004.003

Speaker key

RE Researcher
SM Staff Member

0:00:00

RE So, as you know, I'm from xxx and a researcher. As we've discussed, it is confidential, but can you introduce yourself for the recording so that I can identify you when we, I listen to it?

SM Okay. My name is [name]. I'm working as a senior care assistant on [name].

RE Right. Thank you. So, thank you for agreeing to take part. I mean, I've explained really that this is about hearing from staff as experts of what they think works when you, when it comes to managing agitation. And about, you know, what doesn't work. What does work, you know, why do people get agitated, that sort of thing. And I'm just going to be asking about your experiences. When I talk about agitation, I'm talking about behaviours like restlessness, wandering, shouting out, maybe becoming verbally or physically aggressive. So, that's, kind of, what I mean. And we'll use the information to develop an intervention to reduce agitation and improve quality of life for people with dementia living in care homes. But we're interested in how to make it something which is practical and which fits with the day to day life in a care home. I'm audio recording and whatever you tell me will be anonymised. So, any names and stuff will be taken out. As I said before we started taping, if you do tell me something about someone being harmed in some way I have to act on that, I can't keep that secret. But I'll talk to you about that first. Okay. If you need to leave the room at any point if it all just gets too much, just tell me. We can stop.

0:02:00

SM Probably not. But good to know.

RE It's not that, yes, it should be fine. Can you, first of all can you just think of a resident who you know well here who has been or does get agitated? You don't need to tell me their name or anything but can you just tell me a bit about them and about their behaviour and what happens when they get agitated?

SM Yes. We've got a client, yes, who gets quiet agitated and he expresses it by swearing or being physically abusive. Sometimes spitting, trying to kick. So, that's how, that's the big issues there.

0:02:54

RE And when does that happen?

SM I noticed that it happens when, when the environment is too noisy, too busy, too many things happening or someone… it's just that those are the triggers really. Or something is, according to the resident, not being done the way it should be done. That, you know, makes him get agitated. It's just environmental factors I think.

RE Yes. And just tell me a bit about them. Do they, have they been here a long time? What have they…?

SM Yes. Around two years now. Yes. The one resident that I'm talking in particular around two years. Yes. So, these are what I've observed that the environment… Sometimes the approach of the staff as well. Or even the resident, maybe someone is not aware that, you know, this is what might trigger him to shout and so… and he's trying to be, you know, trying to talk to him but he's taking it the wrong way. And that miscommunication.

RE So, between two residents?

0:04:02

SM Yes, could happen, yes.

RE And he gets agitated at those times?

SM Yes.

RE And what else? So, does he… is it mainly in his room or is it mainly when you're, when he's wandering around?

SM It can be, it can be anywhere. It can be anywhere in the room, in the lounge. It can happen at any time. Any time.

RE Okay. And what do you think, kind of, causes that? I mean, you've said a bit about the environment and stuff but do you… you know, what else might be causing them to behave in that way?

SM In terms of staff approach, I think the residents with dementia, I think it's, the approach is very, very important. The way you approach and you talk and you want to get things done. So, I think it's the wrong approach, not enough communication with the resident.

RE So, what… when you say the wrong, like, what doesn't work? Can you just, sort of, describe an approach that…

0:05:15

SM I mean, for example, if you want a resident to do something, for example, transfer to the chair, from chair to the wheelchair, if you go straight away, just like that, bang in, no explanation what's going to happen, that will trigger and, you know, the only way is aggression and… So, that's the thing in the simplest way.

RE And what works well then in terms of, kind of, communicating?

SM For me it's just being nice, being pleasant, being warm, you know, being kind, you know, it's just being at their level, eye level. You know, just communicating, just explaining, even if that doesn't work, just, you know, back off, leave them for a few, five, ten minutes, come back, try again and try sending someone else. Maybe the face, you know, try all sorts of ways but, you know, you never go in and try and get your way. That doesn't work really.

RE And if you do… if people do that, because it sounds like it's not something that you do, what effect do you see happening? What do you see, what do you notice in the residents?

0:06:34

SM It's a lot of… it's… the resident is just become very, very frustrated and it's not healthy because you just see the panic, the frustration, the aggression. It's just, it's all consuming, can't control it, it just, you know, goes to the, goes through the roof really.

