

002.002

Speaker key

IV Interviewer
IE Interviewee
UF Unidentified Female Speaker

IV Okay, that should be fine now. So, as you know, I'm a researcher from and I'm going to be conducting and recording this interview.

IE Yes.

IV Everything you say is confidential, but I'd like you to... can you just introduce yourself for the recording, so that the typist can, you know, identify you?

00:00:21

IE Okay. My name is xxx.

IV Okay, thank you. So, again, thank you for agreeing to take part in this research, and, actually, for all the support you've given for the other bits of the project. As I said, I'm interested in how people working in care homes think about and cope with agitation in residents. So, I suppose, we're talking about behaviours like restlessness, pacing and verbal and physical aggression or shouting, and we're asking you because we know it's something that you and your team manage a lot, and we want to make use of your expertise. So, I'm going to ask you about your experience of working with people with agitation, and about what works and what doesn't, and what makes it easier and what makes it harder. And we'll use... as I said, we'll use the information to develop an intervention. The interview is being recorded and, obviously, what you tell me will be anonymised for the purposes of the study, so you won't be identifiable and no-one you mention will be identifiable but, if you tell me anything that I'm concerned about, if I feel that someone is being harmed in some way, I'll ask your permission to disclose that information because, obviously, we can't keep a secret if we think someone's being harmed. If you feel you need to stop at any point, just tell me. Hopefully, it won't be distressing.

00:01:48

IE Okay. No.

IV So, just first of all, can you think of a resident, who you know well, who's been agitated? You don't need to tell me their name, but can you just tell me a bit about the person and describe their behaviour and what happened?

IE Personal experience... Well, I have a lot of experience with residents who are agitated or demonstrate aggressive behaviour. Well, nowadays they are saying that...

no aggressive behaviour. We have to say, behaviour that challenges. And I was able personally to manage the behaviour perfectly. However, I see the other staff who cannot cope with the behaviour properly. I... probably, I think that is... first of all, the personality of the person who is dealing with the situation first – who is that person? The level of knowledge and training skills could interfere with the... with how we try to deal with the situation. However, I saw, even, nurses, who – mental health nurses – who are not able to manage the situation like that. I am a general nurse, but I saw the mental health nurses who cannot manage the situation.

00:03:23

IV Can you... because I'm going to ask you some more about what you think makes it harder for other people to manage it because, obviously, you're probably not dealing with it day-to-day in your role as a manager, but...

IE Yes.

IV Can you think of, maybe, a specific example of an issue that... or a resident at the moment who's particularly challenging for staff, and tell me about it?

IE Yes. For example, if one of the... or, that resident, because... whoever is demonstrating behaviour that challenges, potentially [unclear] they might swear at you, and it makes people angry. Simply, they just got angry or they get defensive or they are not willing to attend. For me, it is nothing. I just accept it and I see this as part of illness, not as part of the resident's personality. It is the illness that make them demonstrate that behaviour, and I resolve this for myself. So, I do not get angry. Even... I was slapped by a resident at xxx – there was an xxxgentleman – but I was not annoyed. Well, it makes you upset, but I didn't take it really personally, and I could quickly... back to my own mood. I was upset but, quickly, I got back to normal. And I try to be reassuring and leave the resident for a while and then attend later on – not very long. What else? A lot of things that we do to manage the behaviour, and one of them is to leave them for a while to calm down, if they are in a safe position. And then, the different residents respond differently. For example, if there is a resident who loves her cup of tea and then, when you reassure her and you say, would you like to have a cup of tea, she quickly might calm down. Might not, but normally, she calms down. But this would involve... for someone else... knowing the person is very important. Good knowledge about the person and about the background, what can make them... We... I had a resident that, when I was telling him – he passed away – your daughter wants it. She said if, for example, he was not complying with the flu jab, and we said, your daughter said... because of her, if you can have it. And, quickly, he calmed down, and he allowed that happen. So, it's good to know the resident, to know the background, to know what strategy work for that person. Not to take the behaviour personally, to back off if we see that nothing is working and approach later on. Not to be threatening, not to make them feel guilty. Because I saw, for example, there was an RMN who made the person feel guilty.

00:07:04

IV In what way? How did...?

IE For example, if that resident was aggressive, she was telling him that, this is not right that you do this. I'm here to helping you. This is not working at all. For nobody. It just make that person feel guilty and feel horrible, and might even make the situation worse.

IV And are there other things that you've seen don't work, as well?

IE Yes.

IV What else doesn't work?

IE What else doesn't work? Additional people to come in, make the situation even worse, everybody say something...

00:07:44

IV What do you mean...?

