

004.005

Speaker key

RE Researcher
ST Staff Member

RE Okay, so, as you know I'm a researcher at xxx.

ST Okay.

RE And I'm going to be conducting and recording the interview. Everything I say and you say is confidential, but if you could just introduce yourself for the tape so that we can make sure we've got the right person?

ST Hello, my name is xxx and I've been working in the xxx for xxx.

00:00:31

RE Okay, brilliant.

ST There you go.

RE Thank you. Some nice singing in the background as well, which...

ST Absolutely.

RE Always helps. So, I'm interested in how people working in care homes think about and cope with residents who are agitated.

ST Mm-hmm.

RE So, when I'm talking about agitation I'm talking about things like verbal aggression, wandering, restlessness, shouting, pacing up and down, that sort of thing.

00:00:55

ST Yes.

RE And as I say, we're asking you because we know that you will have many years of expertise of, kind of, managing this sort of behaviour.

ST Mm-hmm.

RE And we're interested in what works, what doesn't work, what helps, what hinders, that sort of thing.

ST Yes.

RE Because we're interested in... We want to develop an intervention which is practical and which fits with the busy, day-to-day life in a care home.

ST Okay.

RE Yes?

ST Okay.

RE As I said, it's recorded and we're anonymising everything, so we take all the names out, and it's confidential, but if you were to tell me something about someone else being at harm in some way, I wouldn't be able to keep that confidential.

00:01:36

ST Of course not.

RE But I would talk to you about that first.

ST Yes.

RE Okay?

ST Yes.

RE Anything you want to ask me before I start asking you questions?

ST No.

RE Okay. Obviously you can leave at any point but it... no one, so far, has got upset so it should be okay.

ST Okay. All right.

00:01:50

RE So, first of all, if you could just think of a resident you know well, someone who gets agitated here, can you just tell me a bit about the person and their behaviour, and what happens when they get...?

ST Well, I mean, without saying the name of course.

RE Yes.

ST I mean, just keeping it general, yes? We have actually few residents that we can, you know, show, say, you know, that kind of restlessness that, kind of, leads to abuse. It could be verbal but also physical in some instances, especially when we carry out personal care tasks, you know. For those are the majority of the times where

the trigger, that kind of, so called, you know, ignition of certain aggressive behaviour. Yes, so...

RE If you think of one in particular it's fine... I mean, you can use their name or not. We'll take their names out. But if you think of a particular person...

ST Yes, I am thinking of that.

RE Yes. So.

ST I mean I've mentioned, of course there are a few, but there is one in particular. Yes, there is...

RE And what happens? So what...?

00:02:54

ST Well, you know, it's with... of course, he's got severe dementia, so, I mean, it's pretty much ongoing challenges that we're going through, you know, during the day. Starting from the morning, when we have to carry out our personal tasks and that kind of resolves into really, you know, aggression that just manifest itself through verbal abuse or even physical. You know, there is spitting. There is kicking. There is swearing. There are all sorts of things. And also lunchtime, when there is, of course, there's, you know, food served, and so there's another trigger because there is a change in the perception of their reality, you know, his reality around things, so. And also, and I think that is a, kind of, a major problem, because what I'm talking about is something that we are trained to deal with. And what we cannot help really control, on or up to an extent, of course, when these triggers are because of other residents. There will be a, kind of, more problematic situation.

RE So, tell me more about that. What have you noticed between the residents?

00:04:06

ST I have, I mean, there is, because, of course, as you can hear, at the moment, there is a person who is wandering around and screams. The other person can be, kind of, upset at that and so he responds in a, you know, in an abusive way. Not physical in that case, because the person doesn't move or, you know, is just in a chair and he hasn't got ability of standing on his own and walk, and so chasing him up. But, I mean, for sure, verbal. That's for sure. If he's in very close, because they're sitting together, it happens that, you know, having lunch or something, of course it can be also physical. Just a punch or something, so we have to be prompt there, to stop the things and keep them separated. So that would be something that is a huge challenge of course because, what do we do? We are in a home. The lounge is only one and it's not fair removing one person or another, so we have to, kind of, distract the person, you know, all of these...

RE So what do you do?

ST Well, we do. We do distract the person. You know, we kind of, oh, hello, how are you? And another carer does the same with the other, so eventually we create little bits of, you know, how do you say? The...

RE Time out.

ST Yes.

RE Or safety [overtalking].

ST All kinds of... and, obviously it has to be done in a way that... it can be verbal, in a sense, okay, prompting, just stop it, because, of course, the people don't understand, not necessarily, what you are talking about. So it has to be more, yes, of course, verbal and accompany the thing, you're okay, it's going to be fine, and then you take them away politely, you know, and change things somewhere else, so we... That's what we do.

RE Yes.

ST That's what we can do.

00:05:57

RE Yes.

ST And then leave that cool period, you know. That, kind of, lasts ten minutes and then again we can start again with our tasks.

RE Yes.

ST Yes.

RE And what else have you...? What doesn't work?

ST What do you mean? Sorry.

RE What doesn't help? What makes things worse when someone's very agitated?

00:06:14

ST Well in our case, I mean, sometimes, I mean, no matter what, you say, okay, you can't, you know, distract, or try, some of the time it just doesn't work. So, what is in our thing, is just leaving the person. We cannot, because we cannot do anything. If it doesn't stop we can only take things up to a, you know, not good place to be, you know, for the person. You know, he gets more agitated. So, sometimes it's good to step back.

RE And what...?

ST That's the general rule.

RE With that, with that guy that you're talking about...

ST Yes.

RE Who I think I just saw, what do you think might cause them...?

ST No, it's not the one that is going...

RE Oh, is it not that one? Okay.

ST No.

RE But what, the one you're talking about, what...? The guy you're talking about, what do you think causes them to be agitated in that way?