RE And do you think that, for new staff coming in, say, do you think people can learn how to approach people? Do you think that, you know, it's something that people can develop or…?

SM I think so. I think so, if you put an effort. And some, some people I don't think they try, try to understand it, try hard enough to learn how. Because there's always, in their thinking, they think there's someone else who can do it so why not ask them. Why should I, you know, go through all that, learn how to do things properly. You know, better ask someone who already knows it and let them deal with it. That's my experience. But you can do it. It's not impossible.

RE What works? How do you, sort of, show people or teach people or…?

SM I just show what I do. And they see it works. But I don't know if, you know, when I'm not here, I don't know if that's, you know, they're following it or not. But, you know, whenever you get new staff you explain, you show the way how it is and they see it works. And I say, you see? The resident was not aggressive, no one was shouting, no one was aggressive, everything went very smoothly. So, why don't you follow it, you know. But I don't know what's going to happen when I'm not there.

0:08:20

RE Right. And do you think, you know, are there people here who, even when you have that approach, that, you know, at times still become very, kind of, agitated?

SM Yes. It can happen. But, like I say, I always, I don't, I don't exaggerate.

RE So, you won't make, you do things to stop it getting worse, yes.

SM Yes. I'm not going to go and get my way, you know. It's not the way I'm, you know, doing things. If that doesn't work, I will just leave the resident for X amount and then I come back and try again. That usually works. You don't have to go back three, four, six times. Usually second time it's going to work, so…

RE And what else do you think works well?

SM I don't know because that's the only technique I'm really using. And it works with many, many residents really. I never had to change my tactics really. But it works, you know, so…

RE Do you think there's other things that, you know, can cause people to get agitated apart from the environment or, kind of, I suppose how people are interacting with them? Do you think there can ever be another, you know, there's other causes?

0:09:50

SM I'm not sure. Not sure really.

RE And what about things like activities or other things that can, kind of, make a difference?

SM Activities can be a trigger as well.

RE In what way?

SM Because sometimes you see residents they do their own thing and something happens and someone maybe was drawing and another will say, well, that's not the right colour or someone, if it's painting and it, you know, with watercolours and their water will drop on the floor and they will say, what are you doing you know, starting, you know, like…

RE And is that something you notice, again, is that between the residents?

SM Yes.

RE So, like, one person will interfere when…

0:10:46

SM Yes. They, you know, they like to interfere with each other's… but that's how it is. That's how it is. So, that works. Usually, activities, they act as a calming.

RE And are they particularly, are there particular activities that you notice calms people down, or is it, you know…?

SM Yes, like, puzzles or constructing something, like, adding puzzles or something that you have to put together, that works, I noticed, yes. Because that, you know, that occupies just them. Yes.

RE And when people are very agitated are there other… do you ever have to, kind of, get other external people coming in to, sort of, manage it, like, I don't know, like, doctors or anything like that? Do they ever…?

SM No. It never goes that… no.

0:11:52

RE So, you don't have, like, specialist interventions or anything like that?

SM No. No.

RE Okay. And whose job do you think… I mean, it sounds like, from what you're saying, that you're saying it's, kind of, your, you know, it's everyone's job to help manage the intervention.

SM Yes.

RE Yes. Do you think everyone sees it the same as you? Or do you think some people see it differently?

SM I don't think so. No.

RE Okay. Tell me about that.

SM Some people they, they think, you know, it's, why should I get involved, why should I get abused, why should I get kicked? Why should I, why should I do something about it? Because there's always… if you're on your own you have to do it. You either do it or you don't. But when there are ten staff around you, you don't take that initiative, some of them, they don't take that initiative to do anything about it.

0:12:50

RE And why is that? Why do some people see it as their responsibility and other people don't take the initiative?

SM I think it's just the work ethics and the mentality and attitude to your job. I think that's it.

RE And do you think there's a…?

SM And they don't take it seriously.

RE Do you think there's anything about the organisation or about the way things are organised here that affects that?

SM I think organisation plays a part because they employ the people. They employ, they go through the selection process and they see who might be fit or not fit, so, in part is the organisation that should take the blame but then we have an induction as well where the candidate should know what to expect. And be prepared and think twice. You know, this is what I'm being told is going to happen, that's the job I'll have to do. No one is, you know, pushing them to do it. No one's forcing them to, so, then come in and say, well, I can't do it. It's a bit too late, isn't it? It's not fair. So, and then they just…

0:14:10

RE But do you think there's something about working with people with dementia when they're very agitated that is hard?