IE There would be conflict of idea. One person says, leave her alone. The other one says, wait, let me do this. Offer her a cup of tea, you know.

IV So, you mean, in the moment, for lots of people to, kind of, come in and get involved and try and sort it out, makes it hard?

IE Yes. The confusion, yes. So, one person can deal... unless it's a physical... the aggressiveness is, as well, going on. Then we ask for help, but not too many people to go in there and try to resolve the problem, which doesn't work.

IV And you've said a few things about, you know, your understanding about what causes people to show behaviour which is challenging in that way.

IE Yes.

IV What else do you think it means when they behave that way?

00:08:37

IE First of all, it's the dementia itself, because they might not remember things. That makes them annoyed. They might not be able to express what they want – their wishes, their preferences – or if they don't want it. They don't want something, and we offer them things that they don't want. If they are constipated, they might be aggressive. If they have infection, they might be aggressive. If they don't like the routine. If we don't... if we go in there and wake them up, for example, we think that is too much for them to sleep now, they have to eat. They don't understand us. What else? It's lots of things. Doesn't come to my mind but...

IV No. Well, that is a lot of things.

IE Yes.

IV And what's the best way of, kind of, finding out?

IE We... knowing the person, as well, is one of the way that we can find out. There are some people with recurrent infection, so we know that, normally, they behave like that when they have urine infection, so we try to get the urine and check it. Or urine could, itself, prove... if it's very dark or if it's offensive – it has got offensive odour – and then we can ask the GP to review. Sometimes, medication might affect the residents' behaviour as well, so... if we can find a way to communicate with the resident, to... maybe they are able to tell us what's happening.

IV And what works...

00:10:44

IE It's very difficult to find out the reason.

IV Yes, because I was going to say, you know, what works well? You know, in your experience, what works well in terms of communicating with people when they're agitated?

IE First of all, reassuring. Reassuring is very important. And to be genuine with them. To let them know that what we talk about is just our... it's not fake; it's... When... Because they understand, when someone approach them in a very nice way... It's not even to be aggressiveness. For example, I had a lady who was sitting in here. Two staff tried to get her up and she wouldn't stand up, and they wanted to change the pad. Then they said that she doesn't come. As soon as I went in there and I said – I'm not saying the name of the resident, who passed away – I said, I called her name – would you like to go? Would you like to come with me? Immediately, she stood up. And then the staff said, oh, she likes you. I said, no, she doesn't like me more than you. It's just the way I told her. My tone of voice.

IV Yes.

IE And the way that I approached her – my body language – everything was reassuring. With both of you, one on each side, standing and try to help her up, of course she would challenge.

00:12:12

IV Yes.

IE So, she wouldn't get up. So, the body posture, body language, the tone of voice, the facial expression, everything will make the situation different.

IV And in the... I suppose it varies, probably, from unit to unit, but I was just thinking about how decisions get made about how agitation is managed within the teams here?

IE We have the care plan for behaviour, that we put strategies that works for that person. And also we refer whoever has the most challenging behaviour, we refer them to SAMH.

IV Yes.

IE And they come and they assess and they can give us some instruction, as well, to help.

IV And do those sorts of interventions help, do you think?

00:13:15

IE It would... it is helpful. It is helpful.

IV Yes, okay. And, I suppose, is there anything else you've seen working well, really, in any other situations, or...?

IE Well, as I said, it's having good knowledge about the person is very important for... Some of the staff just try to retaliate – not here, but I'm just talking about the experience that I had.

IV Yes.

IE For example, I had a lady... I... she's still in the unit. When I was the unit manager, whenever she had apron on at supper-time or meal-times, mainly, if staff wanted to remove that, she was screaming. And, if nobody knows that... what's happening, they thought that somebody's beating her – the way that she was screaming – because she didn't want that to be removed, although it was not clean. Simply, it could be on. We don't need to remove it. Yes, but, staff, they don't understand. They will say that, no, if someone comes – you know, different excuses – they will see it's dirty and they think that we didn't remove it, and then they will say that we didn't do a proper job. While it could be in the care plan – it could be explainable to anybody else.

IV Yeah.

00:14:54

IE Myself, what I've been doing for that resident, I always gave her a clean one and I say, may I remove this one, and I give you this clean one? And you can take it with you and put it on when you come back? She was understanding very well.

IV Yes. So, it's finding ways round it, or...?

IE Yes.

IV Yes. And are there particular approaches that... or types of intervention that you've seen work well?

IE Like what?

IV I suppose, things like, I mean, you've talked about physical stuff, haven't you? But, you know, things like different communication approaches or activities or music or sensory stimulation. Anything like that that you've...

