# 003.002

**Speaker key**

R Researcher
S Staff Member

R As you know, I'm a researcher from xxx, and I'll be conducting and recording the interview; everything that we talk about is confidential but can you introduce yourself for the recording so that the typist knows who you are?

00:00:19

S Yes, my name is xxx working here from xxx June onwards, now xxxcompleted as a Care Team Leader; I started with the Senior Care Assistant and been promoted as a team leader.

R Brilliant, thank you. So thanks again for agreeing to take part. As I said, I'm interested in how people working in care homes think about and cope with residents with agitation, so when I'm talking about agitation I mean behaviours like restlessness, pacing, shouting, verbal or physical aggression, and we're asking you because we know that it's something that you and your colleagues come across a lot and we want to make use of your experience and expertise. So I'll be asking about your experiences of working with people with agitation and about what works and what doesn't work and we're going to use it to develop an intervention which we'll be trialling within the research project in a year or so.

As I said, I'm tape recording it, and whatever you tell me is confidential and will anonymised for the purposes of this study so you or any individuals you mention won't be identifiable, but if you do disclose information that you or somebody else has been harmed, then I'll get your consent to share that information with my supervisors because obviously we can't, we have to act if we think that someone's in danger in some way.

00:01:54

S All right, yes, okay.

R If you feel you need to stop during the interview just tell me, it shouldn't be distressing, but if you get hot, because we might, or anything like that, you need to rush off, just let me know.

S Yes, okay.

R So first of all, I just, I mean, I want you to maybe just think of a resident you've worked with here or somewhere else who you know very well who's been agitated, can you just tell me a bit about the person and describe their behaviour and what happened?

S We have a resident here, as you said, we're not mentioning the name, he’s a 98 old gentleman admitted here almost three years back, serious agitation, has dementia, hypertension, has many other diseases, and that gentleman is actually very agitated, restless, sometimes can be very friendly but sometimes agitated, like when you do the personal care he just goes with you for a while and then suddenly he'll react, it's like if you are not taking care of yourself the carers can be hit or sometimes those kinds of things, he'll just smash you like that, so in that case we usually ask one of the other staff to help us, or if it seems that he's completely restless and we cannot manage we'll leave him for a while to calm down.

00:03:19

Of course, there will be some good and bad times, they calm down, we wait and sometimes some kind of talk will help us to calm down, would you like a cup of tea, would you like to come with us, after we'll give you breakfast after the shower or just to clean you up those kind of talks. But still some situations we cannot manage and we have accidents here, like a small kind of push or hit, and we are able to manage with the assistance of other staff, actually.

And we have a form here that whenever we have aggression or agitation happen and any restlessness which we were not able to manage for the same time we put it in the ABC chart, like what exactly happened and who were involved and how did you make him calm down, like, did you talk to him or did you leave him for a while or did the resident himself calm down or did you take him to a separate area, did you move the other residents, those kinds of forms we fill out, and at the same time if any resident or a staff is attacked or kind of any bruise or anything happened we have to put it in the accident book, then we will see how the resident is coping with that situation, and then after that we approach.

R Yes. So you use that ABC charts and things like that?

S Yes.

00:04:34

R And are there other residents that are agitated in different ways or is it mainly around personal care, or, you know, what kind of... ?

S Not only personal care, some residents, like sharing the sofa, chair, towards other residents also, it happens, like, some of the residents, especially when the residents have dementia we put them on a particular seat and we are trying to move all the other residents sit in the same place, the residents can get restless, they will point and say, this is my seat, you have to get up and all those things, that kind of, it happens sometimes here. Then we kind of talk and we reassure the other resident, we will see which one is less agitated, less restless, and we'll try to talk to them and move, and at the same time we will look around the other residents whether they are safe or not, then we will move the more calm resident, then we will try to sort out the situation. If one staff cannot manage we will ask for help.

R Yes. And, so this gentleman you talked about, did you say he was 98?

S Yes.

R Yes, so quite an elderly gentleman, but when he gets agitated in this way, what do you think it means, I mean, you know, what's your understanding of his behaviour?

00:05:55

S Behaviour understanding means that it's a medical condition, of course, it's not that fit, when we notice that the resident is confused, more confused might be a reason for a urine infection and otherwise incontinent residents, they are wet, we can see that their agitation is worse, and we will see why he's making, or something is bothering him, we'll see first whether it's he's wet or we'll test the urine, or some of the residents without any of these problems, they get agitated, they won't like to be touched. Still, we will look for all, if we're constantly observing a resident for two or three days with continuous aggression, there are good and bad days, but sometimes continuous aggression and restlessness then we will look for a urine infection first, we'll test the urine, if we can manage to get a urine sample we'll do that, or are there any infections we will show to a GP if any chest infection is catching, that way we will rule out that way

R Yes. And are there other physical things that you look for as well, or...?

S Physical things, we will always have two staff to assist and sometimes the resident has a preference also, some of the staff, we will try to change the staff and see which staff is bothering him, or any kind of those reasons, all areas we will try to look for what, to see anything.

