

002.005

Speaker key

RE Researcher
SM Staff Member

RE Fine; that'll do. So, as I say, I'm from xxx, and I'm a researcher, and I'll be conducting and recording this interview. Everything you say is confidential, but can you introduce yourself for the recording so that we know your voice.

SM My name's xxx and I'm a care assistant.

00:00:23

RE Thank you. So I'm interested in how people working in care homes think about and cope with residents with agitation. So when talking about agitation, we're referring to behaviours like restlessness, pacing, shouting, verbal or physical aggression. And we're asking because we know this something that you and your colleagues manage a lot and we want to make use of your expertise. So I'll be asking about your experience of working with people who are agitated, and about what works and what doesn't work, and about what helps and what makes it harder; what gets in the way, and we'll use the information to put together an intervention that we hope will reduce agitation in people with dementia. And we're interested in how to make it something which is practical and which fits with the busy day-to-day life in a care home. It's being recorded, and whatever you tell me I'll make anonymous. So if you mention anyone, or, you know, your name will be taken out; their name will be taken out. If you do tell me something, and I think someone else is being harmed in some way, obviously I can't keep that a secret. So it is confidential, but if you tell me something I'm worried about, if someone's being harmed, I'll talk to you about that, and I'll have to share that information. Is that okay?

00:01:51

SM Yes.

RE And if you need to stop at any point, just tell me. If it gets too hot, hopefully it won't be upsetting in any way. So, first of all, can you think of a resident who you know well, someone you've worked with, you know, for a while, who gets a bit agitated whose got dementia?

SM Yes.

RE So you don't need to tell me their name or anything, but can you tell me a bit about the person, and maybe describe what happens? Tell me a bit about their behaviour and stuff.

SM Well, he does – depending on his mood it's all the time – he does, like, hit out and shout a lot. But yes, it's only if, like, say if you want to assist him with food or drink or personal care, then he gets agitated.

RE So what happens? Does he...?

SM Well, you can either change the carer, because sometimes it's the person giving the care, or just give him time, or ask him what he'd like to... what he wants: how he wants it done and he will tell you.

RE So is there someone who... are you... do you work on the residential floor or one of the nursing units?

SM Yes, nursing unit, on the third floor.

00: 03:29

RE On the third floor. And is that for the people who have more severe...?

SM Yes.

RE Do they mainly have dementia?

SM Yes.

RE And so when he gets like that, is he able to... does he tell you in words, does he get verbally aggressive?

SM Yes.

RE What kind of things would he say or do?

00:03:52

SM He curses a lot, he will say cunt, or something. But he doesn't hit out as much as he used to. And he's speaking more now.

RE So what's changed, do you think?

SM I think it's the fact that he's smoking now.

RE Oh, is he?

SM Yes. I think before he... when I first came here, I didn't see him smoking much. I don't think people were taking him down, but now he goes to the garden and he goes to the Smoking Room, and he has his pipe. I didn't even know he had a pipe before.

RE So he's someone who smoked a pipe before: it's not a new thing? And you've noticed that that's something that actually now he gets to go down?

SM Yes.

RE Because presumably he can not smoke inside?

SM He has his pipe. He will have it in his mouth, but he's not smoking it most of the time, because you're not allowed to smoke on that floor.

RE No. But... yes. So that's one thing. What do you think...? And are there particular times when he gets more agitated?

00:05:03

SM He gets mainly agitated with other residents, not with the carers. Well, it's happened with us as well.

RE What happens with the other residents?

SM Because they're loud or they talk, or they're... he gets angry and tells them to shut up or...

RE And when he does that, what effect does that have on the other residents?

SM They just keep... they just...

RE Start?

00:05:27

SM Yes, shouting back to each other. But I asked him, like, do you not want any friends; do you want to speak to anyone here; do you, you know, maybe want to, you know, have a conversation with someone? And he says no. He just wants to sit by himself. I don't think he likes other people very much.

RE Yes. So he doesn't like other people. I'm just going to move this, and just be quiet. And what do you think maybe causes him to behave in this way, then? What ideas have you got?