SM It's not the most pleasant thing. I know it's hard but, I don't know, for me, I'm used to it. I know how to deal with it, so, I don't see it as challenging as others probably. But, you know, I was willing to learn. I was willing to find out what, you know, how to… because, you know, I'm going to be here, so, I'd better start doing something about it. But some it's just that mentality that, you know, why should I do it?

RE And what are the qualities that maybe you have, or other people like you, that make it easier then to manage the agitation? What…?

SM It's just being proactive really. It's just being actively engaged and caring I think. You know, I feel I want to do it, you know, I feel like I want to help. But for some, unfortunately, it's not like that. So, I just, I just like to be involved in care because I'm just..

RE Yes. But what can be done about that then? Like, what's, you know, you got any ideas? Any solutions?

0:15:33

SM The only way I see at the moment is just recruitment should be done differently I think. The people who are working on the suites should be interviewing and seeing the person. If they're going to handle it.

RE Are you not involved in that?

SM No. We used to be but not anymore.

RE How come?

SM I don't know why.

RE You don't know why it changed?

SM No.

RE And when you were involved did, was it different?

SM It was different, yes. I could… because I used to do it. I used to do it and I would see from people's experiences and I would ask the questions. We've got the standard form, the questions you ask, so anyone can just say what they think. But I would, I wouldn't ask that. I would come up with my set of questions that I know you, you know, you will have later. So, if he can answer to my satisfaction those questions, because on that form is, the questions that, you know, doesn't make sense really. And then you could see that, you know, the right calibre people would come in and help you out because, you know… So, it did make a difference. But things change.

0:17:04

RE Things change. Things always change. I know. And just going back to agitation a bit, things like, say, managing someone's pain or, you know, checking, making sure they're okay physically, do you see that that is connected to agitation in any way? Do you notice a…? Do you ever, I suppose, do you ever notice that there's, kind of, something physical going on for people and that makes them more…?

SM I haven't come across that. I haven't. I'm trying to think about it. No.

RE So, like, if someone's more, you know, because I think if, you know, people are more in pain or if they're…

SM Yes, but…

RE So, you think it's more to do with the, just the environment?

SM Yes, well, yes, I think so. It's a big part in it, yes.

RE And what about things like music or those sorts of therapies? Do you notice that… is that something that gets used here?

0:18:18

SM It does, it does. With some residents it does work, it does really help. But some of the noise and it's, like, a distraction and it's another trigger as well because they don't want to hear it. So, they want to stop it and that's when it kicks off just, you know, turn it off, or do something about it.

RE So, it's for some people and not…

SM It works, yes. You need to find out if it's going to work or not.

RE So, how do you find out? Like, how do you know? How do you get to know the people?

SM You talk, you talk a lot with them. There's relatives who provide you with a lot of information. For example, if someone likes music, someone plays any instrument that works, but some you can really see that music is a trigger. Or noise, noise, music, it just triggers, yes. It doesn't work. But, you know, once you get to know your resident you ask, you talk.

0:19:26

RE And just spending time talking with people, do you think that can help when someone's agitated?

SM Yes. Of course. You know, the more you talk it's nice, it's nice the way, you know, to care for someone when you have time to talk, find out things, do things together. It works. You can see it.

RE And, I mean, in this room, this is obviously like a sensory room or something, does this get used regularly, or…?

SM Yes. Every day being used.

RE Okay. And do you think it… is it the same thing, for some people it's really helpful, for others, no?

SM Just thinking. I think it works. It works. If someone is quite agitated and you try talk, explain, ask them to sit down and calm down and, you know, just get, distract them from whatever is causing them the agitation, it works. It works. Not always but, you know, you have to try different things and see. But it does work. I can't say it doesn't because I've seen, you know.

0:20:54

RE Yes. And what stops things being used? So, what would, you know, do you think that there could be more activities and things like that or do you think there's enough going on for people?