IE Yes, it could be. I don't know how much sensory stimulation will work if someone is very aggressive. I don't know, at that time, if it works to give them something to touch. It might be... for some type of challenging behaviour, it might be working. Music – I saw, for that gentleman who slapped me once, that he really like his classic music and, before it gets to the stage that he is very, very aggressive, it has to be put in place. Otherwise, at that time, he might even hate to listen to those things.

00:16:31

IV So, kind of, before...

IE Yes, preventable measures, yes.

IV Yes.

IE As soon as the signs and symptoms is noticed. So, to calm him down before, it would work.

IV And would that be the same for things like engaging people in activities that, you know, that they...

IE To distracting them, yes. I'm saying it depends on the individual. All the strategies cannot be working for everybody.

IV Absolutely. So, when you think about managing agitation – some of the stuff that you've described to me, really helpfully – what do you think makes it easier to manage for staff?

00:17:17

IE To make it easy to manage... Right now, I don't have a lot of people who are very aggressive. What makes it easier for the staff? For me, it's easy. However, that person might not respond but, at least, is reassured that nobody touch or nobody is disturbing. Just respecting... I think, respecting residents' dignity and privacy and respecting residents' wishes, what they would like to be done for them. It is very helpful. Maybe now, because I don't have a lot of residents who are aggressive here, or maybe if they... or staff managing very well, because staff know the resident very well and they are very sensitive staff.

IV So, knowing the residents very well is something that, actually, makes a difference?

IE Yes, and the staff shouldn't be challenging themselves because, a lot of times, the staff challenging as well.

IV So, having staff that aren't challenging, obviously, helps.

IE Yes.

IV And do you think there's anything in particular about... because it sounds like you've not got very... too many challenging people here, so, do you think that that reflects something about the team that you have here?

IE Yes, training the staff as well, whoever is joining the team, to be given good handover about whoever they are approaching, or who these people are, will be helpful and reassuring for the residents. If the resident think that this is their home; if they can they can have this feeling that this is their home and whoever is here is a part of family, it's very helpful.

00:19:21

IV Yes, because I was going to say, is... how do you... how do you do that? How do you make people feel that this is their home? I mean, what... kind of, helps with that?

IE Well, I... you know, because... my current team, they have passion to do this job – I see in every single of them. We will supervise them a lot as well. If we see someone is... Well, I had a lady who passed away recently, but she was quite challenging. But, recently, she was quite calm. Coming and... didn't want to come and socialise with everybody. It is a type of challenge, challenging behaviour, as well. But, coming out a lot, because my activity co-ordinator was very good and she was approaching... she is approaching people sensitively, and the relatives as well. So, it's not one person. It's a few people who help to manage the situation. She never came to do her hair and, recently, she was coming regularly, and I got the photos that she attended.

IV And do you think there's anything about the relatives and their relationship with the home and their... the residents, that makes it easier or harder to manage the agitation?

IE I think, if the relatives are coming regularly, it's very good, because they do not miss them. They... it's something about the past that they can still recall and they know who they are. Yes, it's very good for them to come. But, we have relatives who are challenging as well. Fortunately, we could manage that as well in here because, whatever... if they make a complaint or if they raise a concern, whatever it is we address... We address the issue and we try to resolve it.

00:21:34

IV Yes. Can you give me an... like, tell me more about that, like, what... Relatives being challenging – what would that be like? What...

IE Just complaining every single day about very simple things. Every day there would be a problem with the food, for example, but, if you just go in there and listen

to what they are saying, and then tell them, promise them, that you resolve the problem, and then go back and tell them that it is resolved, because I spoke with the chef. And even... I had to bring the chef once and tell the relatives, how do you want your mum's sandwiches to be made? Because, any time that the sandwiches come, there is something wrong with it. Sometimes it's too much butter; sometimes it's no butter. Sometimes it's coming out... there is nothing around, you know; every day there's a complaint. I said, please tell my chef how to make the sandwiches. And then, now it's resolved, because the chef learned how she likes the sandwiches to be done, and a plate is going separately for her and she has her own one, and there was no complaint later.

00:22:54

IV And what effect... when you've got difficulties like that, can you... do you see an effect on the staff?

IE Yes, of course. They will get defensive, they don't want to attend that resident. When the resident's coming, they try to avoid them, they might be not responding to them, they might try to ignore... Yes, there is negative...

IV And do you see an effect on the residents as well, do you think, or...?

IE Not really, in here, because resident doesn't notice because of the... in here, the level of dementia is quite advanced and they might not even notice.

IV Okay. And so, you've talked about some of the things that work well. What do you think might make it a bit harder for staff to manage agitation? What might get in the way?