00:07:02

ST I think it's just a... for them, for person who have dementia, of course, in this case it's very severe, okay? So they do not register things. They just receive very basic stimuli from the outside world, and if they don't like these stimuli, such as a scream, or a changing of lights, or a changing of position, or anything, they just, kind of, create turbulence, you know, in their status. So, okay, I'm here, I'm fine, in my own world. If anything, kind of, disrupts anything, of course, I'm going to either scream, or kick, or if I'm in a good mood, I can react, maybe laughing for no reason. That is also a reaction. You know, it doesn't necessarily have to be only abusive side. I mean, it can be also positive. You know, they can start laughing and they can never stop. I mean, he, in this case, he can also do these little voices. You just do a [Donald Duck Voice] you know, this then he likes to do, you know, when he's in a good mood. But still it's not, you know, the ideal. Then, the second after, boom, there is a... the changing of circumstances because someone on a wheelchair is screaming and he's, you know, shut up, oh, shut up, or, I say shut up. And you say it's all right. It's okay. It's fine. Shut up I say, shut up. He doesn't listen at all.

RE It's a good...

ST You know, he just doesn't, you know, and so at that point we have to...

RE Mm-hmm.

00:08:33

ST Usually, and fortunately, they are not episodes that last, you know, for all day. I mean, it can be, but with obvious, you know, pauses, you know, so.

RE And do you think, at some points, it's that, you know, he's communicating something in his world.

ST Of course he does. He needs, he needs things. He just doesn't want to, you know, to... he doesn't like loud voices, for example. You know, anything... the kind

of... the screaming for example, he doesn't. And the way he reacts is in exactly the same way, you know, it's pretty much the same. He doesn't like episodes of seeing a person wandering around three times in front of his.

RE Yes.

ST Yes... of him, constantly. He said, okay, once is fine, the second time, the third is, you go away. What are you doing there? You know, this type of thing.

RE Yes. Too much.

ST You know, it's just okay once, twice and then boom. They just go.

00:09:35

RE And you've mentioned a couple of things.

ST Yes.

RE But what, as a group of staff, kind of, what do you do to manage it? What do you...? How do you, sort of, support him really?

ST Well, supporting is just doing throughout the day. I think it's not just a... we don't intervene, only when it's necessary. I mean, I personally sit myself next to him and have a laugh and talk to him, regardless, because I think that... but then, you sit with every resident, not just with him in particular. You know, he or she has not to be necessarily aggressive for me to, kind of, bond in a way of... because that makes you more confident, first of everything, when you have to do something. Then it's not a new situation. And, also, it makes... well it gives their hope, put it that way, from our point of view, that the person can learn, slowly, slowly, to, you know, be confident and familiar with us and with our words, with our voice. If it's either for prompting, okay, come down, and just recognises us. Our hope is that, you know, it's a, you know, that he's okay. I will, and I know, without saying anything, it just calms down.

00:10:46

RE So are... so something about spending time with people...

ST Yes, I mean...

RE When they're not really, kind of, aggressive. You, know when they're not...

ST No, because I mean, as I said before, when they are really in that state... at that stage there is very little you can do with some of them. With some others it's fine. You just... you take his... eh? The person screaming now at the moment.

RE Yes.

ST You just take his hand. You... what I would do if I was working on the floor is, you know, okay, G let's go and say hello to another resident, for example. He'll

say, okay, and he follow us here, all right? And so a cup of tea, the magic cup of tea always works.

RE Yes.

ST Well, you know, these things. Or going in a room and I usually turn on the scent, you know, that is the mist...

RE Those things.

ST Yes, you know, the essential oil diffuser, he likes that. So I know that he likes that, and when he says that he likes that I try to, you know, do these things. But, yes, again, with others, as I said. With him, yes, it's pretty much, you know, knowing...

00:11:47

RE And who's...?

ST I try to do the same.

RE So what about things like activities and, you know, how does that...?

ST Well there is the... well our whole thing is to entertain, always. I mean, I can have a dance sometimes. Last time there was the radio on, I will say, you dance? You know, he was in a good mood, and he was doing a little bit like that, so if I have to stick with that resident, yes? Because you told me to stick to that thing. So, I mean, that for me means, okay, now you're in a good mood, now we're going to have fun. So, maybe you're not going to get upset as you usually do, in about an hour when lunch is served. I hope that, so I'm, you know. And so, but then there is also the staff that... these people in the red shirt.

00:12:38

RE The activities...

ST The activities co-ordinators, yes. And they try to, you know, involve people in the thing. I mean, of course, I mean, you should ask them, what do you do with these people?

RE Yes.

ST I don't personally, you know, see that there is a lot of, you know. There are certain residents who, of course, are participating with the activities, you know, and it's normally... it's always them, you know, in the circle, because they're more or less responsive. But people who are really not, kind of, following, they don't have logic thinking at all, or any way, as I said, you can move the chair, otherwise it's the trigger, you know, so what do you do? And so, in that sense, in terms of keeping them, we try but, I mean, I haven't seen, you know, a lot, so in a

RE Because I was going to say, you know, those...

ST From...

RE Activity... you know, there's set activities that are done.

ST Yes.

RE And some people...

ST Are always [overtalking].

RE Will always join in and some people always won't.

00:13:40

ST I don't feel, in my opinion, that the thing should be that way. I mean, but on the other hand, I understand that, of course, that person, the very challenging one, should have a specific person who is there to entertain the person, to distract with activity, but also, it's a very highly specialised job in my opinion, okay?

RE Yes.

ST So it has to be slightly different from the general job that these activity co-ordinators do at the moment, you know. In our home it's very specific. It's more sensory, for example. It's more on a one-to-one basis. And I, and other carers, I would say the majority of us, we always supply our own things. You know, for example, he likes to read the papers with the pictures in there, and he describes the things around the wall. So sometimes, even if he doesn't mention that, I take a magazine. I will put it in front of him because I know that there are pictures, and he looks that, oh it does that. And then again, he points at other pictures that he sees around the walls, so he connects. That's my way of interacting, in a way. And yes, fine, in his own way, he doesn't have to play bingo to have fun, but to have a little bit of, you know, kind of, a nice day, put it that way, different from the previous, there are enormous things to do, you know. Sometimes I play the Mickey Mouse with him, you know, and that's his way. And so I, kind of, act sympathetically. That's my way of, you know.

RE Well it sounds like you're trying to work out what it is that individually he needs, or he wants.