SM I think it's quite enough. I think that we've got quite a range of activities and people from outside coming in. So, it's just really finding the way to engage them into that activity as well. It's another challenge in itself, but…

RE And what, how do you do that? How do you engage because some people will just say no, won't they? Or…

SM Yes. Well, we just, we would ask if resident, you know, once he's coming, she's coming from the, from his bedroom, you just ask if you want to do something today or, look, we are doing this as a group, you know. And, you know, if they want to take part in it they will certainly. Others they don't want to, they'd better watch TV or something like that, you know, keep themselves to themselves. It's just communicating, talking and that's…

RE The main…

SM Yes, the main thing.

0:22:22

RE So, just to, sort of, find out a bit, you know, what do you think makes it easier to manage agitation in the residents. I mean, you've said a few things already, but what makes it easier in terms of, you know, whether there's any, kind of… what helps? What helps you to be able to do your job, basically?

SM Just be caring, I think, be kind. Not rushing things, just taking time to find out, you know, about your client, about your resident.

RE And is there anything that makes it harder for you to do that? To, kind of, give people time or find out about them? What, kind of, gets in the way?

SM I think the mental capacity.

RE Of the people with dementia?

SM Yes. Because you're not always getting the information you wished for or not enough or not at all. So, you can't really know what's, you know, what the person is like really. What to expect. So, that's, that's the mental capacity is the biggest. But, you know, once, once the resident is here, admitted, you know, every day you find out something more, you know, you've got the previous histories, you know, and then you

talk as well. Because sometimes they are being admitted from hospital with this history and then you, you know, as time goes you see that, you know, whatever was written it's, it doesn't, it's not true, it doesn't reflect the true personality. So, you know…

0:24:32

RE Yes. And is there anything that makes it harder for you to, kind of, spend time with people as you would like, or…?

SM Obviously the workload. That, you know, is lots of things to do and you're not always got that time. You have but you would think you need some more and it would be helpful.

RE Because I think lots of people have mentioned the workload and, kind of, how that can get in the way.

SM Yes, it does a bit because you don't… being with the person you care for, it's the essence, not doing something else, something trivial, you know, which can be done later or don't have to be done at that time, you know, it's just being with the person I think, that's the, that is care I think.

RE Yes. But it's not always easy to do that. And it's not always easy for people to see that that's what they, that they're there to do.

0:25:48

SM Yes.

RE Because it strikes me that not everyone thinks in the same way as you. Do you think that there's anything about your team that makes it harder to, kind of, do that, to, kind of, connect with people in that way? Maybe not for you but for other people.

SM Yes, like, as I mentioned, the attitude and the mentality you bring to the work. That is in a way. And when you're not thinking the same way, all of you, it's a bit disjointed. One is trying to help, trying to do what's right and the other one is just too relaxed and not interested.

RE And how do decisions get made about how to, kind of, respond to someone or manage their behaviour, or…?

SM Is that for the resident? Or for, like…

RE Yes, like, how do decisions get made in the team about, kind of, what the plan is, or…

0:26:59

SM It's just really, we would have handovers in the morning and allocation already done. So, it's just the basic plan really, you know, get us started.

RE Does that help, though, having handovers like that? Or, do you think it…?

SM It does. It does help but it's… you, kind of, and, for example, with us, you can't really stick to whatever's written, you always have to be flexible. But it does work. It brings some structure at least. It does help, yes. But there's always some problems with the staff, so…

RE And what about your managers? Do you feel that, you know, how your managers are has an impact on, kind of, how you do your day to day job, kind of, caring for people?

SM Managers. I don't think they help because they do, I feel they're too far away from what we do. They've got their own responsibilities and duties and you don't really go and ask them to help you out really, what do we do? They can, you know, if it's something serious, a clinical issue, yes you can, but for something that we should know how to manage it's not really possible. I mean, they've got their own responsibilities, tasks to do, so… And we with the nurses would tackle any problems there are. So management is not…

0:29:02

RE But do you think that there's more that they could do? Or do you think that they could be different in any way to facilitate you doing your jobs differently?

SM I'm not sure. I don't think so. I don't think so. Maybe in, offer advice if you need, but, I don't think no more than that.

RE Do you think that they, that the managers are, kind of, aware of how staff manage agitation or of how difficult it can be?

SM Well, they say they do. But what they feel or in reality, they realise that, you know, completely, I'm not so sure. But they are aware that, you know, that we've got these issues and these residents, they've got challenging, you know, aggressive behaviour, so… They are aware of it. But it's… they don't really come up with any solutions to that. They don't.