IE They might be scared of their own safety. Yes, worried... I came here to work; I didn't come here to be hurt. They might be offended if somebody called them black, whatever, or F words – they might get offended.

IV Do you see that a lot, that people are taking it very personally?

00:24:08

IE Yes. Not a lot, but a few. Yes, they take it personally. But we try, when we do the supervision... Because, when there is aggressive episode, it will be documented as an incident. Then we will see who is involved and, if there is one person involved more than other people, so, we just think that there is something wrong with that person. Then we try to do supervision to see if they need some more training, or we try to reassure the staff as well.

IV And do you think that there's anything about the, I suppose, the team or the way things are organised, that can make it a bit harder for staff?

IE Like what?

IV Well, I think, you know, in other places, actually, where I've done lots of interviews, some of the staff have talked about things like the staffing levels or... what else have they talked about? You know, those sort of structural, you know...

IE Yes, it could affect the level of the staff. When there are more staff, they are not in a hurry to go to everybody, bring the resident out, feed them, toilet them. Yes, they... because, if staff is under pressure, their patience will be affected. They want to do everything so, if a resident refuse or is challenging, they have good reason to leave the resident like that – refused, or was challenging – I just left the resident to be calm; calm down. Yes, it will affect...

00:25:52

IV And do you notice that here, or in other places you've worked, or...?

IE I... we try not to have short-staff and, as well, we changed the hours because we see the staff under pressure. For example, at eight o'clock, when they are coming to work, eight-thirty, we have the breakfast. On the other side, we said, don't bring the resident early – don't bring out the resident early – so they face a big workload.

IV So, they kind of arrive and...

IE Residents should come out, residents should be... their breakfasts should be served, then the toileting will be started, after the breakfast, again. Then the activity will be going on, you know, non-stop. What we did, we changed the hour from... It has started from last Monday, and it works. From eight to seven.

IV So, they start at...

IE Instead of coming at eight, they are coming at seven.

IV Oh, okay. So, seven o'clock is when they start. So, it's not as...

IE Yes. So, they have one-and-a-half hour to attend the personal care, without being worried that breakfast will be soon in. And then we changed the kitchen staff from eight to eight-thirty, so they cannot bring the breakfast – they cannot deliver the breakfast early.

00:27:20

IV Okay.

IE So, it is working very nicely.

IV So, it's like, protecting that time for them?

IE Yes.

IV And do you think... but, do you think that that, you know, having such a lot to do can affect how staff feel able to manage agitation or, you know, in the moment...

IE Their own agitation, or the...?

IV No, the residents.

IE How... can you tell you...?

IV I suppose, I was just thinking, you know, if they've... If people have, you know, all those different things that they've got to do, do you think that that can mean that they have less time to, kind of, focus on the individual, or...?

00:27:59

IE Yes. Yes, they don't have enough time to talk to the resident, to communicate, to listen if the resident talk. They don't have time to be with the... enough time to be with every resident. They don't have enough time for every resident, I have to say. So, that's why we, as well, we said, if the resident is in bed, doesn't need necessarily to come out for breakfast, so you don't need to... We actually have a lot of strategies in place to minimise the workload of the staff or the pressure to be felt at our rush hours. But we said, you don't need to wash the resident. They don't need... nobody... I don't do my hair and put nice clothes on to come for breakfast. I might come with pyjamas at the breakfast table and have my breakfast, so why do residents...? This is their home. If they want to have their breakfast in bed, they can have it. So, no rush. We try to create more time for the residents to be with the staff.

UF So sorry to interrupt, hi. Sorry, may I take my stuff? Thank you. Sorry.

IV That's all right. I'll leave that on. So, it sounds like you've done quite... you're doing quite a lot here to try and re-organise things to make it easier for staff.

IE Yes. Another thing that we did, the activity co-ordinator was coming... Or, the person who was supposed to do activity... because I had four staff in the morning and three staff in the afternoon...

IV Yes.

IE Three carers, I mean, and four carers. What we did, when we changed the time from eight to seven, that one of the staff, the fourth person, is coming... who was coming from eight to two, is coming now from ten to four.

00:30:10

IV Okay, so you have the middle of... Yes.

IE Yes, we... the person will focus on the activity only.

IV Yes, and it'll be after people have had breakfast.

IE Yes, had the breakfast, came out... And then, in the afternoon, after lunch as well, that person will do activity in the afternoon. So, from middle in the morning 'til

middle in the afternoon, there would be extra person who will deal with the activity only. And it is very effective. Always there is someone with the residents, and the other staff don't need to be worried about doing activity for the residents, because there will be someone who is dedicatedly doing that. And that person will focus only on activities – doesn't need to be called in the middle of activity to go and help with transferring a resident or showering or washing or toileting, so will be... the focus will be on the activity only.

