005.001

Speaker key

RE Researcher
SM Staff Member
UF Unidentified Female Speaker

RE Right, so that is now recording. It should be fine like that. Just speak clearly. Okay, so as I said, I'm a researcher from xxx, and I'll be conducting and recording this interview. Everything you say is confidential, but could you just introduce yourself for the recording so that we can differentiate between them?

SM Okay, my name is XXX [?]. I'm the care manager.

00:00:26

RE Thank you. Okay, and again, as I say, I'm particularly interested in talking to people who work in care homes about how staff cope with residents when they become agitated, so I'm going to be asking lots about that, and when I'm talking about agitation, so I'm referring to things like restlessness, pacing, wandering, shouting, verbal or physical aggression, so all... you know, any of those sorts of behaviours that can be quite challenging to manage.

And we're asking because we know that you will have expertise in this, and also as a manager, you'll have expertise in knowing how to support staff in managing those behaviours. We're going to use the information, as I say, to develop an intervention, but that won't be for a while, which we'll be then testing out in some care homes. It's randomised so we don't know which care homes.

And the interview is confidential, and anything you tell me will be anonymised, so any names will be taken out, but obviously if you tell me things that suggest to me that someone's being harmed in some way, we can't keep that a secret, but I'll talk to you about that, obviously, before, kind of, speaking to anyone else.

00:01:45

If you need to get up and go out for any reason, just tell me, and we can, you know, stop or take a break or whatever. Is that okay?

SM Yes, that's fine, not a problem.

RE Okay, great. So just to start off, can you think of a resident who you know well, someone who's here at the moment or has been here, who gets quite agitated, and can you just tell me a bit about them and describe what happens when they get agitated?

SM The resident I'm thinking about is actually someone that is not... is not from here. The person that's sticking [?] to my mind is basically this lady, she used to be quite an

independent person, worked all her life, very intelligent person, very caring as a mother as well, but when the dementia developed, it was one of those forms of dementia that basically hit and started developing really quickly and really strongly in the person.

She became incredibly agitated, she wasn't recognising people, she was shouting often, pushing things, pushing people, not out of aggression, just because, I mean, she... there was something that was distressing her, but the problem is nobody could understand what that was. She was not able to express it, so she was not responding to the... to the usual attempt from staff to distract her or to accommodate her, you know, when she was throwing food and drinks on the floor.

00:03:36

They were trying with different types, they were waiting a little bit, they would try and speak calmly or maybe try to help her maybe into another room quieter if she would... but she wouldn't... often she didn't... not agree; I can't use the word agree. Sometimes it's difficult because I use the words agree, disagree, or accept, doesn't accept, but from what I could see, she couldn't understand what was going on, so some... it was... you know, she wasn't accepting, so to speak, but she didn't understand what was happening around her.

RE So not... it wasn't that she was consciously...

SM A conscious... yes.

RE Refusing.

SM It wasn't a conscious thing, but it was causing, obviously, a lot of distress. She was always distressed.

RE Was this... was she living in a care home as well?

SM She was living in a care home.

RE And you were working there?

00:04:22

SM Yes. She was always distressed. The family was incredibly distressed because they didn't recognise her. They could see their mother being incredibly distressed. The staff was distressed because they didn't know what to do. She didn't respond to anything. Sometimes you were talking to her and she would look at you. Sometimes she would just scream at you. Sometimes she would just... so there was a different response to the same attempt, depending on the situation.

Other residents were distressed, other families were distressed, and obviously then professionals were brought in and the usual things were attempted, which is medications, because there was... she wasn't responding to anything else. So that's the example that stuck into my mind.

RE And so what happened? I mean...?

SM The mental health team was called in. Basically, they were not successful, like, the staff wasn't, so what happened is that she was started on different types of medication to see whether this anxiety, this distress, could be somehow controlled medically, and it wasn't very successful. There were... as it often happens, there were times when she was incredibly sleepy and times where she didn't respond to the medications at all, so it was always an up-and-down thing.

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But basically that was the only thing that they could do because she didn't actually respond. Even when she was a bit calmer, a bit drowsier, she still didn't respond to outside stimuli. Whether they were positive or negative, she didn't give any response of any kind that could guide us toward, okay, she likes this better than the other, or she doesn't like this. You know, there was no response to the outside...

RE Gosh.

SM So that was quite bad.

RE Yes, it sounds like that's a very extreme situation.

SM Yes, that was... yes, that is one of the things I'm thinking, because she was... we didn't have any way of helping her, really, which was bad.

RE And what... so, I mean, you've said lots of things, but I was just thinking, you know, what was your understanding of what was causing her to behave in that way?

SM That's the problem. It's difficult. I don't know. I think the dementia had affected her brain a lot. Obviously, she... there was a reason for her distress. I don't know whether it was a chemical reason, maybe something that was happening in her brain and there wasn't a... or whether she had memories or she was seeing things that she couldn't express, so obviously we couldn't identify them and we couldn't help her.

00:07:12

They didn't think it was appropriate to do further tests and to probe her and things of the sort, so obviously I'm not able to say what was it. The main problem there I think is the ways with people with dementia is that sometimes - often, actually - they are not able to express what is the cause of their upset, and that is... that this was an extreme case, and often it's just a guessing game, and often you just get it wrong, because you think, oh, this is what happened, and instead it's completely... it might be completely off the mark.