RE And are they, do they show staff that they value what people, what you're doing, or, you know, do you feel that what you do is being valued by those in charge?

SM I don't feel so. I don't feel so. I don't know how they express that really, but, I don't feel so. I just, you know, just carry on and I do what I feel is right, you know. And whatever they think, if they appreciate it or they value it, it's not really important because I know I did, you know, I did a good job.

RE Yes.

0:30:59

SM And I managed it.

RE Yes. I think it's different between people, isn't it? Some people it's very important to feel that they're… And what about the relatives? You know, how does that, kind of… the relatives coming in and how you interact with them, how does that impact on how you manage agitation?

SM Obviously families are aware of those issues and the most important thing, they're not expressing that behaviour with their relatives. That's the interesting bit. They very, they're, like, two different personalities once they see the daughter, the son, sister or brother, it's totally different. But with us… and they see us every day and it's very surprising that, you know, we don't get that, we don't get that approach.

RE So, what is it about…?

SM I don't know why it's that really. It's strange. We are there more than the relatives and we still, we're still coming with these challenges. And the relatives not. So, it's interesting.

0:32:22

RE But how do you understand that? How do you make sense of that?

SM I just see. I can't make sense of it. I just observe. I like to observe and I see they totally change, you know, they totally change, they are different personalities. And once they leave it just reverts back.

RE So, do you learn stuff from observing the, you know, from observing how relatives are with people? Do you think, you know, can that be helpful, or does it not make a difference?

SM It wouldn't make a difference because they would just talk and, or just converse. And I don't think it would help because basically that's what we do as well, so, it's just, it's just an interesting fact.

RE And is there anything about the, how you, kind of, communicate with the relatives or how the… how it is when the relatives are around that can make it harder to manage the agitation?

0:33:28

SM Interestingly, sometimes while the resident is no longer here, the relative would trigger that behaviour by being too pushy or insist for that resident doing things which she doesn't want to do. It would just trigger. So, they sometimes can do… and when the relative leaves the resident calms down and, I mean, you know, nice carries on. Sometimes the relatives they can trigger them as well. By wanting them to do something they don't really. And they don't understand, I don't know why. And they can clearly see it, you know, that I'm being pushy and I'm upsetting. So, why am I still doing it? And, it's weird.

RE And what helps in those situations? What do you, you know, how do you…?

SM You just ask staff to intervene really and just divert whatever's happening, just distract them and, you know…

RE Do you think that maybe less experienced staff feel, find that difficult or feel that they have to, kind of, go along with what relatives are asking? Or, you know, do you think they find that difficult?

SM I would think so because relatives they are not always appreciate the fact that it's quite difficult and they don't know because they come for a few hours. They don't see the whole picture. They all think it's nice, nice and rosy but they don't know the, you know, the 90% of the story. So, they might think they're doing the right thing or, you know, that's the right thing to do. And sometimes it's not and, you know, they insist on staff, care, you know, doing it.

RE Yes.

SM So, they don't appreciate the fact that, you know, we know more than they do. We really do more, we know, we know more.

0:35:47

RE More in what way? In what sense?

SM The behaviour.

RE Yes.

SM People change their likes and dislikes. They change. And they don't realise that. They still think it's the same as it was but it's not. It's not like that.

RE And do you think that that can be a hard thing to manage?

0:36:15

SM Yes, because some people are relatives, I mean, they would insist that resident, for example, eating something particular from they liked it, but they no longer like it and they don't want it. And it's always the question, oh, why my, you know, dad, or mum, they didn't have this. And then you say, well, they don't want it, they don't like it anymore and it sounds strange to them, why, you know, it's… maybe they're not aware of what dementia is probably. They, you know, they lack that information.

RE And I know there's lots of stuff in, like, the media and stuff about staff in care homes or about problems in care homes. Do you think that that impacts on staff at all in any way?

SM I don't think so. I haven't noticed that.

RE Have you noticed any effect on, say, relatives coming in, that they've…

SM No.

RE No. Good.

SM No, we've got quite a good relationship with everyone. So…

0:37:39

RE Okay. And so when people do get quite agitated and, you know, what impact does that, the resident's agitated behaviour, what impact does that have on staff?

SM I think they don't want to, how should I really put it? I don't think they want to, that's what I feel, I think they don't want to care for that person anymore because their intention was to help and what you get is aggressive and challenging behaviour in return. And then you feel, well, I wanted to help you, and the reward is this, so I don't want to do it anymore. I think that's the reaction.

