eight residents that needed to be fed and doing that on five at lunchtime, you have to take one off to do the medication and then that leaves four of you to serve the food, be with the residents in the lounge and feed seven residents at the same time. You just can't do it. So you could be sat there feeding two people at one time so it's that one...

And it's impersonal, it's not nice and then when you've got maybe four or five residents sat round a table waiting to be fed and you're, sort of, running around a spoon at a time, it's awful. Whereas now, because we've got the extra members of staff, we can actually start the feeds early so they can actually sit there, help them to eat their dinner, talk with them and make it more personal instead of just quick, shovel it down, I've got the next one to do.

00:19:47

RE Yes, so they're able to spend more time with people and has it meant that there's people...? Because we've not really talked about activities and stuff but has it meant that staff are more able to, kind of...?

SM Yes, because once the care is done... I mean, how they do it at the minute, they've got a doubles and a single so two will go off and do the ones that need two people, two will go off and do the ones that just need one, the senior will do the medication and then we've got one carer upstairs for the four residents up there.

So they do do the personal care but because they're not stretched to having so many residents each, they can spend their time with the residents and then, obviously, when they come down to the lounge, if they want to, and have tea and coffee, the carers can actually sit in there. They can split and say, right, three of us will go in the lounge, two of us will be on the floor and one would be, like, the senior will carry on answering the bells or the phones and that sort of thing.

RE So it means that there's always someone who can sit and talk.

SM Yes and, also, there's always somebody around in the house because you're never going to get 28 residents all sat in the lounge together. They'll be spread everywhere. So by having more staff floating around there's always more people for them to grab so they can sit or you could see if someone's upset and you've got that time then to take them off for a walk around the garden or take them for a walk up to the shop and not have to think, well, I'm leaving the floor short. How are they going to manage?

00:21:16

RE Okay, so that works really well as well. And is there anything else that makes it easier, do you think, about this place because it obviously works? So I was just thinking, you know, what else is there about this place that works well?

SM I think it's just because we've all been here so long. We all know each other really well and I think the fact that, like I said, me and xxx are on the floor with them. We're not sat up here all day out of the way, don't see anybody and just pop down at five o'clock and say, we're off now, see you later.

They know if they've got a problem they can phone us and it's also a case we've got that relationship with our staff as well. It's not just if they've got a problem with work. They know they can phone me at home if something's happened and they need someone to talk to. They know they can phone me on my work phone and I'll have a chat with them.

It might be a case of something's happened and they need to have time off. We will try our best, even if it's a case of, right, well look, you have the day off to sort out what you need to sort out. I'll cover your shift on the floor and that sort of thing whereas a lot of people are, like, no, book it as a holiday. Can't help you, sorry. Too short notice. We try not to do that here. If it's something that they really need then we will try and accommodate them.

00:22:36

I mean, we're not saying that's they're spoilt. We'll go out of our way and, oh yes, just have an extra day's holiday. That's fine. If it's an emergency and they've got a serious problem then, obviously, we'll do our best to help them.

RE And what about the... because you're part of xxx (chain) but I don't know whether that actually affects your, kind of, day-to-day... apart from men turning up in suits but, you know...

SM I wouldn't have said so. I think that's the biggest problem for the staff here because you've got all these people sat at head office and they're spouting about how wonderful (xxx chain) are. I mean, like today, they brought them around because xxx is so diverse but you couldn't actually go up there and say to one of them in head office, come down and they wouldn't actually go up to a member of staff and say, hello.

You get the odd... not all like that. Don't get me wrong. You do have your nice ones but then you've got some, like today. At the end of the day it's a residence home and they come parading through on their phones and they're talking and they're loud. It's like complete strangers walking into your house where you sat having your dinner. You wouldn't have it, would you? Do you know what I mean?

00:23:48

I don't think that way, where they're supposed to be making time for people, they don't. They still look at it like you're a business. You're not a care home. It's not somebody's home. It's how much money can we make?

RE And does that filter down? I mean, does that affect, do you think, what you feel able to do as managers or what the staff feel able to do on the floor?

SM I think it gets a lot of the staff's backs up when they come down because, like I said, you will have a few that'll come in and actually take the time to introduce and say, hello. I mean, the blonde lady that was downstairs, xxx, she started here as our business manager and then was promoted but the first day she actually came in, it wasn't a case of, right, you need to go out of the room. I want to talk to the manager.

She said, please stay, introduced herself to both me and xxx, chatted to both of us, we should her around the house and every single member of staff she saw, she stopped and put her out, shook the hand and said, hi, I'm xxx. Who are you?