R Yes, so lots of things. And what about, are there any other, can you think of any other, I suppose, causes or reasons for agitation?

S Causes can be the same thing, like I said, normally.

R Yes, so there's lots of different things, really, aren't there?

00:07:44

S Yes.

R And is there anything you've noticed in other residents, any other things that, you know, in relation to agitation?

S Yes, of course, some of the residents just shout and scream, you know, without any reason, but many lady residents just touch you and try to scratch you, this kind of agitation we notice here, past dementia, again, they have dementia and memory problems and walk around and if they don't like what we're saying they suddenly react. The most important thing we're doing here is to leave them for awhile to calm down, that's the main thing, and

approaching them with the different staff, different kinds of talk, offering a cup of tea, juice, and repeat the explanation of what we're going to do, those are helping us too. But still some of the situations we cannot manage and then we ask for some favourite staff or some kinds of things to go and help. We have some staff that can manage in a different way so we'll ask for help if any of the staff cannot manage.

R So you might try a particular, you know, get other staff, did you say favourite staff or people that are... ?

S Yes, some familiar faces, you know what I mean.

00:08:57

R Yes, familiar faces. And what else has been tried, say, with that gentleman you were talking about, what else have you tried?

S That particular gentleman I'm talking about is on a dementia floor, high dependency, on the dementia floor, the high dementia floor, we have three staff there and we have an activity staff there and we try to engage him with one to one conversation, like, or just one staff sits with him, talk with him. We have staff coming over a weekend, private staff, let the staff wash him and make him familiar with those staff, and he can like that because on the weekend we don't have activities here by those duty staff, only our care staff is doing that, so we will let him engage with the private carer or one staff and bring him down and kind of engage him in watching television or ask him to do something, if the family brought kind of puzzles and everything, one of the staff will sit with him and do puzzles, and even with the private carers you sometimes get agitation, then we will ask one of our staff or sometimes two staff to go and help to manage the personal care and everything, then once he's started eating, until he's safe, and then everyone will leave, just make sure.

R Yes. So with him he's on on a specialist unit upstairs and so you have a private carer coming in in addition to your own staff?

S Yes, our staff, only weekends.

00:10:28

R At weekends so you can do more one to one care with him?

S Yes.

R Is that the unit you work on or are you across... ?

S We have to work all the floors.

R Do you work on all the floors?

S Yes.

R Yes, I don't know how you're organised?

S Yes, the person in charge is actually working in the office and we know about all the residents like that, no particular floors. But still we have some, we are separated, divided to each floor looking after the care plan, nothing else, but we know about all the residents. Any situation we have to ring the family all of us are involved.

00:11:00

R Yes, so you work together closely?

S Yes.

R That's good. And is there anything which you feel hasn't worked as well with this gentleman or with other people when they're agitated?

S I think forcing, like, we are telling, and this is confidential, you said?

R Yes.

S We are telling them, if somebody is telling you you have to go and have a shower now and if the resident says no, I'm not agreeing, like that, I'm not coming now, and again telling him, no, it's time to go and have a shower, then it won't work that way.

R No. Is that something you see happening?

S Yes, it is happening and so it won't work that way, we have to leave that to calm down, that's with the agitated residents, we can never take a risk like that, they will get more and more agitated, we have to make them calm down first, that's what we are following here.

R Now how do you, because it sounds like you probably have the skills to do that, how do you help people to calm down, you know, what do you say or do or... ?

00:12:00

S We, sometimes if they're not agitated too much we go and sit with them, the person in charge we go and sit and talk and talk, and most of them family and from our office staff, their family around there, we talk with, some of the residents listen to us but not all of them, so we'll go and talk and we'll offer tea, refreshments, and they follow us after a while.

R Yes. So giving them that time.

S The time, yes, plenty of time.

R Yes. And what else, is there anything else which you don't think works to manage agitation?

S Force-feeding, like refusing to eat and skip the table and go away, no way we can bring them back at the same time, again, we have to leave the food in the room for them to calm down and eat themselves; if it's feeders again, we have to approach; and at the same time medication is another problem, when we are administering medication, they [overtalking], so if the resident is having five or six tablets they won't take it together, I will only take one at a time, I have only one tablet, so in that case go six times, seven times, administering medication, it won't work giving all the mediation together or something. Also this particular gentleman I was talking about, he has medication covert, we crush all the medication with the permission of the doctor at that time.

00:13:21

R Yes, so covert medication?

S Covert, yes. So we give it in the food and make sure the food doesn't come late and make sure the medication is gone and all, all those medications I also think it helps him to calm down, so that will help.

R And so is he on medication as well to help manage the agitation?

S Yes.

R What kind of medication is there?

S I'd have to go through, is that okay to go down... ?

R Oh, no, it's okay, no, you don't need...

S He's on plenty of medication, not just medication

R Yes. Is it things like sedatives or... ?

S It's going to be dementia medication and there is the antidepressant medication or the other, apart from that all his medical condition medicines.