RE And do you see that? Is that something that you, sort of, recognise in other people and yourself? Or…?

SM I think when they know that they will be allocated to care for that person they just, they feel a bit down I think, you know, why, why am I going to go through this or why, why is it me? I think they start questioning why they are in this profession even, you know, because it's so unrewarding in that way.

RE And do you think, I mean, because I was thinking, you know, what effect does that then have on what they feel able to do in their job? Like, you know…

SM Yes, I think it's, they just don't, they just, I think they don't want to carry on, it's too hard, it's too much pressure, you know, I'm helping, I'm trying to do my best, you know. And I don't feel no gratitude or, you know, there's nothing like that.

0:39:55

RE And do you think there's anything that could help with that? You know, maybe help people to feel a bit more appreciated or…?

SM I think understanding that the resident can't help it, he doesn't mean it. You know, it's just the illness, the, you know, the dementia that causes it. It's not the true personality any more. The person has changed from what he or she was and the person can't help doing it. It's not in… I understand, I think, I'm not sure if I'm medically right, but I think they can't help it really. Everything they can't help it. It's just what happens. And you don't have to take it. Like, for example, if, you know, if I be abusive, you know, then you can blame me, yes, because I'm, you know, I've made the conscious decision to do it. But in dementia it's not always, well, I never come across that really. So, I think understanding that, you know, it's, they can't help it, it's the condition.

RE But when people don't understand that do you think they react in different ways? I mean, do you think it… you know, it means that…

SM I think they take it wrong and that's it. They take it personally as if it's an attack on them. But, you know, I don't do that because you have, at the end of the day you have to appreciate the fact that they can't help it. They can't help it and don't take it too personally. I understand it's not the most pleasant feeling to go through but…

0:41:47

RE Do you think that that then feeds back into, kind of, how they will respond to the person who's agitated?

SM Yes. That's true. And I think they… I don't think they're going to… I just think they don't want to, you know, carry on to being next to that person or caring for that person because they know they're going to fail. They're going to fail in providing care I think.

RE So, then, will they then do it in a different way? Will they do it quickly or will they do it, not badly, but, you know…?

SM I think they will try as best as they can whatever the outcome. They will do what they can basically, you know.

RE It sounds very hard. And when it is difficult for people, how do they get support?

SM I mean, we do have a lot of training so we can always get more training in place. Just, you know, asking, you know, what difficulties, what makes it difficult, why can't you do it? What will empower you, you know?

0:43:15

RE But is that something that, like, you would do with the less experienced carers or would they come to you or how does it, kind of, work?

SM Either way. I can just, you know, tell them, educate them, or, there's training as well if they want or… Whenever we're having a difficulty in any task they are more than welcome to talk to me or any senior staff, you know.

RE And do you think that they do? Do you think people…?

SM I don't think so, no. Not enough. They… some do, but some they just, I feel, you know, they don't do it.

RE Why? What's a barrier? What stops them from asking for…?

SM I think as I mentioned before, there's always someone else who can do it. There's always someone else.

RE What, so they, kind of, will just, sort of, not…

0:44:20

SM Yes, pass it on, you know, I can't do this, can you do that? You know, you know how to do it, so why don't you do it?

RE But what if someone's quite stressed? Do you think that they would let you know? Or do you think that they would just…?

SM I think so, yes. Yes.

RE And what… how else do you and your colleagues, kind of, support each other?

SM We try to be flexible, try to be flexible, you know, if someone's got difficulties or can't really do that, you know, it's difficult, it's… and doesn't, he or she doesn't feel confident in doing, you know, we're always trying to be flexible and, okay, you know, I'll get… let's just swap round, you know, I'll do this, you do that. So, trying to be flexible.

RE And…

SM And we talk, really, we, you know, we talk when we've got time, you know. Just talking, you know, saying, what's difficult, you know, how can we make it more easier for ourselves? It's just, you know, meetings of the staff.

RE Do you have, like, meetings or…?

SM Yes.

0:45:48

RE Do you have, like, set times for, you know, talking about things, or…?

SM Not… we don't have, we've got a monthly meeting. Other than that, you know, just at any time, you know, if you've got any problems, we want to talk, express ourselves, just let it off. We always can talk and see, you know, find a solution. Share ideas and that usually helps.