RE Yes. No, I think...

SM But it's difficult to say. I don't know. I think it could have been one of the two. It could be memories, it could have been something that she was seeing or hearing or... you know, but she... the problem is she could not express it in any way, verbally or nonverbally with... you know, with encouragement, if we tried and offered other things. There was no indication of what it could potentially be that would help her.

RE Yes, and so what... it sounds like lots of things were tried and there wasn't very much that could reduce the agitation, but was there anything that staff did that, kind of, made it a bit easier to care for her or made it easier for them or anything that, kind of, helped a little?

00:08:40

SM On this... I picked a difficult one. In this particular case, I mean, they carried on trying with different things but there wasn't really anything. The thing that helped staff was just sometimes discussing the thing and making sure that it was not always the same person assisting her, making sure that there were always colleagues around, that you could actually get some support. The family, thankfully, was very supportive, so they understood what the situation was and the professionals were supportive as well.

But I think mainly it was the support the staff had, and on that occasion, the staff was quite good, so they could work well with each other and we could leave, and if one person had assisted her for a bit, then someone else could take over. Because it becomes very, very difficult for the staff for these kinds of... especially when you have pressure from other people as well, because then you have maybe relatives, which is something that often people tell me, okay, you shouldn't consider other people, you should always focus on the person.

But the problem is when you're working, you can't, because you have to look at the whole picture and you have other residents there and they are important as well, and they get distressed as well; because they see someone sitting at the table screaming their head off, they will get distressed. And the families of these people, they will get distressed, so it's all pressure on the people to actually try and care, and it's not making it easier because it's...

00:10:11

RE It's really... yes, I think you're right. Of course it has an effect...

SM Yes, it does.

RE On everybody.

SM And unfortunately, the effect is sometimes counterproductive in the sense that you start putting pressure... you need to help this woman, make her stop, make her stop, make her stop. You know, you can't do this, you can't do that, and staff don't know what to do, and they feel more pressure. Then every time these people, they get distressed, they try and look desperately for something that helps, and it makes it worse sometimes.

RE Because I was going to say, you know, what doesn't work? In a situation like that, you know, what have you seen that actually...?

SM I think there are two things. I think it is the kind of pressure that you have from other people, that it's the kind of professionals that you have working with, because if you have people that actually care and support you... as a staff member, I'm talking about, and also as a resident, then you can actually discuss your problem and you can find a solution. If you don't have professionals that offer you support, it becomes very difficult.

00:11:14

And also, I think, the staff themselves, depending on their training and... I know it seems strange to say, but why they're doing this job is very important, I think. If someone actually is interested in doing the job and... I mean, it's a difficult job so there is nobody that loves it completely, but, you know, if you care about what you do, it's different. If you do it because this is what you have to do because you have a family and you need to support them and this is not your first choice, working is incredibly difficult in these situations. So I think it varies a lot.

RE And in your role, do you see that?

SM I do see that, yes.

RE Do you see that there's, kind of, some staff that is...?

SM I mean, there is nobody... I met probably two people in my life that tell you... they are completely honest. I've met probably two people that could say, yes, I'm doing this job because I simply love it, and I can actually say from what I saw of the two of them, that yes, they did really love the job. And, as I say, I met, that I can remember, a couple of people who were actually very honest. They said, look, I'm doing this job because I haven't got any other choice. I hate it but I'll try and do it well, but I hate it. And those were two people, one in Wales, one in Kent, that actually were honest enough to say, look, I don't.

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Most of the people tell you yes, we're here because we like to help people, which is fair enough, I think everybody does, but it's not an easy job. Even if you like helping people, it's not an easy job. It's not, because you are faced with this kind of situation that you don't understand. I think for people it's difficult to face things that they don't understand. It's like mental health; it's always difficult for people to accept because you don't understand, you don't know what to expect from the person. And dementia is that way.

RE And I think it's even harder, isn't it, because you... because you understand and people can't necessarily communicate...

SM You don't know what to expect.

RE And you don't... yes, and you don't know what's going to come next, and...

SM Yes, and also because there is this expectation you're a grownup person, you don't expect to see a grownup person behaving in a certain way, and although your brain, logically you understand that, yes, it's not their fault and it's... but there is also this kind of feeling: oh, my God, I can't believe this person has done that. And I have heard people say that, and you think, they can't help it. And when you speak to them, they say, yes, I know they can't help it, but it's so... you know, it's so demoralising, that they actually do that.

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And there is this kind of... it's a difficult area to work in, and, as I say, the amount of training and support the staff has, sometimes, as I say, it makes a difference. There are... then I'll say there are always situations where although there is support and there is everything, there are pockets [?] that it is difficult to improve and it is difficult to work with, but, you know, on the whole, that's what I think is quite important, in effect.

RE And what do you think works well in terms of communicating with people with dementia?

SM Well, I think it's the... often it's the way you approach them. I mean, when I first starting nursing ages ago, there was this idea of trying to always bring people back to reality, so if someone was telling you, you know, I'm getting married, you would say, no, no, absolutely not, this is... oh, you're already old, you're already blah blah. But it provokes them even... you know, actually, yes, it provokes them. So as far as they're concerned, that's not their reality, so you telling them, it's like telling them you're a liar, and it makes the situation way worse.