00:15:26

ST Of course I try. That's the... that's, you know, that's the thing. Sometimes, you know, for example, he likes the... well, he always keeps saying that one day he's going to go home, for example. So, you know, it's sad in a way, but there is a pattern in which, you know, you observe. Going home is the yellow area, zone, like the traffic lights. The green is fine, good mood. The yellow, you have to be careful. When he starts saying, home, he could either turn into laughing, or it can be boom, the stress, you know. So, I mean, of course, I have to observe the patterns and, you know,

act accordingly. And if I, for example, I see that there is a certain way, the person is going down that road, you know, being very stressed, I make myself sure the other residents that could possibly trigger his behaviour, disruptive behaviour, are going to be somewhere else. You know, so I take people like...

RE Yes.

ST Yes, that you are hearing at the moment outside, screaming, and I take them...

RE It sounds like singing to me. Is he not singing?

ST It is singing.

RE Oh, right.

ST It is praying actually.

00:16:38

RE Ah, well there you go, it's nice.

ST Yes, it is praying. And that's it. And I take it elsewhere. Outside, in the garden for a walk if I, you know, or anything. So I prevent, because once it's done, I'm afraid that it is up to an extent, as I said before, what you do.

RE It's about what you can prevent happening before it happens.

ST Prevention, I think is the most thing. I mean, in my young age, God, I was doing... working with children. And I know there was a fundamental rule. You lose control and the first time you'd lost, and no matter what you do after. So it has to be that time that you just really don't know what to do. There we go, you've lost it. You have lost it. It is better if you back off at that point. You know what I mean, okay, it has happened a little bit, yes? You say that, but prevention, I think, is the key.

00:17:28

RE And so does this...? So, for example, this man that's praying...

ST Oh, yes.

RE Is that something which helps him to calm down, do you...? I mean is that something that...?

ST No.

RE Or is that a sign of his...? You know.

ST No, for me something, of course, you cannot say, stop doing that. You could never dare to do that.

RE Yes.

ST But, I mean, he is... in his mind, it's something that he has to do at some point during the day. Normally, at this time in the afternoon, maybe sundowning, maybe it could be something happens in the body clock. You know, maybe in his young age it was used to pray at this time, I don't know, and that's it, they register that in their mind. And of course, because what do we do? Do we pray with him? Sometimes, you know, I do. He says xxx and I said as well, xxx and he likes to kiss your hand, so I give him a hug, because that's what he wants. He just looked, you know, to come to you, so, I mean, you just act as he wants. And of course I can't pray with him, can I?

00:18:32

RE No.

ST I mean I cannot really sit with him and doing that thing. I can always... what would you do? He would never stop when he is in this mood. He doesn't. I know that he can slightly come down if you don't ignore him, because, you know. That's not that carers ignore anybody in this care home. I mean, that's not what I have seen. We are very, you know, good.

RE Very caring.

ST Yes.

RE I cannot say the... I know because I'm doing a, you know, I have to say that, if... I am that type of person that if something is wrong, I say. I don't care. I've already done it in the past. I would do it again. No, we are good, but, I mean, what can...? It's not ignoring but, I mean it... that's a limitation in an institution, in a home. I mean, we cannot basically... I mean how many residents are there? 35? Even if they are not so challenging or whatever, everybody's challenging in his own, you know? With how you conceive a person challenging. We should get a carer for each one of them, all right? That is not the reality, unfortunately. That's a really... because that puts stress on us, a huge amount of stress.

00:19:55

RE Yes.

ST I mean, of course, I can tell you how his behaviour, xxx, the man who is praying, could improve. Be with him. Be with him all the time. He was, before, on a one-to-one, and he would never do that, experiencing these episodes of restlessness.

RE So you know that, kind of, actually, being with someone one-to-one...

ST If you stay with him, of course, you...

RE But some people, walking... you know, leaving them for a few minutes and coming back...

ST Yes.

RE That that's different from...

ST That's different. Those are mostly the people that, you know, they normally stay in their place. They have some other, kind of, condition, with them, you know. But, like him, for example, everybody's different besides, I mean, so. I would say, yes, for people that are on their legs, what is it? The first... well, what I noticed, when I was first employed in this home, I thought, God, these people have to walk around all day long. And it's not like us. I can open the door. I can have a walk outside. It's not for them. They are always going, either in this left corridor, or to the far end of the right one, or in the lounge, or in the dining area. That's it. Finished. Out the room.

00:21:07

RE So, do you think there's something about the environment...?

ST Of course there is.

RE Which can make agitation better or worse?

ST Of course. Of course. Of course. They are... well, in some cases, make it better, because if they were in their own place they would have been worse off, of course. But, I mean, the good thing of the care home is that a lot of people can look after you when it's required, and there is the nurse prompting the medication and this and that and that. In terms of, is it the ideal condition? No, in my opinion it's not. The ideal condition is staying in your own place, in your home with your family, looking at your picture. Call me xxx. Call me the big family fan, or whatever, but I think the ideal situation – and I'm not discovering here the anger, you know – it's, of course, being in your place. Yes, of course. If you are with the person, though, one-to-one, then you can really observe and stay with him. Now, in particular for this guy, xxx, I can see, because when I was employed he was on a one-to-one, and he wasn't like that, not at all. He was not that bad. The guy that he was next to him, he was doing this with him...

00:22:18

RE What do you think that having someone with him all the time gives him? I mean, what, you know?

ST Attention.

RE Yes.

ST He wants attention. Because he...

RE Attention.

ST Attention. It means that you are... If you said, mishmallah and his... with his hand up in the air, and he's praying God, whatever. He is also asking for someone, but you can't go off with him. He believes the same as him, or he tries to, you know. Of course, if you see someone that is passing you by, and you say mishmallah and nobody cares. He says, in his mind, he says, why are you doing this? And so he cries. He starts going, ah, you know. And then you go to him, and you give him a hug, and immediately he's sedated, for example. Then, of course, you leave, or you stay five minutes, then you go, and then again, 50 minutes and it starts again. So you go again to him. Of course, you keep going there. You see what I'm saying? I mean, in between things, you create little bit of, you know... Put it that way.

00:23:00

RE Break. Yes.

ST You can never be... That's what I...

RE And what...?

ST Sorry, am I being clear, or?

RE Yes, very clear.

ST Or sometimes, you know, it's a [overtalking], no, really you're rubbish.

RE It makes a lot of sense to me.

ST Right. Okay.

00:23:33

RE And when you think about managing agitation and things, is it something that's always managed within the, within the home, or do sometimes other professionals get involved?