IV Yes. And is that working a bit better, or...?

00:31:13

IE Yes, it works very well. The relatives are very happy about the activities, so...

IV Mm. And...

UF Thank you so much. Bye bye.

IV Bye. I was just thinking, you know, is there anything about the organisation, so, about, say, xxxx, that supports you and makes it easier to manage agitation, or which makes it harder?

IE No, xxx doesn't really interfere, not in a manager's... the way that managers are working.

IV So, you all work...

00:31:50

IE They do not interfere. They are really respecting. Another thing that... manage the agitation, that I forgot because we came to the activities, is the social... the social stimulation, and creating meaningful activities that resident can do, or like to do. Don't make them do something that it's... they don't like it. For example, if it's the housekeeping, and they do the pillowcases – folding the pillowcases – not everybody likes to do that. The men don't like it. They don't want to do it. Or, a lady who never did it... they don't want to do that. They can... we offer something else. So, that's why we have three options every day – three options of activity. Although we have three options, they might not like to attend those three. So, now, because the focus on the activity... one person will focus on the activity only. We told her to find out from the relatives and the resident what they would like to do. Although there are some information but more broadly, and it's working very well. For example, a gentleman who doesn't socialise, is very private, he now likes... we see that... this was the new... the activity co-ordinator who came in, she found a way to stimulate his interests. He likes the family album and, although he cannot speak perfectly or effectively, he... when he sees the album, he can say who is the mum, who is the dad, what was the event that the photo was taken, to recall a lot of nice memories.

IV So, it's finding the thing that...

IE Yes, and that could help to manage the anxiety.

IV Yes. And... because you said earlier that, you know, that you, you know, obviously, you're very experienced and you're able to manage some of the more difficult situations, but you see some staff who find it harder to manage.

00:34:19

IE Yes.

IV You know, what is it about them, do you think, that means that it's harder for them to...?

IE Maybe lack of training, lack of skills, being scared to approach someone who is aggressive...

IV Yes. Is there anything else, you know, to do with, maybe, their approach, or is it more just to do with training and skills, do you think?

IE Training and skills is very important, because they will learn strategies to... how to manage a difficult situation. Some of the staff are quite small and they are scared to approach a resident who is aggressive. If there is a history that they have been punched, because recent... not recently – months ago – one of my staff was punched in her belly and she doesn't... she is scared to attend that lady, although she is not aggressive now – it was just one-off – but she's still afraid to go to that resident. That incident... if there has been any such incident, might affect the willingness to go in there.

IV Okay. And the other thing was just about whether you've noticed an effect of the media and the way that care homes are portrayed, because lots of people have mentioned that in the interviews I've done so far, and...

IE Yes. What about that?

IV Well, just have you noticed whether it's, you know, how care homes or people with dementia are portrayed in newspapers or on the TV...

00:36:08

IE For the staff agitation?

IV In terms of how agitation is managed. So, do you think it has an effect, the things that people see or read, on how... how people work here, or not?

IE I never saw any of my staff to say that, because I see that following such incidents they are more careful.

IV That's what I – yes, so...

IE Yes, because when we see these things in Panorama or other programmes, we will have meeting with the staff and we warn them about their own behaviour when they are in the resident's room, because sometimes they do not realise what... the way that they speak with the resident or the way that they even re-position a resident. So, we try to tell them that... what... Because those people, as well, they probably didn't realise how horrible they were, because it was a part of routine. So, we try to have a meeting with the staff to reassure them, but to tell them, as well, this is all about them – how they talk with the residents... If we... I always tell them, if you can't manage, don't attempt. Let someone else who can do it go in there. So, they've been good.

00:37:46

IV Yes. Do you think they feel able to say, I can't do this; it's too difficult, or it's, you know... I... you know. Or do you think it's hard for the staff to say, I...

IE Not in here. I haven't heard in here, but when I was at xxxx, because there were a lot of people challenging.... Yes, I saw the staff saying that, I just gave up. I can't manage.

IV Gosh. And, I mean, I was just going onto that, really. I was just... you know, what impact does the residents' agitated behaviour have upon staff, do you think?

IE Well, stress at work, yes. Tiredness, sickness, level of sickness – fortunately, I don't have a lot of sickness. Actually, last month, it was zero.

IV Wow.

IE Yes, it will affect the performance. Their... Whoever is coming, they say that they love the job. Sometimes it will affect their feeling towards the job. They might think that they want to do something else. They might be scared of the level of responsibilities.