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And I think the way you approach them, the tone of voice, the way you... you know, if you... the way you stand next to them, what you tell them, how you tell it, it's a whole lot of things that affects, actually, the way, but, as I say, sometimes even if you do everything right, they still don't respond to what you say. But yes, there are ways that sometimes help. Kneeling in front of them, make sure that they can see you. Make sure you are aware, for example, that they can see and hear, and how and where you speak, because if you speak behind them, they might actually, you know, get even more agitated because they can't understand where the voice is coming from.

So there are small things that sometimes actually can help your first approach, and most of the residents... like, for example, if you hold their hands or if you... but, again, that's a personal thing, so some people like it, some people might find it quite invasive. So once you know the resident, then you can understand what's the best way for this person to be spoken to, to be approached, what works with them, what doesn't work. So it's quite individual, but generally, as I say, it's those things.

RE And I know that the situation that you were talking about was, kind of, someone who...

SM Extreme.

RE Yes, but it's not unusual, actually.

SM No, it's not unusual.

RE But I was thinking, you know, in other situations, maybe with people who aren't so severely agitated, what have you seen work? I mean, what kinds of interventions have you seen?

00:16:27

SM Sometimes it works for them to sit and talk to someone. Sometimes, like I say, it works for them to go somewhere quieter. If something is happening, even if it's something positive, but sometimes they can't actually understand what's going on and the noise and the people around is too much. Sometimes it causes them problems, so sometimes actually being in a quieter place, only one to one for a little bit and having a chance to talk helps.

Giving new experiences, so, for example, you know, decide all of a sudden today you're going to do something different, and if this person can't walk normally, you still take them out, maybe to see something different or to do something that they don't normally do during the day.

Talking sometimes to a member of the family, I find that helps. Sometimes when people are very upset, you start talking about their family, you offer them the possibility maybe to give... to phone them and to speak to them, and that helps sometimes a lot because they might be extremely agitated. Then they hear a familiar voice, they speak to someone that they recognise, and it just helps them to actually settle down, and the same information that you gave them two minutes ago that they did not accept, they will accept from actually the relative that you're speaking to, so that helps quite a bit.

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And then, as I said, depending... individual, from person to person, it depends on what they like, what kind of person they are, what, you know, their interests are, then you can always incorporate those as well as you get to know them and see what works.

RE Yes, and whose... I suppose, whose responsibility is it, do you think, to, sort of, manage the agitation? I mean, whose job is it really to, kind of, help?

SM I think it's... I don't think there is only one person. I think the staff is definitely responsible but I think outside professionals, like I was saying before, they have to give good support as well, because it's not... it's not good for me to ask someone over the phone, to say, okay, the person is agitated, I'll prescribe you some lorazepam, that's it. You know, that's... fortunately, it's not happening, but it has happened in the past, that I've seen...

RE It used to happen more?

SM Yes, and, you know, I was working in other places, and I have seen my managers giving these kinds of things, and they have these kinds of replies. And so these kinds of things, I don't think they help very much, but if you have a supportive doctor or a supportive team, that, you know, you can always call and say, look, there is this problem, what do you think, they might... they might not be able to give you a complete answer, but they might say, look, you know, you should do this rather than this. It's very good and also helps the staff to feel, okay, there is someone I can actually ask something and we're not completely alone, which is important, I think.

00:19:20

RE It's really important, and how does that... in your role here, how do decisions get made about, kind of, how to manage what's happening within the team?

SM Usually... well, we discuss it with the team, myself, xxx (manager), the GP, if need be outside professionals. Obviously the families, they know them well, they are involved. As far as possible, we try to involve the residents. Obviously, if it's advanced dementia like the case I... I think they are not able to tell us anything, obviously, we... obviously, there is not... yes, we can observe but they won't be able to tell us, yes, this is better than the other.

But sometimes there are cases where people might be able to tell you: I don't like when people do that. And I have had residents doing that, and say, I don't like if this person whistles, for example. So you know that that situation is a trigger so you try as far as possible to remove that trigger, so if we can involve the residents as well, so we're trying to make a joint thing and see what other people think as well, because it's always useful. And families as well, sometimes they give you information that is relevant, and it helps you understand a little bit more about this person, so it's... yes.

RE And so the certain things that, I think, we, sort of, know work, so things like understanding managing someone's pain or, you know, some sort of music therapies and activities, those sorts of things, are those things that you're able to, sort of, integrate into your work in here, do you think, or...?

00:21:09

SM Music?

RE Yes, things like music or activities, are those...?

SM Yes, those are things we can incorporate, and, as I say, there is... there are activities going on and staff is encouraged to actually do things and try new things with the residents so that... yes.

RE And do you see those things having an effect when people are, kind of, agitated or is it...?

SM It varies. It varies. Sometimes it does. Sometimes it doesn't. It depends sometimes on the person, on the situation. As I was saying, if it's something physical that is causing the agitation, then music is not going to help. Obviously if it's something like you were saying, like pain, or if it's... I mean, if it's... I didn't think about it before, but if it's an acute episode of agitation, you know, confusion that might be caused by an infection, then it's... until you sort the problem, it's quite difficult.

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But there are ways that they might, you know, help them relax a little bit, and sometimes music does help, or being around other people, being distracted, doing something different, so yes, it can help.

RE So, I mean, generally, when you think about your job here and the, sort of, residents that get agitated, what makes it easier, do you think, to manage it? What, kind of, just makes yours or the staff on the units... what...?