And she actually introduced herself personally to them whereas a lot of the times we have to go around and if they look at members of staff we have to say, oh, so, this is xxx or this is xxx and this is... and we have to do it whereas she actually took the time to introduce herself, which is nice because then they feel valued downstairs whereas you get a lot of people who'll just walk in and they, sort of, look, smile as they walk past and that's it.

00:25:15

RE But it sounds like this is a quite a flexible place to work as well and you support people. You know, people can, kind of, bring their children in and, kind of, work out their childcare around their work or...

SM No, like I said, we will accommodate anybody if we can. I mean, even the residents' families if they've needed something. Staff, like I said, I had a phone call two weeks ago, Friday night, half past six Friday night. I'm really sorry I've got a problem. I can't come in at the weekend but I can't afford to lose my shift. Can I book it as a holiday? So half past six on a Friday night I'm trying to get cover for six, seven o'clock the next morning.

But we did it because it was a genuine reason and she needed the time off but she couldn't afford to have the time off so we played around and we got it sorted for them.

RE And, presumably, that has an effect on the staff, that they, kind of, are treated like that.

SM Well it makes them feel more valued, I suppose, because they know we're human like them and we're not some monsters that sit in the cupboard and say no all the time.

00:26:26

RE And does it work okay squaring that with xxx (chain) or are they like, as long as you, kind of, balance your books?

SM I don't know. To be honest as long as the bottom line's green I don't think they'd even care. As long as they know that that's green, they're happy, I think.

RE Yes, well that's good. And I was just thinking about the impact really. When the staff are more difficult and they, kind of, can be quite agitated and – the residents, sorry – what effect does that have on your staff? You know, how do you see it affecting them?

SM You can see them. They'll get frustrated. Some of them think they haven't done their job properly because they haven't managed to get somebody washed and dressed that day. Like I said, some will take it personally because they just assume it's them because what one resident won't do for one member of staff they might do for another member of staff but, at the end of the day, it could be the way they have asked them, it could be just the fact that they've had five minutes and they've now thought of something else. But, like, some do take it personally. Well, how come she lets you do it for you when she won't do it for me? Don't worry about it. It's done. She's all right. She's happy.

RE And do you think it affects, kind of, what they feel able to do or has an effect on it?

00:27:50

SM Again, some yes, some no. Like I said, the older ones. It sounds really bad but I'm not getting at the old ones and saying the young ones are brilliant because it works both ways in different situations because you then get some of the younger ones who think they know it all and they'll tell the older ones what they should be doing. And they're thinking, well hang on, I've been doing it 20 years, you've been doing it two months, so I think I know. But some will take it personally and, like I said, you get that, I haven't done my job properly and that's what they feel they haven't done.

I mean, one particular member of staff, she's fantastic at her job, she really is, but she will take things to heart. She was one of our senior carers and she used to pass jobs on to people because she didn't feel confident enough to do and it was silly jobs like phoning a GP because she would get mixed up on the phone so she didn't want to do it, or answering the telephone.

And she actually came in and said I want to give it up because it's not fair me keeping passing the jobs on to somebody else. We said but, no, it is because you're delegating your jobs as a senior so that's what you should be doing. But she didn't see it that way. She felt she wasn't doing her job so she shouldn't be getting paid the money so she was giving it up.

RE But it sounds like you tried to, kind of [overtalking].

00:29:11

SM Yes, I mean, we'll talk to them and we'll say... I mean, we've had it where people have come in and they've said, oh, I can't work with her anymore because they've had a bit of a falling out. So, I mean, it could be a case I'd be sat up here for three days straight with rotas left, right and centre trying to shuffle shifts around so they don't have to work together.

Or it would be a case of like one member of staff now his little girl, bless her, didn't mean to but she got in trouble at school because he used to bring her here in the morning because his wife worked in the community. So he'd bring her to work with him in the morning and when she'd finish her calls, she'd come and pick her up and take her home. She told the school that she was getting...oh, I have to go to my daddy's work in the morning, out of bed and they're keeping me there and I have to do this and I have to do that and they don't take me to town and they don't buy me things.

So the school, and, I mean, she was just being a little girl doing little girl things but the school took it as a form of abuse. They pulled them both in and they basically said you've got six months to change it around or we're reporting you to Social Services. I mean, they're fantastic parents. He phoned me up that night and he said, look, I'm so sorry, this is what's happened. I can't work my weekends anymore. I can't even give you a months' notice. So it took me the whole of three and a half days to redo all of the rotas but we managed to do it so he could have his weekends off.

00:30:42

RE Yes. It sounds like you're very supportive managers and I was just going to, kind of, ask about that, that when it is difficult do you think that... you know, how do staff get support really?