00:14:01

R Yes. I mean, is medication used to manage agitation a lot, or... ?

S I don't think so, no, just to calm him down if he takes all the medication, bring the blood pressure down, all those things, but agitation is just having a reaction from them coming. You'll see they are sitting calm and quiet and just go, come on, let's go, suddenly they react to those things. Without any further provocation they can be agitated, especially this gentleman.

R Yes. Gosh, it sounds difficult.

S It happens like that.

R Yes. And have you noticed other people doing anything in particular and thought, oh, that's a good idea in managing agitation, you know, other staff members?

S Yes, we have a few staff like that, they have their own way to deal with them, come on, just, let's go out for a walk, they'll say to the resident, and they don't go out but they bring him down, then just walk around, then hold their hands or kind of talk, if the talk doesn't make any sense also, just talk, did you eat, or your family, something talk and that's the different where some of the staff are managing them.

00:15:17

R Yes. So talking, even if it doesn't make that much sense, just talking?

S Yes, just talking, holding hands and walking a bit and make sure pointing towards something or a picture, diverting that kind of mood and like that they're managing, yes.

R Yes. And are there any particular, I suppose, activities that you find help to calm people down?

S That's what I was mentioning about one to one sitting with them, asking, giving him a paper and some coloured pencils and asking him to draw or paint, just to divert from that bad mood, then bring it back and, oh, you did well, and praising them kind of praising, oh, you are still doing well, and you're managing, it's nice, you look, some of the residents just to praise them, like, you look handsome, you are a smart dresser, you don't look like you are ill, those kinds of talks will help them, that's also where it's...

R Yes, so it's sort of speaking positively [overtalking].

S Positively towards them.

00:16:10

R And are there... ?

S Try to make them familiar, actually, just to go on, a kind of smile and kind of culture, they should feel that we are friendly to them, not to, because they have dementia they don't feel like we're just going to attack, they always think that someone is coming to hurt you, those kinds of things we have to avoid and kind of talk nicely, talk and all, then try to make friends.

R So making people feel... ?

S Feel, yes, we are close to them and try to manage...

R Yes. And is there, when people are agitated, are there other people apart from your staff teams that get involved as well in managing the agitation?

S If we cannot manage we will call other staff, all our staff are trained to manage agitated residents, how to deal with them, they try their best, do not hurt them and give them enough space and time and everything, still if they can't manage they will ask for some other staff from another floor, but they are all trained, even though they are not working on the dementia floor, all the staff are trained for that, so they manage.

00:17:25

R And do you ever go outside, so to get other professionals involved, or... ?

S In the case that the agitation continues we will refer to, like, psychologist, a psychologist, we will show it to the GP, the GP will think what's the capacity and what's going on, then the GP will decide and the GP will ask what was going on in the last few weeks and how we were managing, is it increasing, then the GP will refer him to a psychiatrist and then the psychiatrist will come and he will start some medication, they will come, the medical team will come and follow up, then any changes in medication that help him, those are observed also, but mainly it's the psychiatrist who will come.

R Yes, okay. And is there anything you've seen, like, relatives do to help manage the agitation, you know, either with him or with other people, are there things that the relatives do when they come in that kind of help, or not?

S I should say some of the families, they would like to know what's exactly going on with the resident and if we are telling them that I think from our point of view he has to see the GP and the GP has to refer him to a psychiatrist, they would say, let's go for it, maybe, but, like, some of the families really won't give you that much positive reaction, like, everybody's different and [overtalking] is different, but some of the families are so helpful and anytime we can call them and they will come when the agitated residents see their own family members, a little bit of difference it makes, so they come and help sometimes, it's not with all of them, but as I say a few residents' families are really helpful coming and talking and every day finding out whether he was okay last night, those things.

00:19:10

R Yes. And are there things that they do when they come to visit that help calm things down?

S Yes, they just sit with him for a while or take him out in the garden, not only that, a few residents, take in the garden, not take them, we usually do not recommend an agitated resident to be taken by family or any other members outside, which would be a little bit difficult for them also, so they go in the garden or stay with him in the lounge or on activities, just play for half an hour [unclear] or dominoes, whatever they want to, and kind of actually getting them engaged.

R And do you, how do decisions get made about, kind of, what to do when someone's agitated?

S As I told you, we'll try to rule out from our side any chest infection, UTI, and even for all our, you know, not just for him.

R Yes, but not just with him but with everybody there, how do you decide?

00:20:07

S Yes, with everybody, chest infection, any other infection, any diseases, anything bothering him, it will be, the first person will be the GP, we will book the next day or week or following weeks to be seen by a GP and the GP will say so and so need this and so then we'll follow from there usually.

R So you have a kind of process that you follow?

S Yes, a process.

R Yes. But, I mean, I suppose I was just thinking, you know, whose job is it to manage agitation, who do you think should be doing that?