SM I don't know. Like I said, probably working properly together and communicating well, and having good support and knowing that you can actually liaise with other people and see if you need any... I think that helps a lot.

RE And are there particular qualities, do you think? I mean, you mentioned before about, kind of, the reasons why people are doing it, but do you think there are particular qualities in the staff that can make it easier or harder or...?

SM I think people who are open to actually trying new things and learning new things, it makes it actually easier. People who are set in their own ways and because I've always done this, and this is the way they taught me, this is the way I'm going to do it, that's going to make it... that's what sometimes makes it difficult, because, obviously, in this kind of situation, for different people you have to try different things, and sometimes you have to try things that you haven't tried before, because the person is different.

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Everyone is individual, everyone has different needs and likes and dislikes, so if you have someone that's prepared to say, okay, this hasn't worked, this hasn't worked, let me try something that I haven't tried before, that helps. If you have someone that says, okay, this is the way I'm supposed to do it, and this is the way I'm going to carry on doing it until I retire, that is going to create problems, I think.

RE Yes, and is there anything, do you think, about the team here and the way you work as a team which can either make it easier or harder or... it is all confidential, obviously.

SM I think... specifically here, you mean, or generally?

RE Yes, well, I mean, I suppose I'm getting you to talk specifically here, because this is where you're working, but...

SM Here... I think here I have some really good staff and I have some staff that still need to develop some of the skills. Like I was mentioning before, I have some staff that have worked in a certain way for a really long time, and they seem to struggle to actually make a change on that, and I have very good staff that, you know, you come there with an idea, and they say, okay, they use that idea, they pick up something else, they try something new that you have suggested.

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So it's a bit of a hard group in the sense that I have really good people that you can... you know, they try new things and you can always rely, that they will look for or ask you if they're not. You know, look for a solution and ask you for an opinion and work together. And you have some people that struggle a bit more and you have to, kind of, push them and say, okay, this you've tried, it doesn't work, try something else, try something different, and they struggle a bit more.

RE Because I think... I mean, because you said, is it about just this care home or... I mean, is that something that was the same in other places that you've worked?

SM There have... it was the same. I'm thinking of... well, I had this kind of situation pretty much everywhere, but I had actually one group that was very, very good, actually. Although it was a completely different setting, it was not dementia, there is... now that I've worked here, I, kind of, pick up these bits. I had a group of people that used to involve residents a lot. Like, you know, sometimes you have people, when they finish their task, they sit down for a minute and they might look at the magazines.

00:26:08

Sometimes what will happen in here and in other places is that they tend to spend time with their own colleagues. You know, they just get a break, they spend time with their own colleagues, they sit a minute in the office, and all this kind of... the group of people I'm thinking about, I had these guys and these girls, they had maybe ten minutes' break. They used to sit down and maybe they used to play with the mobile phone, which wasn't appropriate, but they used to do it with the residents, so they used to sit down with a couple of residents, and say, look what I got, and look at... and these people were actually really feeling involved.

And I never really told them off, because... when I was on duty, because I thought that was actually nice. I had these people looking at these pictures. They couldn't... bless their hearts, some of them couldn't, kind of, figure out what was happening on the phone, but these staff were actually involving the residents. They were maybe lazing [?] for a minute, you know, just, kind of, skiving a bit of work and saying, okay, I'm sitting down for ten minutes, but they were doing it with the residents.

And sometimes I used to catch them. I used to say, okay, there is still this to do, but they used to sit there and say, look what they sent me, look what they did, or look at the magazine, look at this dress, I bought a different one, and all the residents were involved, which I thought was amazing, and... yes.

RE I suppose it's about what you see as the job, as well, actually. If you see the job as just doing the tasks...

00:27:20

SM Yes, but as I said, that was a different environment, so that was because of the structure of the place. It was very much... in some cases, I was requested to have very much task-based work, which I didn't particularly like but that was the structure, so I had to make sure that some of the things were done, but, as I say, I used to sometimes leave them because I did like, actually, what they were doing. And here it's sometimes what I miss, because in... you know, they could actually do that, sit down and have a look at their mobile phone, and if I saw them with the resident, I wouldn't tell them off, you know, although technically they are not allowed to use it.

So, you know, but I would, and here what I see is that sometimes they, kind of, separate... you know, they are here, I'm working. Now I'm on break, I'm going to go as far away as... from here as I possibly can, which, yes, it's not ideal. I can understand it. From a selfish point of view, I can understand it. If you work for 12 hours you want to have ten minutes to yourself, so in a way I can understand it, but it's... yes, it would be better the other way.

RE Yes, absolutely, and do you think there's anything about... do you think any of that connects to how things are, kind of, managed or run within the home or the organisation?

SM I think in some cases, yes. Here, I don't particularly think so, because actually my manager has given them, sort of, carte blanche. If they want to do something with the residents, they are free to do it, so xxx's (manager) been very clear on that. He's not going to get in a mood with people if they do, for example, what I was saying. If they play with the mobile phone or with an iPad with the residents, or if they decide, okay, I'm going to take this lady out for an ice cream, nobody's going to say, what the hell were you thinking?

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I think it's really a matter of actually changing the way they thought about the job, because what I think is it's in the ways... the way you've always been told to do something, the way you've always interpreted the job, and then all of a sudden someone else comes and tells you, no, this is not the right way. You should be more spontaneous, you should do things your own way.