ST Well, if, God, I mean, if there is a worsening in the episodes of, of course, aggression, things have to be documented first of everything and, in case, yes, the plan has to be revised. You know, it can be, why is he going that way? Is he, okay, deteriorating? Fine, that's a little bit general. In which way is he deteriorating? Is it because he needs... because med, or medication that he's taking, perhaps? They're making him, in a certain way, or he needs...? I don't know what it can be. But of course, there are professionals. They try... we try to call the social worker, but you know, guess what, hallelujah, social worker is not God. He can sit with you and with the residents and think. But if there is no logical thinking in there, the social worker can up to an extent but... I mean, what can, what can she do? She can always advise, perhaps. Okay, maybe the idea now is to go back to the one-to-one if we knew that, you know, there was improvement. If there is not, I don't know.

RE Gosh, and so, you know...

ST Is there... are you concerned?

RE No.

ST I can see your face.

RE I'm thinking hard.

ST Oh right. Okay.

RE I'm thinking.

ST Cool.

RE Yes. I'm always thinking.

ST Of course you are.

RE About, I suppose, what is the challenge really? You know, as you say, it's an institution. There's limited staff. There's limited time.

00:25:29

ST Listen, we are... try to improve a lot. I mean, since I've been here things have been going up and up. Always CQ, CQC, you know, they've been coming here. They were very happy, I mean, the recording. They're taking a lot of people and the first question is, what is compassion? How do you...? That's the first thing because at the end of the day...

RE Is that the first thing that they ask?

ST Yes. They ask if you are compassionate person. Well, of course...

RE Yes. No, I mean it should be the first thing that they ask.

ST If you don't... if you don't act one, immediately after, there is abuse.

00:26:01

RE Yes.

ST Even if you don't realise you are abusing. If you haven't got that sense of, you know, common belonging, you know, in a sense. I mean, I personally, when I come here say, what helps me to go through the challenges? And I think, okay, they're human beings like me in 20 years time, okay? That helps a lot because we're all there one day. That's only sure I have of know what's going to happen and, you know, when you naturally feel that you are helping someone with no effort, even if it's on a routine basis, so you risk sometimes to go, God, I can't do this, you know, not today. We are human beings, but in the end there is always there, the batteries that never run down flat.

RE Because I was going to say, you know, what are the...? What makes it easier for you to do your job? What gets you through the day?

ST It's perhaps one cup of tea when we cannot really cope with it, and so it's always said. And that is very observed in this place. I would say they are very good at that?

00:27:06

RE At what? Having a...

ST Well, if you need a cup of tea and you ask, the first rule is, when you feel, kind of, oh my God, I can't do this. I'm too stressed or I'm having this, kind of, challenging situation, what do you do? Sometimes you feel it in the stomach. What do you do? You count ten. Doesn't work. Back off and go for a cup of tea. It's there, because otherwise it can be dangerous for everything. So, they're good at that. When you say, I need a cup of tea. Bless you.

RE Thank you.

ST You go for your cup of tea. And what else gives us hope through the day? Sometimes something that I cannot tell, I can tell... speak for myself. I love my job, very much, and there is no explanation for that. You either have that or not. I could have done retail. I've done it and I left it for a reason. I cannot answer for other people. I go through the day because I feel sorry for these people, simply... simple as that. I... when they cry or when they scream, even when they are just a... [unclear] that must not be a nice place to be, and I want to instinctively make it better. I try, at least. Say, look, let me do something. At the end of the day I open the door and I close it when I need. You know, about what, five hours time? I'm going to be home watching telly. They are not. They're not guaranteed to be in their own place. They don't have choice of doing, you know, things, and that must be horrible. Even if they've got dementia it must be horrible. If they've got a little of realisation, it must be horrible, you know, I think, in my opinion. I can read it in their eyes.

00:28:48

Even that person I was talking about before. There is no logical thinking. There is nothing you can say, where is it coming from? But when there is a personal care time, changing the pad, for example, you know what he said? He said, every bloody time, every bloody time. Now, there must be a reason for that. What is the trigger? We're doing something. We're changing the pad. He knows what he's going through, you know. Then he forgets. Then... so he kicks. Then he spits, and then he laughs the minute after. But meanwhile he says, every bleeding time. Well, because in that time he knows we remember. He's in his... in a horizontal position, someone is trying to change his pad and he doesn't like that, because he doesn't like to be touched behind, for example, because he feels embarrassed. He would never realise how to express the embarrassment. He would kick and spit, but in his mind he's telling you, every bloody time. You know, he doesn't want that. That's the thing, you know.

RE And it sounds like you... you know, there's something about loving your job and...

ST Yes, very much.

RE Kind of, the compassion that you have, and do you think that's something that you can, kind of, teach people to have that, kind of, compassion, or do you think...?

00:30:05

ST No, compassion is something that you either have or it's never been taught in school. If you don't have it, you don't have it. You can have, you know. No, I don't think you can. You can try to make people more close to scenarios, say, for example, you know. Kind of, oh, I tell you something, this is the story, see, the dynamic of the behaviour, how it changes. But to say, I'm telling you this because I think you should improve your way of being compassionate with people, I don't think it's going to work. Compassion is not taught in school, I'm afraid.

RE All right. And what is it about...? Is there anything about the residents, or the... I mean, you've mentioned about how you feel about the residents.

ST Yes.

RE What about their families and the relatives? Is there anything about them that can make it either easier or harder to manage when people are agitated?

ST Okay. When...? Oh, you mean ask for advice to them or...?

RE Anything, so that, you know, if you think about the families, their being here or not, you know, is there anything that...?

ST I think the family...

RE Kind of makes it...?

00:31:17

ST A little better? I mean...

RE Yes.

ST I like... I tell you what I do. I tell you what I like. I like to, of course, talk with the family when they're here, and never in a separate occasion. Sorry, never in a separate, from the resident as well. That's the only time I like to talk to the family. Unless they have to tell me, xxx, I've got here a few clothes. Please could you send them downstairs because we have to label it? Fine, in that case, I can speak to them as well. There's no need for me. But only thing, because you're talking about challenging... but also in general, not on... I never put it on a negative. You have to be careful with the families because if you want to discuss about the resident being

agitated, then the family, most of the... most of the times, they will say, why? What have you done to prevent that? Why, what did you do? Why was he agitated? Why?