IV And do you think that when there are lots of people displaying... you know, who are becoming agitated, especially at the same time, do you think it affects what staff feel that they can do, or do you think it makes it harder for them to do their job?

00:39:27

IE It makes it hard – I have to accept that – if too many people are agitated at the same time, because they have to reassure them; they have to manage other people all around as well, and they have their... the other workload to be tackled. So, yes, it makes them panic, makes them stressed out, to be worried that if they can finish quickly and go home soon... Yes, it will affect them directly.

IV And have you seen that happening in the teams that you've managed?

IE Yes, it happens. For example, when I was at xxx... As I say, in here, we don't have a lot. When, even... I was called all the time, that who hit who, or who scratched, you know. Instead of managing the situation, they were reporting and they expected someone else to come and resolve the problem.

IV And... because that's interesting, that idea that, you know, someone else will...

IE Will do that.

IV Will sort it out, and... Do you see that a lot, or...?

00:40:52

IE When I was unit manager here I was doing supernumerary every week... ever other weekends. There was a resident who passed away – he was just screaming non-stop and was not able to say what was going on. There was a lady who was nurse – couldn't manage the situation at all. Whenever he was screaming, immediately she was calling me – come and see, look at him. Just look at him, what he does. Just... for me, it was enough to sit next to him and just holding the hand, because it work for him. It might not work for someone else. And just stroking back of the hand and reassuring to make him calm down. Some... maybe she was afraid to do it or thought that, well, she has the medication to do. She has to finish it off. She has no time for him, and someone else should come, and calling me to come and resolve the problem.

IV Yes. And do you think for... that there is a sense that, you know, it's... managing agitation, that that's for someone else to do? Like, for other people coming in, like, professionals to come in and manage? Or do you think that staff see it more as just everything... you know, the responsibility of everyone?

IE Yes, they really think... not all of them. Some of them, they think that, well, not my job. Call the...

IV Call xxx.

IE Yes, call xxx, tell them to come, give them medication. Sometimes it's not working. They see that medication is not working for some of the residents.

IV Yes. And what is it, do you think, that explains that kind of, oh, it's someone else, you know, get someone else to do it?

00:42:50

IE To pass the responsibility to someone else. Some people don't... they don't take the responsibility or they don't think it's their job. It's everybody's job, who is working in here. I have a lady in here now, very agitated and very anxious all the time and we... always tearful. Nothing could be done for her. She's not challenging, though, not at all, but very anxious. I just think that it's because of the dementia. Even when the family is coming, even when the activity is going on, she is just tearful all the time.

IV And do you think that that's what... Is she someone who staff try and... you know, would like people to come and try and...?

IE They do, they really do. She is lovely lady, and they do reassure her. They sit with her, they... she has one-to-one on a daily basis. If... we took her to xxx Café... it didn't work. All the time, she was crying in there, and we saw that she didn't really enjoy. Because we thought, maybe, that if we take her out of this environment, maybe, it helps. It didn't work. I took her personally. I came on a Saturday to take some of the residents who were not going... and it didn't really work.

IV Yes. And I wonder what effect that has, when someone is so sad all the time?

00:44:26

IE Yes, I can say, very sad. Very sad. To the extent that the family said, don't send my mum to hospital any more. Because, although she is walking around, she's eating and drinking – not very good, sufficiently – she's underweight – but they say that no, no active treatment for my mother, because the quality of life that she has... she doesn't really enjoy herself any more, and they think that she's got enough, the family. It's so sad, but we did everything for her. It doesn't really work. Even an art therapist came, the family brought. It doesn't work. She cannot concentrate on doing one thing.

IV Yes, so, lots of things, you know, trying lots of things and sometimes it just, you know, there's nothing you can...

IE Yes, there are exceptions, that... couldn't be anything done for them.

IV Yes. And so, when it is difficult like that, how do staff get support?

IE We didn't... we never sent anybody to... for counselling, but there are counselling services that we can refer, if they really say, in the supervision... It has been done before in other xxx homes so, in here, nothing, because nobody complained.

IV But they get support from within the home?

IE If... yes. Not within the home. Well, we do the supervision...

IV Yes, I mean, the supervision or...

00:46:14

IE Yes, and if... we offer counselling and we can refer them.

IV Yes, if they need that level...

IE Yes.

IV But, if they don't need that, they get supervision and...

IE Oh, yes, they will get the supervision. It has been rarely an issue, a topic. They never say that.

IV Do you think that the teams here are able to, sort of, support each other?

IE Yes, very good team I have here, yes.

IV And do you think there's anything that makes it harder for people to ask for help? Do you think there's... you know?

IE For the staff?

IV Yes.