Changing in that direction, I think, is very difficult, because people start thinking, oh, if I do that, I might get told off. If I do that, then I won't be able to fill in the dishwasher by quarter past 11, or if I do this instead of that, then they're going to tell me off because I didn't take the bin, so it's all this kind of balancing act, and I think some... often people opt for, okay, let me do what I'm supposed to do and that's it, rather than what is best.

RE And what do you think could help with that? I mean, it sounds like you probably try very hard to, kind of, address that. What works?

SM Do you know what? I don't... I actually don't know, because, as I said, my manager gave them pretty much freedom to actually do what they want. I think it's find a way to change the approach, which is not an easy thing. I think with training, maybe we try new things, but it's... like I was saying before, it's really people being willing to say, okay, I've always done this, let me try something else, and that's the difficult part to change.

00:30:38

RE Change is really hard, isn't it?

SM Yes, and I think... but sometimes if you have someone willing to try, you can... you can do that. It's just when you have situations where people are not really willing to take a risk that it becomes an issue.

RE And what about... you've mentioned the, sort of, families of the residents a few times. How does that, kind of, impact on how you manage agitation? Is that something that makes it easier or harder or...?

SM Both. It depends. I mean, in this home, it's a xxx, so actually the family involvement is often higher than in other homes, because there is a closer... the family is quite important, so usually the relationship is closer. I've worked in homes where people don't have visits at all. Here, it's quite rare that people have no one to come and visit, and if they don't, they usually have people calling and, you know, there is always someone.

Sometimes it makes it easier, because you have the family, you can speak to them. Like I say, if the resident wants to speak to them, you can phone them, so that is the good part, and you can speak to them, explain, and they can work with you. In other cases, it becomes more difficult, because often because of their expectation, so what they expect from the health point of view and also what they expect once they're here.

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Sometimes they expect you to be able to manage them perfectly and you're okay. Or sometimes because they think, you know, we always approach things like that, we know better, you should do it this way, and then it becomes difficult to try and explain, you know, this approach doesn't work. It's a different environment, it's different things; you can't.

Sometimes it becomes a bit of a challenge, but on the whole I would say that it's not... it's actually good to have family around. It is.

RE And what... with that challenge, is it... do you think it's something that is maybe more challenging for the care staff on the floor, or is it something...?

SM It can... like I was mentioning before, it can become more challenging, depending on what the family expects or what they request and how they request it as well. It can become more challenging for the... for the staff as well, because obviously if you have a family that keeps asking you, you know, this cannot happen, this is not appropriate, you should do something about it, it puts a lot of pressure on the staff, and so, yes, it can be... it can become challenging.

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You know, if you... we have family members sometimes, their expectation, either from the point of view of health or what the person should be like, and, you know, what... it's a bit... you know, it's a bit too... it's... you know, it's not realistic, put it that way, so that puts a lot of pressure, because you know that the person is going to deteriorate, you know that the person is going to have these kinds of things, and having families that expect that once you give the tablet, the person is back to normal, you know, is difficult.

But, as I said, on the whole it's good that they have family around because they can give you information, they can give support, they can... and it's good for the residents as well to have someone familiar around, to have people to talk to. It's the rapport that there is between... even if the dementia is advanced, they still sometimes have these kinds of memories, I would say. They might not be able to place you, but they know that you are familiar, so it helps a lot; their rapport with the family member is always different than what there is with the staff.

RE Yes, absolutely, and do you think that there's anything about the... I suppose the organisation in terms of, kind of, things like staffing, anything like that that can make it harder or easier, either here or anywhere you've worked?

SM Here, staffing-wise and support-wise, it's very good. There is a lot of training available, the staffing level is good, and they're always ready to consider how things are, what the situation is, if they need more staff or less staff, so they're always willing to discuss

this kind of thing, but, like you say, I have worked in places where the business side of things was the more important one.

00:35:14

RE And were they... because this is xxx, so xxxx is... it's like a xxx isn't it? It's not a... with... in the other places, were they...?

SM Yes, but they still have a... you know, they still have the budget. They still have a budget, but it is a charity, but I worked for other charities and I worked for other businesses as well. Charities, actually, I have to be honest, the two I worked at, they seem to be better, but other businesses where it's more of a business thing, sometimes it can be challenging because if the budget doesn't meet, or if you go a bit over, then the staff needs to be reduced, and there is always the stage where the needs of the residents take second place because you need to reduce the staff and that becomes a problem.

RE And do you think that... in situations like that, would that have, like, a knock-on effect on how things like agitation is managed or...?

SM Yes, because obviously the staff doesn't have the time, because it's... I always find it's easy to say yes, you can manage and you need to give sometimes this person this time, I know, but if you need to assist someone else and you need two people, you need two people to manage someone else. And at that stage you have no one with this person who's agitated and maybe is going there and breaking things.

00:36:28

And then you can't say, oh, you should have looked after her. Yes, but I was actually with someone else, and if you don't have anyone else, it's... you know, there are some things that have to take priority, so there have been situations where me and one of my colleagues had to attend to someone that had a fall, someone else lost their temper, and they threw something and they hurt someone else, and the staff then was blamed, because where were you? They were with someone else because obviously they needed to be repositioned.

And as I say, it becomes then a blame game: oh, why weren't you there? Why were you there instead of being there? Couldn't someone else have been there? It's all this going around and around and around. If you have four, you have four, you know?