00:32:13

You know, they see the only negative, but only because they're concerned, not because they want to be necessarily nasty with us, although some of them are very ungrateful, I believe, and unreasonable sometimes, you know, when they're saying. I can understand the reason, but some people, you know, you can see a couple of them. They just come here because they want to be picking on everything, just because they have to... because they have to, perhaps, answer to their sense of guilt of having one of their relatives in the home. They put him in the home because they couldn't cope. They feel guilty and so they show you that they care. They want to show you that they care. That is not too harsh, you know what I mean. Psychologically speaking, is if you feel [unclear]. I once had one member of the family who said I care about my family, you know, and I said, I know you do. Why are you telling me this? I didn't ask it. And in my mind then I thought are you asking for confirmation or? So, to be... to go back to the question you asked me before, yes, I do like to interact with family. I think it's key, but only in a positive way, and never...

R I was thinking... because...

ST Yes.

RE I've spoken to lots of staff...

ST Sure.

RE And actually not just here, in lots of places.

00:33:36

ST Yes, course.

RE They... it strikes me as a very difficult thing, the... you know, knowing how to talk to the families, because it's a very sensitive... you know.

ST I think it's a... for me, and then I get to speak with... I am friends with – because I wanted to be – friends with the family of three residents, who are in here, they weren't no friend of mine in the beginning. Friend, I don't mean that I go out with them, you know, but...

RE No, but you...

ST But, in a way that I don't have to, kind of, approach them in a professional, okay Madam, how can I do...? But it doesn't help, not necessarily so, always. You want to be more, kind of, get you a home. This is a home for your father. This is a place and it is a family or, you know, even for you, because even then they need support. You know what happened when I brought outside... when I went outside with a resident to have a drink, when [unclear] Friday. It happens [?]. I met the

family of the resident who was having fish and chips with him in the pub, in the corner. We had a conversation. I was talking about the father, I'm his key worker by the way, and all of a sudden she burst into tears. You know, because she was opening herself to say that she couldn't cope with the fact that the father was going so down the route and that she had to put him in a home, and she couldn't help him because she had a breakdown, a nervous breakdown. And in the end, she came... you know, I gave them comfort, so I was a carer of her.

00:35:09

But, you know, if I'm a carer, I'm a carer. I don't care who I care for. That's my thing. You know, I care, I'm very open to things, so in the end that's my thing, and she became my friend. I mean, she gave me a hug. I didn't need a hug because I wouldn't, you know, I'm wearing the uniform, she wears normal clothes, you understand? So I'm still on this side, okay, friend with her. She came to me. She gave me a hug. Of course I responded, you know, because she needed that. So that's the way when you can... where you can actually put the piece, the pieces together about the residents and the things. Also, if you have to talk about the challenging behaviour, you never approach the family to say, your father has a got a challenging behaviour. You know, you know so? Well do something about it. What are you asking me for? You giving me more stress? You know, and, don't give me that; give me solutions. You know, but when... when you become more, kind of, more you bond to the resident, you shave them nicely.

You know, you [unclear] it nicely okay. You talk through the family. I've done this. I've done that. You know, your father did this, or your mother did that, and he was very good two days ago. So they start... that's for me, the interaction that you have with the family, to talk about their relatives when they're not around them, so they know what's going on, and they know that you are caring. They don't have to ask you. They don't have to understand what's going on with the relative in the home, when they come to visit him or her, but they just listen at you as well, saying he's done this two days ago, three days ago, so they can build up something. Even if they're not there, they know that they're going along. I don't know if you...?

00:36:55

RE No, I know what you mean. Yes.

ST Yes. So that's in my way and it helps. That helps, it makes it more dynamic and, you know, it's a... it makes it easier. Yes, that is one of the... that's one of the things that makes this job...

RE Easier

ST Yes, for me. For my point of view.

RE And is there anything that makes it harder? Maybe anything about the management or the organisation of the place, or anything like that?

ST What do we have to go through now? I mean, you know what it is. I mean it can be any...

RE You have to say it though, because otherwise I can't.

ST No. It's a... No, you know what he says, no. I mean, we're talking of course.

RE Yes.

ST But, how can I put it this way? I mean, how can it be done? There is always room for improvement, I believe, but, as I said before, it's just a space. It's just the idea, is the concept. I mean, thank God there are places like this, I mean otherwise...

00:38:00

RE Yes.

ST But on the other hand, of course there are limitations, what make it worse. Shortage of staff. People calling in sick without notice. I'm afraid, but that goes...

RE But that's really important because...

ST You know, that goes...

RE You know, we need to know those things in order to, kind of...

ST Yes, that goes, unfortunately there is, and we cannot do anything. I mean, xxx, you know, the people, they're lovely people. They're wonderful. They try to do their best. I mean, xxx gave me the interview. He took me on board. I mean, he's a lovely man. He's very devoted to what he does. He knows the [unclear] or whatever, also the nurses and staff, so, I mean, when someone calls sick, what do you do? I mean, you cannot really make things up, I mean, you know, with a magic wand. You can, you can only... that's the first problem that we have, is two people, and so, of course, there is shortage of staff and so we're running double time. That makes difficult for a start.

00:38:56

RE Yes, and is there anything else that is a barrier to, kind of, managing agitation, or, kind of, just this place generally?

ST Yes, I was just saying, I mean, a shortage of staffing means we can dedicate less time so there is more agitation and less time to manage it, yes.

RE Can you just tell me... So...

ST Yes, go on.

RE So with that, is it that you have less time to...?

ST But of course.

RE Spend one-to-one with people or...?

ST Of course.

RE Prevent, yes.

ST Of course. If I have to do normally, a job that covers three carers, when one person is sick I have to look about six, and that's mathematics. You've got a little bit, of half the time.

RE Twice the [unclear].

00:39:38

ST Yes, pretty much. Now, of course, we try to help each other but, you know, up to an extent. I mean, it's not always the case, come on. They're not always, but when they do... Or challenging behaviour, so it's a majority of female staff compared to male staff, so that means that the very challenging one, the female carer feels more intimidated. So if they are all females, I mean of course then, oh my God, you know, things are not done as if there were two men around for example. There's another thing, and that is there's unfortunately a majority of female carers compared to male carers.