S Well, carers plus us. If carers, from their job allocation, they have to manage the situation there, if they can't, they are struggling, of course, us. And once they've settled down, once they are okay, the resident has calmed down, we won't leave it there, we will observe that resident and the senior team we will see for a few days how the resident is, what are the changes, then we will be the one taking over from them, like, calling the GP or calling the family, informing, look, so and so is recently getting more agitated and these things happen, the staff who was hit or bit what happened and we do that accident form, or a resident to resident there is a push and pull, same thing, we have to, you know, take it then from the carers we will take over, then it's our job.

R So you were saying about, kind of, how things are done, really, and what, you know, you've mentioned medication, that's one thing, but what other treatments for agitation do you know about, or have you, do you use in this home?

S For agitation mainly not much, the care staff is dealing with activities, involving activities, trying to do one to one, whatever I said, and dealing in a different way, managing with the different staff or help from other staff, a very kind and sensitive approach, a person-centred approach, like, a different person has a different kind of criteria, so according to the care plan we approach them and make sure that both ways, the resident and the staff are not hurt, and safe moving and handling technique, all those things we follow if anything...

00:23:10

R Yes, okay. That's really helpful, thank you. I was just, you know, because there's lots of things like different types of interventions, some of which you've mentioned, but, you know, things like sensory stimulation or music or activities, communication, managing people's pain, those sorts of things, is there anything that makes it harder for you to, as a team, to do those things, or anything that kind of gets in the way, really?

S Managing pain, as you mentioned, sometimes we found out they've had a fall and have pain and the resident is not taking medication, refusing, and the refusal is there and still the pain is there, not taking medication, it's a bit of a dilemma for us, actually, whether to, and those kinds of things are very difficult for us.

R Yes. So when the patient doesn't want to... ?

S Want to take, and in pain, but doesn't want to take at the same time. Sometimes their condition gets worse, like, just, I'll tell you a story, we have another resident here, we were about to go home, the resident is a doctor, he used to be a GP, he started examining another resident, put the resident on the floor, like, sat him on the floor, tried to, in some other lady resident's room and the night in charge was really panicking because we never noticed that this resident would do that, then, like, five or six staff managed to take him out, and those kinds of situations, when we called, by the time we called the ambulance the particular resident had calmed down, so that was a difficult situation for us to manage whether to call the ambulance or what to do, those situations are difficult for us.

00:25:00

R Yes. So the thing that's quite hard is kind of knowing whether to... ?

S Yes, because we don't have any perception, like what time the resident is going to calm down and the resident is really aggressive, four or five of us trying to separate both the resident and the lady resident in the room is panicking and only two or three people in charge in the building and the care staff are separated to another floor, it's at night-time, and those things are a little bit hard for us, yes.

R Yes. Do you think it's harder to manage at night?

S It is harder when the resident is like that, then we won't be able to leave the building leaving the resident with the one person in charge, then we have to manage the situation, by the time we call the other outside bodies for help like the ambulance or the police sometimes the resident himself has calmed down. So when they come the resident is actually okay, plus they're not happy, what's going on with me, I'm absolutely fine, those things are a bit hard to manage and a bit hard to take a decision for us.

R Yes. And how do you make those decisions, do you do that... ?

00:25:58

S We'd been observing that resident for almost half an hour, nothing happened, we managed to bring him down telling him that his family is here, then we called the ambulance, an ambulance came and by the time the ambulance came the resident himself had calmed down and started talking, he used to be a GP, he started talking, like, normally, but the person in charge explained what happened, all the stories, can he be taken to hospital and be checked out for any, because we cannot call the doctor at that time, then the ambulance took him, like that. So kind of confusion whether to call at that time particularly for help or to wait or leave it as it is, that's the thing.

R Yes, hard decisions, aren't they?

S It is, yes.

R And is there anything which makes it, do you think there's anything that makes it easier to manage agitation, anything about the home or compared to other places you've worked or anything like that?

S For me this is a first time experience here, but still we noticed if a resident is really agitated you remove the other residents from his area and leave him there to calm down, make sure he's safe, not going to pass out, no falling things or anything, leave the resident for a time, like, maybe it will take one hour, half an hour, one hour or more than that, but the resident would calm down, that's what we've noticed, that's what mainly we are doing here, just to avoid the resident going to other residents and hurting them, so we move the other quiet residents, that's what's happened a few times.

00:27:30

R Yes. And is there anything about your role which maybe makes it easier or harder to manage the agitation, anything about the kind of challenges of the job, or... ?

S It's a really challenging job, or it is...

R In what way?

S It is, like, sometimes it takes, like, half of the day to manage a resident; another example, we have a resident here who tried to go out through the entrance, whoever is coming out, and the resident was standing and exactly, in wintertime, in front of the door and the door wide open, he's very agitated, doesn't want to come in and the family said they didn't want to be disturbed for that person because they know it's like that, so what he did, we couldn't close the door because he took the key from there, had the door wide open, all the cold is coming in and the other residents agitated and we can only talk to the resident, we cannot do anything, come in, please come in, hold the hand and come in, it took almost two, three hours, those things are really hard for us how to manage.