RE And when you have that kind of blame game, as you say, do you think that then affects what staff feel able to do?

SM Yes, because then it becomes oh, my God, what should I do? I'm not going to spend time with this person because I need to do that, otherwise I'm going to be told off. It's always this, kind of, I'm-going-to-be-told-off kind of attitude, which obviously damages the way you work a lot. Because then it becomes, like, obviously task based, you know, to make sure that the [unclear] are out, you need to make sure that this person is being checked regularly, you need to make sure that you write it down on the paper because otherwise they're going to tell you off.

00:37:40

You need to... and maybe that person needed you to sit there for a minute because she was crying her eyes out, but you haven't got the time because you need to make sure that that's done, so that is... impacts a lot, I think, in the quality of care and what you do for the residents, and the staff feel very pressured.

RE Yes, I think, yes, and one of the other things that in some of the places I've been doing these interviews that has been mentioned has been the impact of the media and the way care homes are, kind of, portrayed. Does that... I mean, have you picked up on that, because...?

SM I mean, here, nobody... they have discussed it but not in a lot of... but in other places, I have had staff say, you know, what... you know, what's the point of doing things? They also think that we're doing something wrong. And I have people making comments. I even have relatives sometimes making comments in the sense, oh, I wouldn't want my mother to have a situation like that, what happened on TV, and I was... the staff were like, we're not going to do anything. So, you know, it's not a pleasant thing because sometimes you do things, and you do things for a reason, because obviously there is... you know, there are medical reasons for doing something, but because the family doesn't - oh, this is xxx?], one of my residents.

00:39:01

RE Hi.

UF Hi.

SM Because the family doesn't understand or doesn't approve...

UF [Overtalking]. One of the [unclear] said, I've got to do it, but I did say, I can't do it [overtalking]

SM Who said you can't do it?

UF Next door.

SM You can come here. You can take a seat if you like. Would you like to take a seat? Come and take a seat. Can I close the door for you? You come and keep us company. You don't mind if we have a chat, do you? I'm having a chat with this lady. You don't mind, no?

UF No, I don't.

SM You take a seat and stay with us.

UF Okay.

SM Are you all right?

00:39:39

UF Mm-hmm.

SM Very good.

RE It might not be the most interesting of conversations.

SM Okay, sorry.

RE So you were saying about, you know, that actually with the...

SM It does sometimes because they don't understand the reasons behind it or their idea of what should happen is different. Obviously, the impact of what they heard and listened to, it's...

RE Yes, it just makes it harder to, kind of...

SM Yes.

RE Okay, and so I suppose that's what I was going to go on to, really, is, kind of, of what impact... that when people get quite agitated, what impact that has on the staff?

00:40:11

SM I think sometimes it's quite distressing in the sense that at least... I mean, I can speak for me. You tend to feel quite responsible for what is happening. Although from a logical point of view, it's... you know that it's not your fault, there is nothing you can do, but to have someone distressed in front of you, then you realise that someone else is getting distressed. Maybe someone is complaining about it. They are looking at you to try and do something, and you can't do anything.

It's very frustrating and it's very demoralising, really. You think, what... you know, I can't do anything, and then maybe you have someone else telling you, well, you should have done something. Why didn't you think about it before it happened? And you think, I never thought this was going to go this way, you know? It's difficult.

UF [Overtalking].

SM It is. It is.

UF [Unclear].

RE And because I was thinking, does it affect what people feel able to do, really, do you think?

00:41:18

SM Yes, I think so as well. If you don't have support... if you have someone that tells you, you know, you should have done this this way, this is, you know, how we could approach it next time, you still feel quite powerless, but at least you think, okay, this time I did it this way but next time at least I know I can do it another way, but if you're working in the situation where they just, kind of, are looking for someone to blame because someone

made a complaint, then the next time you think, okay, now what am I going to do, you know, what is the best way for me to proceed, and it does affect the way you actually do things.

RE And I know it's hard to think about, it's hard to, sort of, imagine how - are you all right? You are...?

UF Yes.

SM Oh, she's always back and forth, that's the thing.

RE Okay.

SM You know the place. You go back and forth.

UF [Unclear] me? Nothing. In the end it's nothing. What am I going to do here now? Goodness [?].

00:42:19

SM Never mind, there should be something going on. I can't remember the plan for today, but I'm sure xxx [?] will know.

UF That's what I was told, but it's not right.

SM It's not right. We'll find out, xxx

UF Find out.

SM We'll find out what's on and we'll see what we can do.

UF Yes, I'll [unclear] her and come back if you don't mind that.

SM Not at all. I'm here, around.

UF Can I come to the... around [?] myself?

RE That's a beautiful sweater isn't it?

UF Cardigan.

RE Is it a cardigan? I couldn't see. It's really lovely.

UF It's a cardigan.

00:42:58

RE Oh, very nice.

[Overtalking]

RE Okay.

SM Excellent.

RE Good.

UF Good.

RE Do you want me to take... you've got your hands full. Shall I open the door for you?

UF Yes.

RE Okay.

UF Yes, you look... you look lovely.

RE Oh, thank you. No one ever says that to me, but that is very kind.

00:43:26

UF I'll take you with me.

RE Oh, I'll come and find you after. I have to stay here now and do my work.

UF Okay.

RE Okay?

UF Okay [overtalking]

RE See you later.