RE Okay. Because I've interviewed four men today, and one woman, so.

ST Oh, yes, today we've got all men.

RE Yes.

ST In fact I'm obsolete, so they make me sit in with the ones who are...

RE But that's what... I was thinking that's... I was thinking it was unusual. Is that..? Is this unusual today then?

00:40:27

ST No, I mean, normally, I mean, it's always, yes, during the day, I mean, you know, it's just one male. Couple of males is the ideal, of course. There are days in which, and even nights, when they are all females. Tell me about it. The residents we were talking about before, really, really. They do, but they're sweating. You know, they sweat and, you know, it's very hard. It's hard for us, so I understand, you know. But...

RE I was just... because that's what I wanted to ask you about next, is about what impact does the residents' agitated behaviour have upon staff?

ST What's, sorry?

RE So, what impact does it have? How does it affect the staff when residents are very agitated?

ST Oh, God, we are more tired in the end because there are tasks that we have to do. Of course, everybody has... we're not forcing anybody, but for us even prompting is an effort, because prompting, it results in a spit, in a kick and in a punch, and verbal abuse, so, those four things. Of course, we don't take things for personal, but sometimes they hit us, you know, physically. We can be, you know...

00:41:36

RE Yes.

ST Sometimes we don't. We can't. Yes, so impact, in a sense, that we are more tired, of course. We are... some of the carers are more fearful. They don't want to go to the resident.

RE Do you see that happening?

ST Yes.

RE That people are scared to...?

ST Yes, all the time. All the time. They are scared. It doesn't mean they don't do it, but, you know what I mean? While you're doing things, you're not doing with all the openness and things, you do it with an oohf.

RE Because I was going to say, and what... what effect does that have on how people then feel about their job?

ST Tired, a little bit of moaning around, you know. They say, oh, if there was more support it would be better. I feel left alone.

00:42:20

RE Yes.

ST Those are the comments, you know, they make. How unfortunate, you know, that's the... that's the thing, and more tiredness, more... There is tolerance but sometimes there is, of course, the time, that you cannot do it anymore. You feel really the bearing of, God, that's too much to do.

RE Do you see people getting very stressed?

ST Yes.

RE Yes.

ST Yes, all the time. Unfortunately all the time. This is the nature of the job. The majority of them, again, the cool down period, you know, they have these things.

They try to do things, you know. A little bit of chit chat. There is a break in between. You know, there is the lunch time. Then it's not always 24 hours a day challenge. You know, it's a... we have to be honest, you know. There are also times in which things are quiet. It's nice and they're all laughing and joking and playing with the residents and, you know, there is... there are also times though, that there is... it seems that it all happens in a set...

00:43:27

RE [Overtalking].

ST In a... at the same time and, guess what? When it does happen, it's either shortage of staff or there's... it is... things never happen in the better situation. You know, just like my day off. It's tomorrow. It's going to piss down, pissing down all day. When I'm in work there is the sun shining out. Typical isn't it?

RE Yes.

ST But...

RE And what about...? Because it... you know, how does it affect you when, you know, when things are difficult? If, you know, this very difficult resident [overtalking] ?

ST When I observe, or...?

RE Well, just when you're trying to care for...

00:44:01

ST Yes, of course, yes.

RE You know, the people we've talked about. What effect does it have on you?

ST Well, the effect is... I try to understand if that, first of all, thing can possibly put in danger the residents for any reason, because it either results in snapping or neglecting, for example, or not being aware of something that you would normally be aware of, because you observe in your time and you're relaxed. When you are nervous and you are stressed out, I'm afraid that some things that you should notice pass unobserved. That's a risk. So, that's what I would personally do. Observe what the extent of the stress is. And if the case, yes, on a few occasion I have a word. Some other occasion, not on this floor, on another floor, I was very, kind of, strict in... because I'm that kind of person, okay. I said, if you don't feel that you are in the right place just change job, you know what I mean? This is not the job for you. Nobody's going to blame you for that, you know. But there are plenty of jobs there, where you can easily manage things in a different way. You can also slam the door behind you. Nobody's going to care. If you slam the door behind you, you're likely to abuse or create a chain of reactions, or things that could possibly result in situations, they are not ideal. You know, if you want to be carers, and for the benefit of the residents, it wouldn't be good.

RE It has that effect.

ST Yes.

RE And so, when it is difficult, how do you get support here? Or do you get support?

00:45:53

ST Oh, do I get support? No, sometimes no, sometimes yes. No, when I realise that... it only happened a few times, but when the stress and the level is really high, so it would not be the case for me to go immediately. I can do it after.

RE Yes.

ST So I would do anything to make things better and then, okay, this happened. This shouldn't happen. I think, what do you suggest? Put it that way. Yes, so, in most of the cases I would wait for the right time. So the support will always come. Will always come.

RE It does come.

ST Yes. It does come. I have to say they are very good in that. I have to say. Some of the time it doesn't because... how can it's...? Can it be put that...? It's just when you face something that it's not possible to do anything about it.

RE Yes.

ST We were talking about the institution, weren't we?

00:47:01

RE Yes.

ST It's not wrong, but it's just because of the institution. There is the pro and the cons that come with it, and those cons cannot really be improved unless you knock all the... everything down and then you rebuild it from scratch, starting from the law. It's not about regulation within the xx nursing home, it's about the general regulation of things. So, things have to be changed very higher up and up. Yes?

RE Yes.

ST So, when those situations rise, you know, do I have to be sincere with you? When someone comes and I say, there is no more one-to-one, for example, for a resident, or whatever, you, because there is every... I don't want to say it was the reason, all right? You're damaging something or somebody. You're putting stress, you're doing... you're spreading the triggers for aggressive behaviours, okay, instead of containing them. You have to think about, not the residents that you cannot pay to be a one-to-one any more, but you have to think about the other 20 residents. They

are around and they get stressed because of that. So when it does not happen, of course, you face something. All right, what do I do? What's the support that I can have? Hallelujah. It was the support. Shall I scream and punch the floor, or everything? I mean, you can't do that a lot, can you? I mean, the...

00:48:25

RE And so is that what maybe would stop you from getting... going to someone, talking about it, because you don't think anything can be done?