SM Through us. Through each other. Sometimes it is a case they just need to go and have a good moan and some days it will be a case they'll just walk in the office and they'll say... I mean, we've got one in particular and she will say, look, I need to have a moan. All right, have a seat. So she'll come in, she'll shut the door, she'll moan, she'll be completely inappropriate with what she's saying but it's behind closed doors, it's private but instead of her trying to get her words out so it sounds all proper and correct, she'll just say it how it is.

She gets it off her chest and she'll say to you straight up, I'm much better now. Thank you very much. We took it with a pinch of salt because we know she's not meaning what she's saying but, for her, that's her way of getting it out. We'd rather them come in and start screaming and shouting and swearing at us to make them feel better than them getting to the point where they're going to snap and take it out on the residents and start screaming and shouting and swearing at them because, at the end of the day, we are there for both of them. So, I mean, I say inappropriate. I'm talking about the language and stuff.

RE No. I mean, it's fine.

00:31:56

SM I mean, it's not a case of I'm going to batter that resident but she'll come in and she'll say, like, she's pissed off and all the rest of it and so how she speaks, yes, all right, she should speak to us like that as her managers but we know what she's like and we know once she's had her little rant and her rave, she'll feel better.

RE And you said just then that you're there for the staff as well as the residents. You're not just there for the residents. And that's, you know, something that must be quite important to the staff, to know that.

SM Yes, I mean, we say to them, yes, you are here for the residents, that is your job but, same as us, we're here for the residents. If they weren't here we wouldn't have a job but, yes, we are there for you as well. So they know if they... I said they can phone me, they can phone xxx. We've even had it where, because we all know each other, they've even come round to the house and we've sat and had a coffee and had a chat that way. So it's not in work or after work we've gone up to the pub and sat and had a drink.

I mean, this one particular carer, when I was on the floor working care with her, we used to walk home together and if she'd had a bad shift she used to moan to me, I used to moan to her but by the time we'd got home, because we've got it all off our chest, we felt better. But then you would come back into work and you weren't bringing it back in with you so that way it's good.

00:33:18



RE Yes, that's really good. And just before we finish, just to go back to training and things, when you think about... Have you had training here about how to help staff to manage when residents become agitated?

SM Not a whole training session just on that. I mean, it's coming in, like, dementia training, it's coming in Equality and Diversity, different things like that, Dignity and Respect. Some like that or it'll come up in a staff meeting. It might be a case of, oh, we think so and so is getting a bit agitated. This happened last night. So what we'll do in a staff meeting, as we're all together, we'll say, well, have you tried that?

So someone might say, well, actually, I tried that but that didn't work but I tried this and that did work so they share each other's ideas. So that'll be a case of, all right, well, we'll try that next and we'll see how it gets on and then they just do it that way.

RE And, I was going to say, so what do you think would help? You know, what do you think is important – in terms of putting training together and things – that we include?

SM I think the most important think to include is the staff that are actually on the floor doing it. Talk to them, see what they think, how would they do it because, like I said to you before, you get a room full of people sitting and saying, well, actually, in a textbook this works but what works in a book and what works in real life is never the same.

00:34:46

RE So actually, kind of, basing things on their experiences of things.

SM Yes. I think so because then, as well, I think, you'll get, like the ones I said before, oh, God, not training again but because it's something they're actually doing, well, actually, I do that in my job and they can interact that way because they know what you're talking about, they know what you're saying, they know, yes, well, that actually happened to me and I did this.

By involving them they give their point of view across and they don't feel like they're just... because some people don't like the fact that they think they're being told. You must do it like this, you must do it like that.

RE Nobody likes being told, do they?

SM That's what I'm saying but by involving them in saying, what do you think or how would you do it, they're giving their input so it will be a case of actually, well, yes, that is how I do it.

RE And have you got any ideas about, kind of, what works well in terms of, like, if we were to deliver something over time and then we go off, how do you get people to keep it going or to use what they've learned in practice?

00:35:51

SM I think you're going to make it rememberable. Rememberable, is that a word?

RE Memorable.

SM Memorable. I will get there. It is a bit late in the day. Yes, but like I said, with us going back, like our Moving and Handling because we twisted it so, like, the spine, we used is food analogies with the doughnuts and the nerve endings, like, spaghetti. So it was stuff to make it easier for them to remember.

A lot of training, when you've got the legislation, you get people and they come up with all these big words and you can see them and they're all just like light switches one after the other; everyone's switching off and it's... But, I think, if you make it so you're just using basic, plain words, they understand what you're saying, they take it in more because we've got a couple here and they'll say, I don't know what you're talking about.

So what we try to do, I mean, that on the wall, that that is our legislation for our Moving and Handling when me and xxx do our training. We've had Moving and Handling training here and it's lasted all day for a basic refresher training because they've spent the first three hours talking about legislation.