00:28:40

Then we eventually called the police and finally the resident himself went up and gave back the key, but it is those kinds of situations we are struggling, like, whether we have to take the resident, or we have to call the family to come and take the resident or we have to ask a few staff to take, we cannot force them, of course, so it is a hard time for us. In that case...

R And what effect does it have on the other residents?

S The effect is, like, it is cold air coming in, so we had to move all the residents from here to their particular rooms or a warm area and made this area clear, and we are always two senior staff on the shift, we two wait there with a few male staff in case the resident ran away, the resident he is a wanderer, he was out of the home a few times, like, just the door open, so we keep the male staff or whoever possible staff nearby to make sure the resident is safe and at the same time not being injured or hurt.

But the thing is time managing, with that we cannot manage any other job, we'll just stay with the resident to make him calm down, call the police or call the family members on the phone, the family does sometimes come in, those kinds of things, it took almost three to four hours, the whole day he was trying to get out.

R And when you do that and you're spending three to four hours doing that, so you're not doing other things?

00:30:16

S That's what I said, time managing, then some of the other work is outstanding, and we have to stay back or we have to rush to finish those things, yes. It's hard, it's a bit hard for us, that thing.

R It is hard, isn't it?

S Yes.

R And is there anything about your team or about the managers or about the way things are organised that make it harder or easier just to do your jobs?

S Yes, but when we notice that the resident is like that, the next step once we've noticed and if we don't know about the resident we won't be able to do much, I think, but once we notice the resident is like that, when we notice [?] the resident comes into this area we are able to stop, like, talking, offering something, bring him back, otherwise we could make positive stories like the bank is closed or today is Sunday, change the date or something, and we won't be able to go out, we cannot go for shopping, we don't have enough money today, can we go tomorrow, those kind of talks would help once we've realised that this is going to happen, but before that, the first time, it's a little bit panicking for us also, yes, it's hard.

R So the first time it happens it's quite difficult but then you find ways to... ?

00:31:25

S Yes, ways to sort it out, yes. And we have a tracking chart, like, the care staff on the floor, every half an hour, 15 minutes, we have to check the resident, where he or she is exactly and document, so in case, those things we manage and sometimes we ask, if we see that the resident is a little bit more restless than yesterday or today he's more confused or disoriented, we ask one particular staff, we allocate the staff to keep an eye on him and we will be asking that staff, did you check him last time, what time did you check, did you go and talk to him, how is he? We allocate one staff, someone close where we are managing.

R And when you think about, I suppose, how things are organised here, like the teams or the management, anything like that, is there anything about that that makes it harder to do your job, or is it not, does it make it easier?

S Initially it would be a bit harder because we don't know about them and about many other things if you're starting here initially, but as the time goes on when we get to know the resident it is not that difficult for us to manage and on the third and fourth floor where the dementia and agitated residents are we have a code for the lift so we make sure that they won't come down.

R So people can't just come out?

00:32:53

S Just come out, yes. And that is also where we are managing...

R So that's something about the environment, really, that makes it easier to manage?

S Yes.

R Is there anything about the other, the families coming in and the relationship between the staff and the families, does that help or does that make things harder, or... ?

S Actually, not, it's not making things harder, but a few families, like, they question a lot, they think once they leave the resident with us it should be our responsibility and we should be answerable, like, apart from the GP, they might ask you many, many questions which we wouldn’t be able to manage or answer, so why he's like that, that's all medical conditions, then we will say could you please speak to the GP for further information or anything.

R And when they ask lots of questions, what effect does that have on you?

00:33:50

S We don't because this is residential care we don't actually make our own comments, we'll say, this is what the GP said, or we say we did test the urine, this is what the result was, we followed it up to the GP and from the GP we are waiting for what the GP will say to us, and we make sure the resident is safe here and if needed we call the doctor to come and see

those kind of things, we won't usually make a lot of comments, this is what I guess, I won't say that when they ask me, we wait for the medical professionals to come and have a look, that's what we are usually telling them sadly what's going on. And even if the resident just touches the staff or another resident or any restlessness we immediately inform the family, that's the policy.

R So you always inform the family...

S Yes, always.

R ... as soon as you can?

S Yes, that's what we do.

R And is that... ?

S And at the same time the family might ask you questions like why did it happen, where were the other staff, why did it happen, why did the staff not look after it straightaway, why was my mum or dad left alone at that time? Apart from all this restlessness and aggression they might ask you questions so you should be saying that this is what, we are not one not one here, we are trying our best to manage it this way, 15 minutes, half an hour checking and once they are ready to come for meals and everything then 15 minutes we cannot stay with them the whole day, like, it's not, those kinds of explanations we have to give.

00:35:11

R And is that hard to do?

S It is hard with a few families, but most of them are understanding, but honestly it's harder with a few families, they wouldn't get completely exactly what's going on, so it's not easy with everyone.

R No. And when it's hard does that affect how you deliver care, do you think, does it affect what you do more?