SM That he can't get up and do anything he wants. He's tried a couple of times, but we have to stop him, because he thinks, he remembers walking, but he doesn't know that... he can't walk, so we have to, like, plug his chair back or keep checking on him and making sure that he's in his chair, because if he wants to use the bathroom, or he wants to go and have a smoke, he will just try and get up. So I think that makes him agitated that he can't just... He feels as if they're stopping him, I think.

RE And is because he can't do that on his own?

SM Yes. And we explained to him that, you know, you can't walk or he uses a lifting hoist as well, so he's... I've never seen him on his feet.

RE So he has to be brought in a wheelchair to be down?

SM Yes, in his... from his bed, we used to lift him, hoist him and put him into a recliner chair. It's those chairs that...

RE Yes.

SM Yes.

00:07:04

RE So he gets frustrated about that, do you think?

SM Yes. But even in the night time he will take off his clothes and he will... he tries to go to the bathroom, like sometimes his leg's hanging out of the side of the rail, so I think he forgets, and he thinks he can still do everything himself, and I think that's what makes him angry.

RE And what else do you think might be... causes people with dementia to kind of get agitated in that way?

SM The carers, depending... They have their favourites, don't they? Some people.

RE Do they?

SM Yes.

RE So tell me about that, because I, you know, that's why I'm interested in talking to carers, because I want to know what...

00:07:49

SM Like when it comes to feeding as well, if... sometimes someone will come in and say oh, this person's not eating. But then if you go back and try with somebody else, they will finish their whole plate of food. That's why I think it depends on the carer. And everybody has their fav... and some people really dislike other people, like carers, like with a passion.

RE And what do you think makes them dislike them? I mean, you know, do you think there's particular things that the carers do which the people don't like?

SM It could be gender, race, anything, and what the carers do: they maybe don't smile too much, or it could be anything: a number of things. And I haven't asked 'why don't you like this person?'

RE No. But you might have noticed things, or you might have ideas.

SM Yes. Those are the three things I think it might be: gender, race, and if they're just miserable people.

RE Yes. So they don't smile enough. Yes. People pick up on that. And is there anything else about maybe to do with dementia that might be causing agitation or to do with people's physical health that might make them agitated, do you think?

00:09:05

SM I don't think there's anyone... There's this one guy on my floor, I think maybe he forgets where he is. I think he thinks he's in hospital or, like, he was in the army, because he's always worried. And when we're giving him personal care he doesn't... he wouldn't sometimes allow us to give him personal care, because he thinks he's still young.

RE Yes. So for him he doesn't know. He thinks he's in the army and...

SM Yes, like he's got a photo of him and his wife above his bed. He went, 'oh, that's my wife. Who's that man next to her?' Like he doesn't recognize himself as being old, but he knows... he recognizes his wife. But even now he's saying now he has to get home else his wife will start worrying and stuff.

RE And does his wife come here? Is she alive?

SM Yes; every day. Well, when she can, but it's mostly every day.

00:10:10

RE And when... with someone like him, when his wife comes, is there anything that she does that makes... you know, does that help, or does it make it worse?

SM I think so. I think it helps a lot, because he... when she's not there, that's all he talks about – his wife – and then when she is here, it's nice.

RE And do you notice any of the residents' relatives doing stuff which helps to manage when they get agitated? Have you sort of...?

SM Yes.

RE What? What do you see them doing that works well?

SM They know what their parents like when it comes to food, when it comes to their hair. They even, like, soak their feet and stuff.

RE So they know them?

SM Yes.

RE And do they share that information with the staff?

SM Yes. Even when it comes to animals, you know, because they were, like, animal people, like they had cats and dogs. Now we always put a stuffed animal, and they stroke it and it makes them calm.

00:11:22

RE Yes. And so it's finding out about...?

SM Yes, bringing bits of their past here helps. Not photos so much, I don't think, because... not photos so much: I think it confuses them more.

RE Tell me more about what you mean by that.

SM Because they don't recognize themselves, and it might... it makes them question themselves a lot. So it's only when they recognize the other people in the photos.