00:37:02

RE And they've lost them at that point.

SM And it's been, literally, a slide and they're reading it word for word off the slide and you're thinking, what is the point? You've got it all there, you've just given to us in a hand-out and now you're reading it to us.

RE And they're not going to remember that or understanding it actually.

SM No whereas this way we've done it and we've said to them, look, basically, like, your Health and Safety, all you need to remember is we've trained you and you need to put your training into it. You don't do your training and you've had your training, it's your own fault if anything happens.

So we try and do it in ways that it's short, we're getting the point across but they understand it and then that way they actually remember. I mean, we've given a few of them policy. We've started a new thing. They read a policy a week now. And they'll say to you, I've read it but I don't understand it because it is just jargon.

So when we say, well, actually, all they're basically saying is this, well, why didn't they just say that? I understand that and then you can go back to them two weeks later, so what happened in that policy? And they'll tell you.

00:38:02

RE Do you think there's anything else then that, maybe, makes it harder for people to put things into practice?

SM Going back with training, I think it makes it harder as well, depending on the mixture of people you've got in the group because if you've got someone who dominates it and just carries on again or not listening or you could have a mixture of people, well actually I'm a bit shy. I don't really want to put my hand up and ask a question.

So then they will sit there thinking, well, should I say it and they don't say it and then they go off and think, well, I should have said that but now I still don't know so I'll just carry on doing it how I'm doing it.

RE Yes. And do you think that's the sort of thing it's worth us talking to, like, managers about before we get [overtalking] in terms of the people and the balance and...

SM Yes, definitely. I mean, here, for us, we've got a whole mixture. We've got four members of staff whose English is not their first language. So we know, for them, not to put them in a group where you've got people who are just going to rabbit on or talk really quick or start firing questions because they'll, sort of, like... So, with them, we'll put them with a group where – I'm trying to think of how to put this without sounding like an awful, horrible person – with the ones that need a little bit more help.

00:39:24

Like, we've got a girl here who's got really bad dyslexia. Now, we know she's got it but I now know, if I print anything off, I do it in blue because blue is easier for her to read. She also carries around a little pair of blue-tinted sunglasses or I'll have a blue plastic wallet. So I'll just take all the hand-outs out of that wallet, pass them around then I'll make sure she's the last one and I'll say, I'd just like you to keep hold of that. But, to her, she knows then she can read it because the blue's there but I'm not actually standing up and saying, you know, there's your blue wallet because you got dyslexia and you can't read it.

RE Yes. But I think that sort of thing is really important and, actually, because people aren't... I mean, especially in London, like, over half the people I've interviewed, English hasn't been their first language and, you know, their English is good enough but, you know, it will be harder for them to, kind of... Anything we do, we have to make it something that is understandable for everybody, basically, so those things are important actually.

And is there anything else, do you think, that makes it easier to, kind of, get people to do things differently? So if we're talking about, kind of, different ways of responding, getting them to practice it?

00:40:34

SM I think the biggest thing, especially for the staff here, I don't know how it would be in other places but I'm guessing it would probably be the same, is actually making it personal to them. By actually getting them to think a bit in their own lives, that's when they take it in because they'll think, oh, yes. Like I said to you about the

First Aid course, what would you do if your grandkids were choking? They don't think of it that way. But by saying, oh, you're doing another training course to do with the care home and they're thinking, yes.

RE I suppose it's also like, maybe, getting people to think about how they would feel themselves if some of them...

SM Yes. But then, with that, you've got to be careful because then that's when you get some people who start getting upset because they don't like it and it's... But if we try and make it personal to them by saying, somebody you know or someone who you're related to, then they'll think about it but then... because we had it once.

We had a training session and the question was, you're in your house, all you can pick is three things to take with you in your care home. What would you take? Well, this woman had four kids so she wanted to take something for each of the kids but you can't, you can only take three. Well, she was distraught. You're asking me to choose between my children and it's, like, actually, you could have just said, well, I'll take a photo of all of my children but she was adamant she wanted one of each and it just opened up a whole big can of worms, actually.

00:41:54

RE That's interesting. Who would do that?

SM So the training course stopped here and we went on to her life and all the rest of it and it was just a bit, right, we've gone off track a little bit but...

RE And do you generally have people coming in from outside or do you generally do the training yourselves?

SM This was actually an xxx (chain) training course with xxx staff and this woman worked for an xxx home and she was just, sort of...

RE Thought that was a good idea.

SM Yes.

RE You never know who you're going to get. Thank you. Is there anything else before we finish that you want...?

SM No, not that I can think of.

00:42:26

RE Thank you so much. You've given so much of your...

SM I think I've rabbited on a bit.

00:42:28

RE No, it's brilliant. You've given me so much of your time.