S No, we won't change. It might affect a little bit, but still we will continue to manage the same way, and we will ask if you would come every day and see or if you'd ring every day and find out how he is we will be happy to answer you call in this way. Some families are more curious, ring at night and during the day, how was my dad last night? We appreciate them calling, we will be always ready to answer them what is going on.

R Yes. So you sort of welcome that, that's something that helps?

S Yes. And if they want to come in, no problem, any time they can come in and see them.

00:36:11

R Yes. Is there anything that the other residents do that actually helps, you know?

S Well, the ones who are calming down with the dementia, some of the residents, they make friends with other residents, and they find out that so and so is sitting next to me, talking to me, sharing the same table for tea and all, which helps them calm down when they see the face of a particular resident. It gives a positive impact on them, yes, kind of talking to them or just holding hands and sitting or sitting next to that lady, it's giving a little bit of reassurance, kind of support, that someone is there for me, those kind of, yes, it is helping, we notice that.

R Yes, that's interesting. And, because the other thing is that you hear a lot in the news and in newspapers about care homes and all of that, do you think that that affects your job in any way, does that kind of affect how you feel at all?

S For us whatever news comes, we get the Newsletter and the manager always shows us this is what is going on so you have to go through it, but in here, what we follow, we follow the same, but we make sure all the staff read any kind of news, and it does not affect us much, we continue to give the same quality care, that's what we're trying to do.

00:37:34

R Yes, well, that's good. What, because it sounds like, you know, at times it can be quite difficult, and I was just thinking, you know, what impact does residents' agitated behaviour have on you?

S Sometimes stress, it's more stressful to deal with the situation, kind of, some days you won't be able to take a proper decision for a while, what's going to happen, do I need to wait, and some days between the residents, what will be the next step they going to do, so what's the reaction from them, so kind of, where do you stand, like, take them away or leave them for a while to calm down, that kind of confusion we have.

R Yes. So if you feel stressed it's harder to... ?

S Yes, it's harder to manage also.

R And do you notice that it has an effect on other staff as well?

S It depends how the staff is taking it, if you have a calm kind of approach, like, they are like that, that's their behaviour, I have to deal with it, it's okay, but it depends on some of the staff, they feel it, like, get emotional and get bruised and upset. It happens, it depends on the carer who is working with them.

00:39:01

R And does it affect what you feel you can do at work, or do you think that when there's lots of people who are very agitated it stops you doing your job properly, or do you feel that that is your job, I mean... ?

S Yes, a few staff, like, again, including the senior team, we feel like sometimes we cannot give 100% quality care to them because they are doing, like, we have to get them up in the morning, get them dressed up and bring them down or have their meals, but because of their restless behaviour sometimes we will give breakfast first, those kinds of things feel like we are, like, sometimes, not able to make them ready and give the breakfast, this is a little bit hard for us, like, they should be ready and we can't make them ready because they are agitated, restless. So we give the breakfast, leave them in their night pyjamas or something for a while, some, even though they are wet they wouldn't let us change them, again, leave them for a while, so, like, not dealing with them properly and giving breakfast, it affects us a little bit.

R What is it that affects you, is it, you know, is it that you feel that you can't do your job properly, or that you're not doing what you should, or what... ?

00:40:29

S Like, I don't think I cannot do the job properly but thinking that the resident is still in night pyjamas and are not changed yet, so feeling like it's not cared completely, like, leave it for a while, that's what are feeling, so we go and try and try and try and make sure the resident is dressed up and the resident is clean, not wet or anything, it’s a kind of feeling from us, from the senior team usually that of why is the resident, and we still put a little bit more pressure on the care staff, honestly, why the resident is not up, please try again, try again, we ring them and say, then they're trying more and more and finally, maybe 90% we win.

R Yes. So you as a senior member of staff, you have to kind of put that pressure on the team to kind of make sure that they're... ?

S I shouldn’t have said pressure, we can't, it's we repeat asking them did you go and approach, did you go and approach. If we see that the staff is dealing with something, from our point we, from our side what we do we ring and ask them, did you go and approach again? We ourselves go and check and ask to help, we shower sometimes, the residents, with the help of them, like, we make sure that somehow it's done.

R So you kind of encourage them?

S Yes, encouragement and positive...

R And as a kind of senior staff member, do you notice that there is a big difference between the carers, like, some people are really a lot more skilled or, you know, deal with it differently?

00:41:59

S Yes, experience makes a little bit of difference, a lot of difference, I should say, and maybe some new staff who came and they have better technique than others, or their smile or their kind of talk, that can give a lot of reassurance and support for those residents, not to agitate many of the residents, we notice that, yes.

R Yes, so you notice the difference?

S Yes, of course, yes.

R So how does it affect your team, then, you know, the kind of stress, do you see the effects of the difficulty on the team that you manage?