RE And what about training? You mentioned that you have training. So, what training have you had or, you know, has happened here about how to manage when residents become agitated?

SM There's only one we do really and it's called Management of Challenging and Aggressive Behaviour. That's the only one.

RE Yes. And who does that? Who facilitates that?

0:46:54

SM We get outside, outside, what's the right word? Outside trainers. Bless you.

RE Thank you.

SM Outside trainers who come and talk about it. Explain the triggers, how to handle it, what's, you know, just the general training.

RE Yes. And how long is that?

SM It's two, it's two hours, yes.

RE Okay. And is it helpful?

SM Not really.

RE No. Why not?

SM It, I think it says things that should be in a perfect world, well, the world is not perfect, isn't it?

RE No. It is not. So…

0:47:43

SM So, I don't think it reflects us. You know, there are things you can't apply to our care home.

RE Can you…?

SM You can get, you can get information, yes, but…

RE So, what's it like? Do they, kind of, just give you information or tell you what to do, or…?

SM Yes, they just explain the triggers, what causes, you know… They tell you, you know, you can't… if someone is aggressive you have to, you know, back off, never, never, never insist caring on, you know, providing the care or trying to force your way, you know, in doing things. That's basically the essence of that. Yes.

RE So, what else would, you know, what else could they be doing or, you know, what would make that a better training?

SM I think giving examples, case studies, something like that. Something more interactive because there's a lot of theory, lots of talking and not, you know, you don't, you don't feel that you can respond to it, it's just dry facts. But if you would get case studies, maybe then you can recognise something from your home and then you go, you know, as a group you will go through the stages what to do. I think that would be more helpful rather than someone talking for two hours and, once you leave you've just forgotten about it.

0:49:29

RE And what about if you were to bring your own situations?

SM Yes, that would work as well. Yes. Everyone coming up with their examples and then you discuss it as a whole group. I think that's much more efficient way.

RE And you were saying, you know, that it's not, the thing about it not being a perfect world, you know, so, it's quite hard to, like… you know, what could be done to make the training a bit more, kind of, fitting with the imperfect world or situations that you're having to provide care in?

SM I think it should be someone who has dealt with it. Someone from inside the home, inside a care home who knows the cases, who knows the resident. Someone from the management team probably or clinical, clinical director or, you know, someone senior who is in a position and who knows that that's the issue. I think someone from closer to you could give more advice.

RE Yes. And do you think… what do you think makes it… do you feel able when you do these, sort of, you know, you do this training or whatever, to put what you've learned into practice? Or do you think other people do?

0:51:17

SM It's very hard to apply to whatever, you know, you're experiencing.

RE Is there anything that…?

SM I think that what this training is just a tick box. An exercise.

RE For…?

SM Yes. You know, that you did this and that it's… maybe, you know, I can't say for, to speak for others, but personally, me, I don't see it valuable. It doesn't enhance anything that I'm already doing.

RE And what, so, what would help in terms of, kind of, changing practice, you know, what, what do you think would help staff to feel like they're learning something or they're, kind of, being trained in something that they can then put into practice?

0:52:15

SM I suppose staff should acknowledge the fact that they're struggling and don't hide from it. Don't hide from it, you know. Acknowledge that I'm having an issue, I can't deal with it, you know, I can't be carrying on like this. And, you know, ask for more specialised training, or just talk to someone really. You know, it's just acknowledgement that it's difficult and showing a desire to improve as a carer, you know. I need to know what to do really.

RE So, it has to come from the people?

SM Yes, I think so. From those who are working.

RE And do you think there's anything that, kind of, management or the organisation could do to, kind of, promote that? Or…?

SM We are very open and, you know, we… we can always go and talk to our managers about anything really. We are open to that. And we are doing it. But it's, I think it's just the attitude, it's just people can't, can't really be bothered.

RE Okay. That's really helpful. Is there anything else before we finish that you want to mention or that we haven't talked about?

0:53:53

SM No, I don't think so.

RE No? Well, you've told me quite a lot. It's really, really helpful. Thank you.

SM Well, I hope so.

RE And if we do develop some materials and stuff is that something you'd be happy to look at to, kind of, give us feedback on?

SM Yes, definitely.

RE It won't be for a while. Got a lot to do.