ST No, what I do, I do the best and I do work double and three times more, but that's saying, in the meantime to listen, things are going wrong in here, because this and that. And I've heard people say, we understand. I know that. We know that.

RE And when people say, we understand, does that...

ST Yes, it means we can try to just please, try to bear with us, or something. I mean, don't forget the reason why we are here. That's why they ask you about compassion, in the end. Because they know that in times... when it comes to this, that's when you have to rely on compassion. He said okay, I'm working with you really. I'm really the extreme but, in the end, if I don't do it, they're going to pay for that, and it's unfair. Simple as that. So, you take the strength from where you haven't got it. That the secret of this job. That's why this job is a very... vocational.

RE Yes, okay. And what about training? We've not really talked about that.

ST Yes. Fantastic. I'm very happy with that.

RE Do you get good training here?

ST Yes.

00:49:33

RE What training have you had to help you manage agitation?

ST Well, I mean... well, managing aggressive behaviour.

RE Yes.

ST It's good and important. I mean...

RE Yes, and was that good training?

ST Yes.

RE Yes.

ST It is a very good one. Of course each and every single training, remember that, they are based on a general knowledge of. Knowing that the Mental Capacity Act, dah de dah de dah. That something written on paper is there. Then, it's not customised for the place that you are. So there are things that they are very good, because they give you knowledge and it's fantastic, invaluable, general knowledge, at least, to protect yourself from what not to do, and what is not right, and what is right. In some cases, they obviously don't go in the specific for the place where you are working, of course, you know. So, this is what you do, managing the challenge, and behaviour is this, so you never force people. You can't, can you? But if you don't... if you follow that rule, nobody's changed. Everybody is with a number two stuck in their pad forever, and that's a matter of fact I can tell in front of everybody. We don't force, because we don't. We persuade, that's why. It takes us perhaps more than is required, but in the end we have to do it, one way or another. So, you know, we're talking about, oh, if the person says no, you don't change the pad. They would be with three months' poo stuck in the... in the pad. That's not realistic, is it?

00:51:11

RE Yes, so they're not showing an understanding of the context that you're in and the fact that you can't just leave someone...

ST Well, yes, I mean, sometimes they're, oh guys, I mean, if you do this and that, you know, there's safeguarding. Okay, of course, do we want to be specific? Safeguarding is both ways. It's not only when the carer could possibly, or potentially abuse the resident, it's also when the resident abuses us.

RE Yes.

ST We are always abused, 24 hours a day.

RE Yes.

ST So, when they say both ways, safeguarding and that, that's in theory. Practically, we receive all the abuse, you know, and we only have to look after one... the thing. That's only from our perspective of course. I mean, considering then they are vulnerable, it's fine. I can take the abuse. I don't mind. I don't care. In the end I have to do it, my dear, because otherwise I can't work tomorrow.

00:52:07

RE No.

ST If I'm not... if I don't accept to be abused by... because someone say, fuck you, you cunt, sorry. You know, because that's the... what literally say if they want to be not physically aggressive as well. I don't work if I can't accept that, because it's a constant thing. Even nice people, when they don't want to do something, they just tell you off, and they do it in all ways, so, I mean...

RE But do you feel that you get...? That people like managers, or people around you, kind of, do they acknowledge that it's...?

ST Yes.

RE Really horrible that you get abused.

ST God.

RE Yes.

ST It's not... they know, in fact, when we just talk about, they don't say anything, I have to say. They don't blame us. They don't say, guys, don't talk that way, or do your job, or because in some places it's...

00:53:00

RE But that's what... Yes, in some...

ST No. They don't do that, otherwise they... someone tried to do that, and the, and the carers were not happy, and they showed that, and they reported it. So, I mean, don't worry. I mean, bad attitude is reported in this place and that's the very good thing. At least, in this sense, we are safe, you know, we are, in this way. We know there is little to do in some instances and we only have to save energy for those moments where we haven't the ideal situation to act in an ideal manner. So, when we are not that busy, when everything is running smoothly, and it happens, come on, it happens often as well. We cannot say every day is a nightmare, is a hell. It's not the way. So, we have to save energy. We have to motivate ourselves when we are happy, and when we are relaxed, because there are plenty... there is plenty of time to do that. For those moments, that day that comes when we are really, kind of, my God, guys, this is... this is the wrong day. So we take all the energy that we have stored and we deal with that, you know.

00:54:10

RE Yes, and so, if you were to... if you think about training or support, or whatever, what do you think would help? What, you know, what would make a difference? What would you like more of?

ST In terms of training, you say?

RE In relation to managing agitation and challenging behaviour.

ST I would like to have training on the floor.

RE Yes.

ST There was something that is... I never dared to ask, because it's very hard for them to deal with, you know, but I would love, when you say prevention of falling, the trainer to train us on the floor with the resident. It's not, kind of, okay, xxx, come

here and have a seat, now we're going to... You are the residents, the other person is, sort of, play the scenario. The scenario is never the real situation, and it's very difficult to apply to the person specific.

RE Yes

ST Specifically. So, I would see, for example, challenging behaviour with a trainer, who'll tell us what to do when someone is screaming, kicking, punching and spitting, what to do. Talking about safeguarding when someone is in a certain situation, what do you do? You don't change the pad. Fine. Who's going to tell tomorrow that they've... Or what's going to happen if the residents develop a pressure sore because we are not cleaning properly, no matter the screaming, the punching. What do you do? Show us. He's here, he's screaming. Do it. I would like to see hands on training for real.

00:55:56

RE So it's having people here. Having people on the floor. I mean, you know, I don't know how practical that is, but...

ST Yes, but it's fantastic and I would say again, because they're very serious about it, least to let people know how it should be done. Then you can have the support about, how do I apply this on real life, when you ask a member of the senior staff, or a member of the management team, and it's... So, it's a little bit of a staged thing. It's easier doing that way than not to say, okay, next time, when we do, you know, challenging behaviour, we're going to do it on the floor.

RE And did you say something about it... doing it their staged way? So you might have support about how to put it into practice. I don't want to put words into your mouth.