S Yes, it will be, like, [unclear] for us, stressful, at the same time we leave some other job aside and go after this, come back and finish this, and it takes, we will keep the other job postponed, allocate a job if it's not that urgent, like, any paperwork leave it for next week, be with them in that situation, stay with the resident, so kind of we are pulling the things to the next day and pushing it, so it takes a while for us to settle down in that case, but we manage, we are trained for that actually.

R It sounds like you do manage, you know, it's impressive. When it is hard, you know, for maybe the staff in your unit, how do they get support, and how do you get support?

00:43:25

S It depends, again, we can call the manager any time, [unclear] the duty manager, if they cannot manage the situation, then we cannot ask the manager to come and help, we do it our way, like, kind of calm down the resident while taking them away, what all I said before, then we will see whether for a further continuation we will call the manager who's on call to help us [unclear], or the deputy who's available to call and these are things I have, and anything else I have to do, we always ask for other ways, like, if it's a difficult situation we could not completely sort out, then we will call them and find out what.

R And do you feel that your managers are supportive?

S He is really supportive, he can be called any time if there is a problem, and he will say, did you try it this way, maybe that will be a different idea from me, so we try it that way or the deputy is always helpful and they will ask, they might have different ideas, so we manage somehow.

R But you feel you can approach... ?

S Yes, we can approach, no problem with that.

00:44:31

R That's good, it's not like that everywhere.

S Yes,xxx is very helpful, xxx is helpful in that case, he always, we can call him any time, if he's not on holiday, definitely, and if he's on holiday there is an Assistant Deputy Manager, she's equal in knowledge, she's more experienced, so she's always available so that's no problem. And the way we are trained here we know everything, like, in the building, what's going on, we somehow manage the situation, we didn't need to call for help from anybody, like, a manager or the deputy, we somehow manage the situation with them.

R And what about, kind of, emotional support within the team if things are difficult, how do the staff support each other?

S You mean the senior staff or... ?

R The senior staff, the care staff?

S It's team work, if somebody seems that kind of emotionally upset about that another staff will take part and leave the other staff for a while who is emotional and try to sort out the situation between the staff, if they can cannot manage the senior member will go, and if one of seniors cannot manage we'll call the other one, so we will support each other and manage, that's what we do. We have a good teamwork in that case here.

R And do you think there's anything that kind of makes it hard for the staff to ask for help, or... ?

00:45:56

S No.

R No?

S Not really.

R Well, in some places, the reason we ask is because in some places staff don't feel they can ask for help and, you know, it's...

S Honestly speaking, it depends upon who you're asking, too, we find out really, the senior members, we find out whom we can ask for help, that will be, we find out, we already know.

R So you know who you can go to when... ?

S And ask for help, if you see, for example, there is a problem on the fourth floor, they're calling the office and telling that so and so needs help, we actually feel we cannot manage, suddenly we'll think who is in the building to come and help us, and then we'll call that person, could you please come and help us? Then once that staff goes up it will be a different kind of approach, the resident would go with him or her, so we know that, yes.

00:46:49

R So you know everything that's going on, really?

S Yes.

R And what type of training have you had to help you manage when the residents are agitated, or... ?

S We have our mandatory training, like, every training, moving, handling dementia, all mental capacities, all training is conducted here, and the management of challenging behaviours, so that will help, and we update the new staff, we give training, and the other staff also get training time, we get an expert and we'll book them for training again, any concerns they can ask in the training session and we make sure that they're well trained to deal with the situation and if anything happened because the carer is not providing enough care, so they have to write it down what exactly happened, so that's...

R So do you feel, you know, are there particular things that are helpful in training, do you think?

00:47:47

S Yes, managing them, like, they have the expert talking about managing challenging behaviour, challenging residents, they have gone for the training and those kind of, like, an example, if somebody wanted to put the socks on and they resist that and the trainer will show you how to avoid challenging behaviour from the resident how you can put their socks on, so there is that, so they can watch that and they can try that and with that where they're experienced, or you can watch the experienced staff who's doing it here without hurting both, so they watch during their induction time or then they follow, and that's helpful.

R So they will see the more experienced staff doing it [overtalking]?

S More experienced or more techniques, but it should be the proper, too, that's the main thing.

R And when you say that they watch it, they watch someone doing it?

S Yes, and that's also very important. When the new staff joined with us for a month, especially for the dementia floor or highly agitated to deal with, we put that staff with a highly experienced and a good staff, I can say that, like, highly experienced staff and ask the staff to teach, you know, do not ask the new staff to do anything, just observe, observe, observe for five days then let them do it, that way we are giving them training, and at the same time when the training is conducted they will be there so they get to know about what's going on and that.

R And what's not been helpful in the training you've had, what don't you like in training?

00:49:24

S Some of the things we cannot put it in practice because they'll say, like, they'll give us training, you approach the resident this way, but we can never predict what's the reaction from the resident, so you're doing something and the resident can hit on your back or your face, all these things, like, we may be following the same technique that they taught us, but at the time we will be hurt, so that's not helpful that way.

R So what stops you, what makes it difficult to put things into practice?