00:46:48

IE My door is open and I listen to whoever come into my room and my... same as my deputy. I actively listen to them and, if I can do something, I promise to do that. I am doing that. Not a lot of them coming to... but, whoever comes and raise any concern, I address the concern.

IV And why do you think not a lot of them come? I mean, do you think that's a good thing or a bad thing or...?

IE Before that, probably... I don't know about the previous... I know the previous manager because she was my manager, but she... those things that she was doing or not doing, I learned not to do them because I saw that, at that time, when I was the staff working here, I saw it's not good for a manager to do. But if ...because there are, I don't think that all the staff are perfect. Altogether I have a good team, but there are some of the staff who don't behave. So, if they report me something – if they come and tell me something – I address the issues. As a result, I have suspended a member of staff recently, because of their behaviour towards another member of staff. And I... immediately... I... with the HR adviser, interfere. And so I just make sure that my back is quite supported before I do that.

IV Yes. And that's presumably when xxx come in... are there in the background.

00:48:43

IE Yes. Oh, yes, of course, they are absolutely supportive. Very, very supportive.

IV So, you, as a manager, get the support that you...?

IE I will get that, but I'm not doing anything before I speak with HR adviser. If the staff come to me I will... You know, a lot of things that seems not to be very important, but it is important to me. For example, when we had the staff meeting, they ask me if it's possible to have a TV in the staff-room. And I bought a TV for the... a big one, for the staff-room. I put something in the staff-room to make it more homely for the staff and they are really appreciating. I see, well, if they have half-an-hour for lunch and they are coming away from the unit, it has to be a relaxing environment – somewhere that they enjoy their time, rather than just having their meal

and their food and going off. I've done... for example, in terms of infection control for the staff, I've done... I bought them, for each person, I bought those... what is this, the cover case, to put their uniform or their... not to get... and I put different things in the staff-room. So, everybody's uniform is covered in their own one and has got the name, which is really... they really liked it. I do... if I can, I do something that they are asking me, if I can.

IV And what effect do you think that those little things have?

00:50:43

IE Yes, they think that they... I value them and they are important to me. And I always tell them that, if I have a happy team, they work better. But, if I say, why do you want TV for – it's half-an-hour only, so you don't need TV – or to confront them for every little thing – then they will confront me as well. Because I saw it somewhere else, when the manager is just nagging and nagging all the time. I try to be constructive, to give feedback in positive way.

IV Yes. Sounds like you're doing an awful lot.

IE Oh, it's a lot to do. I cannot even sleep at night.

IV Yes. I was thinking about the effect it all has on you.

IE Yes, of course. Well, it's a big responsibility, isn't it?

IV Yes, absolutely. And also, I suppose, you know, coming back to agitation, I was thinking about what training have you or your staff had that has helped to manage agitation?

IE For the staff... I haven't had any particular training in here, but stress at work training is something that I attended myself, and it was very good. How to manage the stress. I try to get that for my own staff, if it's possible, from the head office.

IV And do you think that's an important part of...

00:52:26

IE It is.

IV Being able to manage agitation, is, sort of...?

IE Of course it is. It is very important.

IV And what else has been useful in terms of training? Or have you had training which hasn't been so useful?

IE Training that is not useful?

IV Yes.

IE Some of this training, the topic is relevant, but the content is not relevant. For example, infection control or health and safety, we had because it's mandatory training. Every year we should have them. We saw that some of this trainer are coming. It's just an example. They say a lot of things which... all of them are relevant to infection control, but it's not applicable to the home. So, when... once the training is finished – the staff had the time; I paid them to come, to do... that training, I pay for their transport to come in – and then I see that nothing has changed. Why? Because the training was not relevant – the content was not relevant. That's why when I had the... because I will have dementia training tomorrow. I already told the trainer, I want something relevant. I don't want a lot of dementia-related stuff to be taught in the training – a lot of academic things. It has to be something that the staff understand – something that they feel that... this is what they face every day. They don't need to know a lot of things about research, researches and, you know, the university-based stuff. They don't need to know those things. Something that they can actually put in practice.

00:54:34

IV So, what... because it, you know, in terms of, say, managing agitation, you know, what...? Firstly, what are the things that you think people need to know, that is relevant to them?

IE In terms of agitation... I don't know what else I can say.

IV I mean, you've said... you've said a lot already. But... and the other thing is, you know, what would... what kind of training or what approach would help people to be able to put that into practice, do you think? So...

IE Supervision following... having the training is very important, to supervise the staff that, if they learned from the training, is very important and never happen, never ever happen. Not even here. I never saw that it was put... that supervision took place, because we need someone to do it. Whoever is in the unit is already very busy. I am very busy; my deputy's busier than me, so who can do that?