RE So maybe things rather than photos?

SM Yes.

RE And have you noticed other residents doing other things when they get agitated? What kind of things have you noticed?

00:12:04

SM Just swearing. Everybody swears. Even like their families tell me they've never sworn a day in their lives, they didn't used to swear, and they do now.

RE And what... how do you make sense of that? I mean what... you know, what do you think's going on there?

SM I think like it was suppressed before.

RE Do you? Yes.

SM Because even now, like with everybody else, like now if they want to say anything bad, they will, you know, keep it in, because they don't want to hurt anybody's feelings. So I think now they will let it out.

RE Do you think there's any... do you think it's part of the dementia, or anything like that?

SM I don't know, because everybody on my floor does, swears, and they all have dementia. Maybe. I don't know.

RE Yes. And what else works; what else helps when people get kind of swearing and agitated and kind of stuff like that.

00:13:11

SM Giving them space; giving them time. Because if you were agitated, or if I was agitated, you wouldn't want someone in your face telling you keep... and going on and on.

RE So what would you want?

SM Space. Give them time to calm down and then come back and see if anything's changed, and take it from there.

RE So that works. And what else do you think helps?

SM I don't know.

RE And do you see other people doing things? So if people are very agitated or quite difficult to manage, are there other people that kind of get involved at that point?

00:14:02

SM It doesn't get really bad that we can't control the situation, and really, like this one gentleman on our floor, he hits out a lot when we give him personal care. But that's why we go with two people, two carers, to give him personal care. And sometimes we'll explain to him what we're going to do before we do it, but by the time we start doing it, he might sort of forgotten, so then that's when he gets angry again. And we will explain again. Sometimes he will accept it; sometimes he will still be angry, so we let him go back to sit down and then we'll ask him again, and he says yes. And then it can go over and over until he allows us to carry on.

RE So you kind of explain it, but he doesn't always remember it?

SM Yes. Even if he says that's fine.

RE And what helps when you're trying to sort of communicate with people, then, like him? What helps you to communicate well?

SM Just making it as casual as possible. Don't make it like work. That's what I always find helps. I always ask them questions about like their life; what they like. They ask me questions. We have a laugh and stuff, and they feel more... they don't feel afraid if you wanted to give them personal care, or any sort of care.

RE So talking to them about...?

SM Yes. Because some people go in; come out. I think it's good to make it more social, if that's the word.

00:15:57

RE Yes. And do you notice other people doing... not doing that?

SM Yes, some people.

RE What do they do?

SM They go in and go out.

RE So they're going...?

SM Some people. Not everybody.

RE Because I was going to say, what don't you think works? What doesn't work very well?

SM They just want to leave... when you go in, they're in a good mood, you don't want to leave, and they're in a bad mood.

RE And what if you go in and someone's in a bad mood?

SM Then you can try and leave them in a good mood. Like this one resident, she's grumpy sometimes, but I always try and make her laugh.

00:16:44

RE How do you do that?

SM Sometimes I sing (laughing).

RE Does it make them laugh?

SM No, I don't sing with everybody.

RE I don't know about these things. Have you got a good voice?

SM No, not really. But she will sing with me and start laughing. Not the words, but pom, pom, the tune, and stuff.

RE So things like singing or making jokes. And then are there... do you know of other, I suppose, treatments, or interventions or anything like that for agitation that are used here...?

SM Most people get agitated because they want something: either they... it hasn't been given to them or they can't have. Like there's this man who always shouts for his socks, but some people don't give them to him, because they're, like, why do you need your socks? But if he has his socks, he will be fine.

00:17:55

RE So it's something about what they need?

SM I think, because I don't know anyone that's agitated for long either. I don't think. Yes, it's either something or someone.

RE That's important. And how do decisions get made about what to do when someone's agitated?

SM I think it depends on the... how well you know them. If you don't know them, you won't know what to do, so it's getting to know them. I don't know.

RE I think you do know, don't you? Whose job is it? I mean whose job is it really to kind of manage the agitation?

SM I think it's everybody's. I think we all know how to control a situation.