S I don't have any example for that. Like, for example, the resident, you moving, holding the resident and walking with him, talking, talking, the resident can, you're holding one hand the resident can suddenly hold the other hand then snap [?], and they're telling you how to hold the resident in both hands and walk, so sometimes it's not possible to walk the resident because the resident is moving forward, so those things, we have to walk the side way, so at the same time the resident is not cooperating, restless, so the resident is using the other hand.

R So if the training is very specific examples, you can't always, it doesn't always fit with... ?

00:50:51

S Yes, some of the residents.

R What happens here, yes. And is there ever things that stop you, you know, when you have training that make it difficult to put things into practice, just, you know, generally, do you... ?

S We try to follow most of the techniques correctly what they teach us, but still we get injured bruised and slapped on the face and all from the residents. We had last week also some experience like that, a punch from the resident, even though we tried to follow the training and everything, it happened. That we cannot avoid anyway, that sort of thing, it's hard for the staff. We asked the staff to do the accident form, what happened exactly, what were you doing, and they're busy and we see how many times that staff was at least any problem with the staff, the particular staff, we analyse them, we senior staff think why the same staff, or is it everybody? If it's the same staff we try to move the staff, if it's everybody then we'll go with the resident and see what's going on with the resident, so it's that way, and that's all.

R And is there any else to do with the sort of training or support that you get that you would like to be different, or you would like more of?

00:52:14

S Okay, support from the family is the main thing, they have to give us enough positive support, sometimes they have to understand us, how they're dealing with us and they have to

let us call the doctor or they have to help us anyway to talk to the doctor how he was like that before, you know, the support, also the GP, also the carers and senior staff should have teamwork and they have to find out what's exactly going on, also the staff should document what exactly is happening, documentation is really important, then only we can rule out the current problem with the resident but still agitation, we cannot completely sort out what's actually going on.

R But do you think that generally there isn't that much that you would like to change about this place in order to make your job easier, if you could change anything, what would it be?

S More staffing.

R More staffing?

S Yes. Because with the dementia floor, now it's okay, before when we used to have more residents we were having less staff, then we were not able to attend all of them at the same time but now we have more staff and everything, so...

R And have you noticed a different when you have more staff?

00:53:38

S A big difference, yes, because we could ask one staff to keep an eye on the particular agitate resident or two, then another is there on the floor, so that way we are managing.

R How many staff do you have on the dementia floor?

S On the dementia floor we have three.

R And how many residents do you have?

S On the fourth floor we have at present 10 residents, three staff. On the third floor we have, again, 12 residents and three staff, so it's not too bad, and most of them are not agitated, we can manage that.

R So you've been here when there's been a small, like, more residents, less staff?

S Yes.

R And was it harder then?

S It was a bit harder, and that's why we increased the staffing, which is helpful. Other than that construction and the environment and everything is safe here, no problem with that.

00:54:27

R So there's nothing about the environment, or...

S No, only the dining room and living rooms together, so sometimes they just walk that way, it's not separated, but it has a positive impact, what is going on there from here, it's so we can keep an eye, that's helpful, so it's not actually a problem, it's a nice thing.

R And is there anything about, like, the organisation, so, I suppose, the people who run it, I don't know how much contact you have with, is it the company, basically?

S The company owner, usually she and her husband knows all of us, so we have...

R Okay, so it's quite small.

S They have four homes, actually, but they are always, if anything, we can call them, there is no limitation, like, the manager, in a real emergency, if we need them, we can call them.

R So you've met the owners and [overtalking]?

S Yes, of course, they usually visit here. We met the owners and the director xxx, he's xxx this director, he's next door, so if the manager is not here and we have a family coming in asking a lot of questions which we are not able to answer, we are struggling about that, so then the director is there, we can call him. So they are supportive that way.

00:55:43

R Yes, okay. That's really helpful, thank you. Is there anything else that you'd like to be different, because, you know, we're going to develop an intervention so if you could have exactly what you wanted, what would it look like, you know, what do you think would be most helpful for your team to [overtalking]?

S My team, most of all it's being calm, really patient with the resident and give him time, make sure the resident is physically okay, like, no infections, nothing, teamwork, call for help and a lot of reassurance, a person-centred approach.

R But when you say person-centred, what do you mean?

S Like you're thinking you did this resident today, in a way, and you're going to, this resident you managed this way and you're going to do another resident the same way, it won't work, so you have to see and try to manage in a different way. It will work but it may not also, so that's very important see the person, how the person is, how that particular resident is reacting. Maybe this resident you can calm down by talking, but the other resident may not, leave them, so that’s a person-centred approach.

00:57:02

R Thank you. And is there anything else before we finish?

S Not really, maybe the care staff will have more ideas than me.

R Well, it's good to hear from everybody, isn't it?

S Yes, and they all have their own opinions.

R And if we need feedback on any of the materials we develop, so when we develop our intervention, would you be happy to kind of look at things and if we get in touch with you?

S No problem, any time, yes.

R Thank you.

S You're welcome.

R That's really helpful.

S You're welcome.