IV Yes. So, kind of having ongoing supervision or support to put things into practice?

00:55:51

IE Yes... No, I'm not talking about the... the one-to-one.

IV No, no.

IE Just to observe if the staff do that.

IV Yes.

IE It's... eventually, I think, it's the nurse or the unit manager who is on duty, because they are closely working with these people, so they have to create time for

themselves. Because, when I was the unit manager or staff on duty... staff nurse on duty, I created time for myself to observe the staff, what they are doing. And then to tell them, you had this training and I am expecting you to... to do this way.

IV And how... so, how do you get the, I suppose, the unit managers and the more senior staff on board to do that?

00:56:47

IE They are very busy. They... Because, when I was the nurse or the unit manager, I was staying behind to do things with documentation or whatsoever. And instead I was having time to observe the staff, to supervise them, but now I cannot expect them to do it, because they are not getting paid for it.

IV Yes.

IE But I was happily doing that, although I was not getting paid, because I wanted that to be perfect. So, that was why, when I was working in the unit, I created very good group of people and they had good knowledge, and I was communicating with them everything. If staff are doing their job properly, there would be less anxiety or agitation because we praise them. We tell them, well done. We reward them. Not financially or, you know, money-wise or gift or whatsoever, but even if you tell them if... verbally, it is effective... effective. I think, another thing for decreasing the agitation with the staff is to have that bi-monthly supervision. If I know personally that someone is anxious about whatever she's doing, I will do the supervision myself and I try to find out the reasons for agitation or stress and I will try to address them.

IV And do you think there's anything else, then, in terms of training or support which would help staff to manage agitation?

IE Well, I wanted to have a gym here, but I can't. There is... I have no space. It was good, you know, to provide for the staff something that's work-related, but I don't have the space. Maybe those kind of thing could be...

IV So, things where it is about the staff looking after themselves a bit and having...

00:59:13

IE Yes. I nominated people who are working very well for the award, for xxx award. I ask them to nominate each other. I ask the relative – I gave them – I said, whoever you think that is working, if you think that they deserve to be nominated... maybe it works if they are nominated. I don't know if their nomination would be accepted or not. That's another way. I have no other ideas how to...

IV That's quite a lot of ideas. It sounds like you're doing an awful lot.

IE Yes. How to manage...

IV I mean, before we finish, is there anything else that you wanted to mention that you've not already said?

00:59:56

IE No. I am always trying to be reassuring for my staff as well, if there is something... if there is something wrong. For example, today I had a lady who cancelled her shift yesterday, and I ask her to come down. And I said, why did you cancel your shift? She said that, well, I had my son... she got quickly defensive. I had my son, I took him to the doctor on Friday. He is not eating and drinking. He is already dehydrated. And I called on Saturday. I told the unit manager on Saturday that I can't do it Sunday. It was quite an excuse, because I said, if you took your son to the GP for not eating and drinking, why did you not cancel your Saturday? You came to work on Saturday and then you cancelled your Sunday. So, you had time on Friday to tell us that you can't come on Sunday, because on Saturday it's too difficult to find someone to cover Sunday, and it's not fair to your colleague. Because, if you are the one left alone, you won't be happy. All I want is... okay, your son is not feeling well, but I would expect you to tell me on Friday when we are here, not on Saturday. What the unit manager or nurse in charge can do? She tried to cover – she couldn't. At least we can swap people around to, you know, someone to come on Saturday and someone from Saturday to do the Sunday, but you just thought only about your own problem. And you could cancel your Sunday but it was more appreciating if you did it on Friday. And then she accepted her mistake, when I explain her why I am quite annoyed, that she told the nurse that she's not coming tomorrow. That's not right. That's not right. Other things that contribute to agitation of the staff is the family problem as well, that I've totally forgot. If they have something at home, for example, someone like a child who is not feeling well, a partner who is not co-operating, you know, doesn't... is not supportive.

IV So, that might impact on how they are at work. Do you think that has an impact on, then, how they manage the agitation in the residents? Do you think it...?

IE Could be, because they don't... they don't have the patience or they have their own personal problem – they couldn't be bothered about someone else. Might be. I didn't see it, anyway.

01:03:01

IV Yes.

IE Or I'm not aware of, but it could affect...

IV Yes. Thank you. That's really helpful. And, if we... When we develop our materials, like, our training manuals and stuff...

IE Yes.

IV Would you be happy to... if we showed you that... showed you what we were doing and... comment on that?

IE I would be more than happy, yes.

IV Yes, good, okay.

IE Will you do some training here?

01:03:26