00:18:51

RE Do you think people... do you think the other staff members in your set team or in other teams, do they see it like that, or do you think they see it differently?

SM What, like let's go and call a nurse, or let's call a manager if something...?

RE Yes. Do you think some people think it's not their job, or is it all, you know...?

SM Yes. Even down to the activity assistant, to carer, to nurse.

RE They would see it as...?

SM Yes.

RE Good. And is there anything else that you'd like to be able to do more, but you can't for some reason, or you don't feel you're able to do when people get agitated?

SM No; because even a hug is nice. They don't mind that if you ask them first.

RE And is that something that helps people?

SM Yes.

RE Why do you think that helps? What is that that...?

SM Maybe... I don't know. Or sometimes they come to hug you. I don't know, but...

RE But it does. And what about...? You mentioned activities; is that something that you see making a difference to people?

00:20:07

SM Sometimes: with some people. Sometimes it makes them agitated. Because sometimes you just want to sit and rest. Others yes; it's nice. They enjoy it.

RE And what kind of... what kind of activities?

SM Today we did chair exercises, so they were, like, passing the ball to each other. Well, not everyone on our floor can...

RE Do that?

SM Yes.

RE And what sort of gets in the way of people doing the activities, do you think? What stops them from working well?

SM Sometimes they just don't want to; sometimes they can't because they're in a lot of pain.

00:20:54

RE And what effect – because you mentioned pain – do you think that pain is connected to their agitation, or do you think that...?

SM Yes. I think so.

RE In what way?

SM Like this lady she's always... she's in a lot of pain with her back, so she doesn't want to be, like, moved. She doesn't want to take part in the activities. And she's angry a lot, and she even shouts at her family. But I don't think she means it. She's just in pain.

RE And what... are there things that help manage the pain, or...?

SM Some things work sometimes, and then other times it doesn't work. Some maybe sitting her forward, you know, there recliner chairs so it's more tilted forward, sometimes more tilted back. I don't think the painkillers help, because she always says that she's... her back is still hurting her. Standing up; sometimes we stand her up. She asks to be stood up, so we walk her, like, to that side of the room, back to her chair.

RE So trying lots of different things?

SM Yes. It's a different thing every day.

RE And what do you think makes it... so think about when different people get agitated because, you know, they've got dementia, what do you think makes it easier for you or for other staff to manage that agitation? You know, what makes it easier for you to do that?

00:22:36

SM If they tell you.

RE Yes, if they're able to.

SM Yes.

RE And is there anything else... is there anything about you or about your job or... that makes it easier for you to manage the agitation?

SM Family help a lot.

RE The residents?

SM Yes. Because sometimes they tell you, or try to tell you, or have some sort of input, and your team.

00:23:13

RE What do you mean? Tell me about how the team helps.

SM Because if it's new people, then maybe they don't understand the residents, or they won't... I don't know how to explain it, but sometimes depending on who's working with you it's nice and smooth, and everybody's happy. The residents are happy: they're not... yes, because new faces as well, or if they don't like somebody.

RE I mean I think you're explaining it really well, actually.

SM I think I'm just mixing everything up.

RE Well, it's fine, and it's really helpful. So there's something about the team, yes, and also it's something about knowing the person. And so if new staff come in, is that...?

SM Yes. Like this one lady, she always asks me who's working tonight, or who's the nurse today? And depending on who I say they are like, oh. So it depends who's working.

RE Yes. And you said before that, you know, there is... that one of the things is about particular carers and whether they like... you know how the particular carers are with them; what qualities do you think make... you know, in a carer; what is it about a particular carer that makes them good at managing agitation? What do they have to...?

00:24:42

SM I think you have to have an understanding of people, and be positive even in a bad situation. Yes.

RE And are they particular qualities that you have, do you think?

SM I think so. Some... most of them.

RE What are they? It's okay, you're not... It doesn't mean that you're showing off, or anything.

SM I try and be positive all the time, and I'm always, like, I try and be understanding. So even if I don't understand, or sometimes if I don't understand what they want or if... I try.