UF Yes, don't mind them.

SM No, I won't. I won't.

UF Oh, she's got lovely clothes on.

RE Oh, you're nice.

SM Bye, xxx See you later.

UF Bye-bye.

RE Bye.

00:43:52

UF Bye-bye. You remember me when I come back.

RE Yes, I will remember you, xxx. See you later.

SM She always keeps us company.

RE I've never been kissed in the middle of an interview before, so that's a first.

SM Bless her.

RE She's a beautiful woman.

SM She is.

RE But you've got some very elegant residents wandering around. I'm completely distracted. Right, so you were saying... I suppose that I... it's about how does it affect the people on the floor. Like, what do you notice happening for them when they get... you know, when someone's really angry or hitting or... you know?

00:44:28

SM The atmosphere tends to get tense, especially, as I say. If there are family members that are distressed or other residents are distressed, it becomes very tense. It's, kind of, this has to stop, I need to find a way to make it stop, and I don't know what to do, so it becomes quite difficult. And obviously it can become unpleasant if you have... some people find it quite traumatic if you have people, for example, that start hitting you or pushing you or... you know?

And sometimes they actually hurt, because I have had people with bruises and scratches, and, you know, one of my colleagues had a scratch near their eye, so it's... you know, it's... sometimes it's easy to say, well, this is your job, you know what to expect. Sometimes it is quite traumatic to be slapped or to be kicked or to be scratched or... you know, it's not an easy thing to say, okay, I'll brush it off.

RE And physically it's unpleasant, but also, I suppose, it's about what... you know, people are trying to do their best, they're trying to do their job, and they get... you know, might get a punch back, and...

SM Yes, and often there is no follow-up for that. Nobody's going to come back and say, are you okay? They might tell you, okay, fill in... here actually they are actually more supportive, but I have worked in places where they say, okay, if you're hurt, just do an incident form and that's it, and that's the support. That's a bit... you know, it's not a pleasant thing for people and... you know?

00:45:56

RE Do you think staff... I mean, I suppose here or in other places, do you think people feel valued doing the job, managing agitation, and...?

SM No, not often, unless you're successful, unless you have that lucky moment where you actually intervene and for whatever reason you actually manage to distract a person. And then everybody... oh, excellent, you've done it. Otherwise no; it tends always to be, well, you

should have done this, you should have thought that, why you didn't think about it, why you didn't think about this, and most of the time, even if nobody tells you anything, you just had a horrible afternoon and nobody's even recognising that, so no, I would say.

RE No? And so what... how do you get... how do staff get support, really, because...

SM We get support through supervision, through training. Here, you can always talk to people. I mean, xxxs always available, I'm always available, so if anyone has problems, they know they can always come and talk, but even people, you know, of the managing team, they're always available; above xxx and me - sorry, I can't think of the word - but they're always available.

00:47:12

So there is quite a lot of support, more than I had in other places. I think training is also an important part, but then again it's a bit of a... there is a bit of a gray area in the sense that training might be useful if you're actually interested in listening and taking on board what is being said and it's being said in a way that you can actually understand and you can actually relate to it.

If it's just... if you're not interested or if it's presented in the way of fact: this is the way it should happen, this is the way you should do it, this is... and you can't relate to it, often you don't bring back anything.

RE And that's...

SM And I think it needs to be followed up as well.

RE So what... so tell me more about that, because that's really what I'm interested in, is how to make training work.

SM Well, I think it needs to be... maybe I'm wrong, I mean, I don't know, but to me it needs to be more related to the work so that the staff needs to be involved, needs to be given the possibility to actually say, this is what I have experienced, this is the problem I had. People might not feel comfortable to actually discuss it, so I always thought that it would be good to give a general idea, but then maybe have a session where you can actually speak to the staff and say, okay, what happened to you? Have you ever had a situation that you couldn't cope with or that really upset you?

00:48:31

But one of the other things is that then you... the training should be followed up in the sense that when they start working, there should be a way to actually follow up: okay, this is what we discussed. This is what came out of the training. How are you applying it? Can you apply it to it? Was it any use at all? Did you manage to use the information you found out, or when you came back to work, that what you heard was not applying to any of your residents as well?

So I think that's quite important because it tends to always be a detached thing. You've done the training, today is a day off, then you come back the day after, you forget everything,

because then you have to do this, you have to do that, you have to do the other. And then within six months, do you remember you did the training six months ago? Oh, yes, I think I remember that, and... which doesn't really...

RE Because that's what I'm interested in, is, kind of, how you... you know, what stops things getting put into practice? What stops...?

SM Habits, what you feel that you have to do, what you've always done; this is your routine, this is what you've always done. You come in, in the morning, you do this, this, this, this, and this, what you think are the expectations, so I need to make sure that the dishwasher is filled and that the bins are taken out because otherwise my colleagues are going to complain.

00:49:49

And then, as I say, things are sometimes too general and they don't apply it, so if you don't see specifically that case scenario, sometimes it's difficult to say, okay, I can use that in this situation, because maybe that was described with something else and you can't think that you can apply it to this situation. So that's what I think. It's mainly routine and, as I say, finding a way to incorporate what you learn actually practically in what you do, rather than having loads of beautiful information and pictures, and then you think, okay, what am I going to do with it?

RE Yes, and generally do people go out to do training, rather than having people come in or...?

SM We have them often come in, but they can... we have sessions out as well.