00:56:52

ST Yes, no that's what I said exactly. So you have the theory, for example. That's very easy with a board, you know, just, kind of, being in a classroom with all of them looking at the boards, and looking at figures, and what it is, and asking, dah dah dah. And then to have something else that, kind of, takes place as a second stage, for example.

RE Yes, so you go off and...

ST How to apply what we said, A, B, C, or D. Most of the time, then it will be to us to say, okay, what I learned I will apply this way. And I will... nobody kind of give us...

RE And what helps you to feel...? What makes it easier or harder to put what you learn on training into practice? What, kind of...?

ST Well, first of all, think team work, because, of course, some of the tasks and some of the things has to be done, you know.

RE It's not just you, yes.

ST To be asking for an opinion doesn't harm anybody, and it makes it better when there is, of course, a person who can be responsible for, I don't know, say a mental nurse. A nurse that works in that field who can help you, rather better than a nurse that is not specific for that field. And on few occasions, yes, we can say... In some of the other occasions, we say, what do we do? That we don't have these kind of things, you know, because humour [?] leaves and what do I do? I don't know.

00:58:15

RE So being able to kind of...

ST Yes.

RE Put things into practice as a team but also have access to specialist support, or?

ST Yes, I think there will be always a hand, because at the moment I wouldn't say it's consistent. Even if I have to think about now, okay? I have to ask for something. I don't... I can't think of anybody because it's 5:30 and physiotherapy rehab team is gone. You know, so I can't ask, oh my God, I've got a resident. He has to walk with a rollator frame but he's having difficulties with the leg. Can you come upstairs and see... help me how to transfer him? You can do that. They're very open to help you.

RE Do you have physios in the building?

ST Yes.

RE Yes.

ST But no people approach them, anyway. So, I do, because I work with them. I wanted to work with them for over a month to gain experience. About manual handling, I do that. I thought that a good idea for me was having that training of prevention of falling and moving and handling, but also working with the physiotherapy team. Because I said, if I don't work with them every day, then I would never understand that side.

00:59:16

RE Why don't people approach them, do you think?

ST I don't know. They just don't. They just don't. Maybe they are only three, so even if they want to be found anywhere, they can't, in the building.

RE Yes, it's a big building.

ST It's xx and xxx and xxx. They work very hard, and when xxx was off I was working to cover her. And it was for that month, and there were three of us, and my God, four floors. And if somebody needs, from the ground floor, and they're going to

find you where? I mean, you have to move residents, hey, by the time you find him, when he comes to you, it's finished. So, I think that it would be more...

00:59:57

RE Do you think that having such a big care home in itself is...? Creates problems, or not? I mean...

ST No, I mean, it's not the size. It can be even smaller and can... with the same number of staff, and be not efficient as this one. It doesn't mean that. It's just that the way you manage. I think this one, it's not about being big, it's about being... having, perhaps, more interactive, as I say, way of putting into practice what it's been taught. It's been provided fully. I've never been in a place like this, where I was receiving such a compulsory training to do. I mean, at least now I can say, I learn a few things and I know that I know it very good. Wherever I go, I only have to be able to apply the thing.

RE But do you get...? I suppose, because it's... some places, they're really good at giving you lots of mandatory training, and doing all the training, but you don't necessarily get the support to put it into practice.

ST What I mean is, the support, yes, is not what it should be ideal, in my honest opinion. me, when I go home, I do my research, how to apply. I go home and I do reflective practice but I've been studying for 15 years holistic therapies, so for me reflective practice is, like... It's not an effort; it's a way of doing. It's my way. So I do and I... other carers, I cannot guarantee what they...

01:01:21

RE Yes. Do you think that...? Yes, because I was going to say, do you think there's that culture of people reflecting now, and talking about how they feel, and things here, or not, or...? Is it...?

ST How do they feel?

RE No, like that culture of reflective practice, or...

ST No, there is not, I don't think.

RE It's not...?

ST No, I haven't seen it in here, so...

RE So there... there isn't that kind of supervision or...?

ST Well, there is supervision, but it's general. We do it with the senior carers. They sit down and say, okay, I think this should be improved, and I think people should be more tempted... do this. Do this. Do that. But, yes, fine, thank you. But...

RE Okay.

ST I mean, we don't, you know, we do, yes, fine. How long...? We know that, yes.

01:01:57

RE Yes.

ST So, how do you...?

RE So, it's not a... it's not a, kind of, reflective supervision, its...

ST No, it's not. I mean, it's more for the appraisal, perhaps, but even in that case the appraisal is just asking you, what's your aspiration? What you do? What you've done well? What you're doing? What you need to improve? But, I mean, most of the case he will say, you're fine. I carry on doing the training, basically, but you cannot raise an issue, can you? Oh God, I really feel not confident because I believe you're giving us theory and not practical things. So I mean, he says, oh, really. So, I mean, no I believe there is no reflective practice in this place. But, because there is no self... there is compassion, whatever, you know, but there are also people who don't give a damn about this job, okay?

RE Yes.

ST They do it just because they have to do it. There are a lot of people like that as well, but there are also good ones. What I will say, I haven't seen it, no, but because it's not holistic is it? In theory, they say, we want to look at the holistic aspect of the care, and that is the brochure that says the xxx home is a beautiful place to be, blah blah. But it should be more holistic. I mean, I've done holistic, sorry, it's a slightly different thing. Holistic means that they are really ticking you, eh? You do the exam. You do the thing and your practical, and you demonstrate what you do, and you have to do hundred case studies before we can say you're qualified.

RE Yes.

01:03:18

ST All right? So, they say that, oh, say [?] the signs of whatever, but they are good at that. I think they make me good. In a sense I'm talking to you over [unclear] because of that. Because of that. I make, you know, but it's not for all of them, come on. 20 years of age, they've just left college, they come here...

RE No, yes absolutely, but...

ST So they haven't a clue about what it is. They're just having this because they have to have a role to university. They want to do this and that. But if they come with experience, maybe ten years time. I'm the dinosaur, yes?

RE Well, it's all about how you look at things, isn't it?

01:03:52

ST Yes.

RE So. Well, look, thank you. Is there anything else before we finish...?

ST No.

RE That you wanted to say?

ST No, absolutely not. I've been... it's, you know, it's been a pleasure to talk to you. Hopefully it was a...

01:04:02

RE It's been a pleasure listening to you and talking to you.