RE And if you don't understand what someone wants, what do you do? Like how do you find out?

00:25:22

SM I ask their family. If they don't have any family, then I try something, and if it doesn't work, I try something else, or ask another carer. Because somebody might even know them more than I know them, so that's what I mean about the team.

RE And how do you know how to do that? Because that sounds like a very good approach, but has someone taught you to do that, or have you just picked that up? Or have you been trained?

SM No, but that's what you do in everyday life, I think, so you use it here.

RE I think you are right. And is there anything... so you mentioned your team and actually do you feel that working well together as a team that kind of....?

SM Yes.

RE Is there anything about your team or other teams that you've worked in, that can sometimes get in the way, really, be a bit of a barrier to managing agitation?

SM If you are working with staff that are just... it's just work, like in/out, then you might feel, not scared, but don't want to ask them for help. Like, say, if a resident wanted to stand up because their back was hurting, you can't do it by yourself. So if I'm working with people that want to help, then I'll ask them for help.

RE So would you say that there are some staff that are more like you, you know, who do want to help?

SM Yes, more.

00:26:56

RE Most of them, yes. And what's different about the others? I mean what... you know, it sounds like there's maybe a few here or somewhere else that are a bit different. What's different about them?

SM I don't know. Maybe they just [unclear]. I don't know. It could be anything. I don't know. That's a hard question.

RE It is a hard question. And do you feel that you get... you know, is there anything about the management in this home that kind of either makes it easier or harder for you to manage the agitation?

SM I don't know. I don't think management comes into dealing with agitation.

RE You don't think it does?

SM I don't know.

00:27:54

RE Do you have much contact with the management here?

SM Yes.

RE Yes. In what ways do you have contact with them? Are they... are they on the floors, or do you get...?

SM Yes, sometimes they are on the... xxx's (deputy manager) mostly on the floors, checking to see that everything's okay.

RE And do you feel if there was a big problem, like if someone really kicked off, what would happen? Would they get involved at that point, or...?

SM The team would ask a nurse, then management.

RE But generally it's on the floor that it's managed. And what xxx (organisation), because obviously, you know, you worked for (organisation)? Do you feel that there's anything about the organization in that way that either makes it easier or harder for you?

SM I think it makes it easier. They have, like, really good facilities for the residents. But I mean they have special events, and yes, I think it's really nice.

RE Have you worked for other... have you always... because you worked somewhere else, didn't you? Was it not (organisation) before? And is it very different? Yes. You know, what's different?

00:29:12

SM I think this place is better, managed more as well. They're there, like all the time, so if you need them. You know more about the residents; whereas I didn't know anything about... there was no communication 24... for anyone outside of... but with management or family.

RE And did that make it harder when you didn't have that?

SM Yes.

RE And what about... is there anything about like the... you know, because you see stuff on the telly or in the newspapers, about stuff in care homes and stuff? And some people have said that that affects... that can make it either harder or easier to kind of do their job really, because they see this stuff. Does that affect you in any way? No.

SM I've heard about one incident, but I don't know if it's true.

RE What?

00:30:18

SM About the police had got involved. A lady said that somebody here...

RE Here?

SM Well, I don't know how it ended. I mean I don't... she... I don't know what happened.

RE But it got... presumably that got investigated and things. And with things like that, even if you hear about things like that happening, does that make you worry, or does it... you know, what effect does it have?

SM We just have to be more careful. Like now, we have to do doubles, or like that lady's not allowed to give her care anymore. Well, her family thinks that she made it up because she doesn't like the lady. But I don't know.

RE So that must make it hard to just sort of... for people to kind of... you know, for people to be worrying about that. I don't know.

SM People worry, I think, because all these stuff is going around the news and on the TV; they're probably always looking on, like checking to see if that... So it's actually good actually, because it's making people, you know, be more professional because of all the stuff that is floating around, so they're making sure that they're doing the right thing.

00:31:49

RE Have you noticed the difference? Not at the end, but...

SM From when I started, and heard these things on the news, and even when I did my course, so I don't know. I used to work from home to home; now I work in a care home.