RE And is there, I suppose, training or interventions in that way that have been really useful and that you see people have put into practice?

SM Well, the... I find the more practical trainings tend to be put more into play, things that you have to do, because it's followed up.

RE Moving and handling, yes.

00:50:57

SM Things like moving and handling because then you have to sit [?], or if you have a situation when you do infection control and they start scaring you with these, kind of, images of infections and things. Then people, at least for a little bit...well, for a while they try to be careful and they wash their hands properly, and they think, oh, I have to be careful about that, but then it tends to, kind of, fade, that, because it's, kind of, related to fear of getting an infection. Then after a bit, the routine overrides and you just go.

But the more practical, the things that people can actually associate with their work, is what tends to be...

RE So things about... so training that's more about managing difficult behaviours or managing agitation, things like that, is that harder to put into practice, do you think?

SM I think it's harder because it tends to be more generalised. There isn't a... because it is difficult to have. There isn't really a guideline of saying, you know, these are the things you should do, this is how you should do it, because there isn't this kind of practical application to say, generally, you know, when someone is agitated, you should try and speak calmly. The thought is, yes, we always do it anyway, and then it just, kind of, falls.

00:52:04

There isn't a really... you know, like, in manual handling, that you have to... if someone has to get up, this is what you do: one, two, three, four, five, which is more practical and people think, okay, I have to do one, two, three four, five. When it's more general, like I was saying, it's difficult sometimes to apply the information that you heard to what is happening today because maybe the information that you heard was a little bit differently presented, or the case was a bit different, and it takes a bit of imagination, really, to say, okay, that approach, I might use this even though it's a bit different.

RE Yes, do you think if there was something which... where there was, like, more of a protocol, where you had to, kind of, work through different stages and consider different questions at each bit, would be useful for people to take back?

SM It might, but I think it would need to be followed, then, on the unit. I think you would need to then... you do the training and then there would have to be someone to follow up and say, okay, this is what I'm seeing now. From what you learnt, how do you proceed, so that the stuff's becoming ingrained.

RE So how do you that? How do you get someone on the unit to... I mean, is that a management issue or is that...?

SM It could be. We could use it as a management issue, but I think sometimes that if someone from outside comes and does that, it tends to be more... it tends to give more weight to it. Because me and xxx and the other people, we're here every day saying things and repeating things, and, I mean, in the end it tends to become a habit: you know, yes, she's coming here, she tells me to do that. But if someone from outside, that it's a professional, and he comes and tells you, okay, this is a different... it tends to bring more weight to the information that you give.

00:53:44

RE Yes, and do you think there's something about having ongoing... I suppose if... you know, if you come in and you do something from outside, having, like, ongoing support or, like, telephone supervision or something like that so that you can... yes.

SM Yes, if they feel that someone else is actually coming in specifically for that, and they expect you to do so something, I think, yes, it actually does bring weight, because it's... you know, it's something that you feel, okay, I'm being followed up, I have to try and do this, so it's... yes, I think so.

RE And do you think it helps to have, like, I suppose, people within the team who are, like, champions who are... who are trained up to do things in a particular way or...?

SM I think it helps if they...

RE As well?

00:54:31

SM Yes, I think it helps, but, again, those people are the ones that need to be followed more and put at a certain level. Once they reach that certain level, then they can champion, and they need to feel very secure in themselves, and what happens sometimes when you have champions is that they find themselves in a group where there is a more dominant personality, and they say, well, actually we should do that. Oh, don't be silly. We do this because we've always done it. Okay. And that's the way it just dissipates; all the learning, it just disappears.

So they need to be confident enough to say, no, this is the way we have to follow it up, and that's something of a challenge sometimes.

RE And what... how do you... how do you do that? I mean, how do you... you know, what do you do to, kind of, support people in those situations, because that's really hard when you've got a dominant...

SM Support?

RE Yes, or, like, if you've got someone who's got new ideas and someone else who's saying...

SM That's a difficult thing. We try to support the staff, to tell them, you know, if you have... if there is something that you think is the right procedure, and obviously your staff doesn't follow, they know they have the backup from myself and from xxx. Sometimes he's actually seeking that support, because then you're going to be the odd one out and you went to report to xxx and you went to report to xxx that I didn't do this and that you didn't do that, and it creates even more tension within the group.

00:55:54

That's why I'm saying it needs to... rather than be... to create this kind of situation, it would be good to actually train someone to feel really secure, so that even if there is a dominant personality, they feel secure enough to say, you know, I see, but this is the way we have to do it.

RE So they would have extra support to do those things.

SM Yes, I would think so. Yes, I would feel that that would be the ideal situation because yes, you can always offer support, but it does create those kinds of conflicts, then, within the group, which is not very productive, so...

RE Yes, and maybe it's about thinking carefully about who...

SM Yes, that comes... yes, that goes without saying, because obviously you're not going to select someone that you know already that is not... and it would help if they would... if they did want to do it, and often they don't want to add extra responsibilities unless there is some kind of reward to it, which is another factor that, you know, might be relevant to this.

RE Yes. No, I think... you know, that's really helpful. Is there anything else that you wanted to... I've taken up a lot of your time.

00:57:02

SM No, that's okay. That's...

RE It's so helpful to talk to you. Thank you. I'll just switch this off.

SM I don't know how.

RE It's really helpful.

SM I've worked in such different places and...