RE But you used to do home care, yes.

SM Yes. So I think it more happens [sic] in home to home care. Have even like... not even just with be used with... like, say, if you have a two-hour shift, some people come in for 15 minutes and write that they've been there for the two hours.

RE Yes. Well, I suppose when you're in someone's home you don't... you can't see what's happening in the same way.

SM Especially if they don't have any family. So I think it's... They say they do spot checks, but I don't know how often they do that.

RE Do you prefer working in a care home rather than home to home?

00:32:51

SM I like both, but I like it here because there are more people, and you don't feel so... you're not... it's more social; whereas, you know, it just... yes. I don't know.

RE You can get a bit isolated.

SM You got people. You've got colleagues, you've got residents, and you have... you're always on your feet.

RE Yes. You're always on your feet, aren't you? There's always something to do.

SM Yes.

RE So when people do get agitated, you know, or behave in ways which are quite difficult to manage, how does that affect you, and how you feel?

SM Well, since I've been working here, it makes you think more and notice more things, I guess. Is taking your clothes off a way of showing your agitation?

RE Yes.

SM Okay.

RE Have you got people that do that?

00:34:02

SM Sometimes.

RE And does that... is that something that's difficult to manage?

SM I wouldn't say difficult. It's... most of these things will become normal after a while.

RE You get used to them, yes.

SM Yes. Maybe before, when I first started, because then when then you first start you don't know how... what you're supposed to do in that situation. But then you pick it up, so now it's okay.

RE And do you think that... does anything ever get to you, like emotionally or kind of...?

SM When people come and then they don't recognize their family, and when they're sad.

00:35:00

RE Yes. So when people are sad it can. And do you see... it sounds like you, you know, you've been doing it a while and you're kind of getting used to it, but do you see other staff members, like when people get very agitated and distressed, do you see them getting... other staff getting upset by it, or affected by it?

SM Yes.

RE In what way? How do you think it affects the team, say?

SM With some of the residents, they can upset you, because they do say mean things.

RE And what happens then?

SM You just get upset.

RE But how... you know, how does that affect like how you then can do your job, or...?

SM You try... you do... you be professional, but you can see that people are upset, but you don't... you don't deal with it how you would deal with a situation with your family members, or... stay professional, but I've seen family members get upset back.

00:36:18

RE Get upset with staff...

SM No.

RE ... or get upset with residents?

SM Yes.

RE Yes. And when it is difficult, do staff get support?

SM Yes.

RE How do staff get support?

SM By helping, or by speaking to the resident, and speaking to the person giving the support. But I've seen people cry.

RE Yes?

SM Yes. Workers. But not often, like... maybe twice.

00:36:57

RE And how do people get support? I mean where does it come from if they're upset?

SM From other people working with you. Or if sometimes the resident says sorry as well.

RE If the resident says sorry?

SM Yes. Like sometimes, because they're agitated, so when they're feeling better, they do apologise. But then even if they don't, you know that they didn't mean it, or they were agitated.

RE Why does it...? You know, how does it make a difference if they say sorry, do you think? What's that showing you?

SM That they didn't mean it, or they appreciate what you're doing. I don't know. I don't think they have to say sorry.

RE They don't have the...?

SM They don't have to say sorry.

RE No. But something about feeling appreciated; do you think that staff feel appreciated in what they do here?

SM Yes.

00:37:09

RE Yes. So how... what makes you feel appreciated in your work?

SM If you can see what you're making a difference, I think. Like if they're happy.

RE And what about... what kind of support do you find helpful? Like for you personally? You know, if you've had a bad day, or you're feeling a bit stressed, or it's all just too much; what do you find helpful here?

SM People working with me, family, as family members.

RE And is there anything which gets in the way, which stops you asking for help? No. So if you wanted to talk to someone, would you go and do that, or do you ever feel you can't do that?

SM Sometimes I can't.

RE Sometimes you can't? How come?

00:39:14

SM Because I don't want to upset anybody.

RE What? Like other staff?

SM So maybe if you go to another member of staff, or the person in charge, or the manager, that person will get upset.

RE They'll get upset because you're asking for help, or...?

SM Yes.

RE Why might they get upset? Has that happened here when you got...? Or you just worry it would happen?

SM I don't know. Both.

RE Yes. So would you... so, say, with your managers, would you... if you had a problem would you go to them if you want... you know, if you're worried about something, would you talk to them, do you think?

SM Sometimes.

RE What gets in the way, then? You know, the times when you wouldn't do it, or, you know, when you think about it? What makes it harder, do you think?

00:40:38

SM I don't know. Because if it's something to do with a resident, but it's including staff, then sometimes it's hard.

RE So it's hard if it's including a resident and another member of staff, you would feel it's hard to talk to a manager about that, because you're talking about someone else?

SM Yes.

RE Is there anything that helps with that? Is there anything that the managers do to make it easier for you to talk to them?

SM Yes. They always ask how's everything going; how are we coping and stuff, so yes. But the most common thing is these phones. But that's not... I don't think it's a big issue. But I don't...

00:41:34

RE What do you mean?

SM Phones: people using their phones.

RE What? Staff?

SM But I don't think it's a big issue.

RE Are you not supposed to?

SM No. Not when you're with residents.

RE No. Yes. What about, though, if you were upset because, you know, say, someone had got very agitated? You know, one of the residents had been, like, giving you a... like pinched you or scratched you and you were just upset about it?

SM No.

RE You don't get...?

SM No, I wouldn't say anything.

RE You wouldn't? Why not?

SM I don't know. I don't know, but I think it happens to everybody.

RE Yes? So you think it's just...?

SM Well, even if I told somebody, I don't know what they could do. What could they do?

00:42:22

RE Do you think that agitation can be managed, or do you think it's just kind of one of those things that happens?

SM It happens, and it can be managed.

RE Yes?

SM Yes. I think.

RE And what about training? Have you had training, or, you know, I suppose, support from outside about what to do and how to manage agitation?

SM Before, and both this place, yes.

RE Yes. And what's been most helpful? What do you think?

00:42:56

SM People sharing about what happens, what experiences they've had and it's similar to your experiences, and how they dealt with it. Yes.

RE So hearing from other people about their experiences and sharing those experiences?

SM Yes.

RE What else has been helpful?

SM Yes, the training and experience, I think. Because it's like with oral care, I found that really difficult until recently.

RE` Oral care? Like what?

SM Brushing their teeth.

RE Teeth, yes. And then did you have special training on it, or something?

SM Yes: dealing with the people that are agitated when it comes to oral care.

RE And what did they say you should...? Was it like...? Who gave you the training?

00:43:49

SM The dysphasia nutrition people. So there were a few things that you could do. There was keeping them distracted; there was being on the same level as them, maybe going behind them. There are various different ways, and I tried one, and it worked.

RE That's good, yes. So actually being given ideas as well? And do those people come here, or do you go there to training?

SM Well, we did three-day training so that we can train other people here. So I've done one already.

RE And does that work well, because that's what we're thinking of doing. It's like training staff to train other staff.

SM I don't think it does.

RE Why not?

00:44:35

SM Because either they don't know... When it's someone coming from outside to do the training, they will... you know, like it's just a lot of people that we're trying to get to come to the training, and they're just, like, no, or when they come they're just sleeping through it. But I think it's because the carers give them the training.

RE So if you give the training, if the carers give the training, it's different, is it? They don't listen as much?

SM I don't think so, but we've only done one training class, so.

RE So what do you think would work better then? What ideas have you got now?

SM Well, it's happening now, like they... we were trained here, and it's, you know, from someone outside.

RE Yes. Because that's the thing I suppose I'm interested in as well, is what would help you to feel more able to manage the agitation. You know, what kind of support or help or training or anything like that.

SM I think it's mostly experience, because I had done all the training before I came here. I'd done it at school, and it's still different when you... knowing everything it's still, like, what should you do in team; you're here a while [?]. Because I think it's experience and practical; maybe more practical. You know, like, with the training, the practical things help.

00:46:08

RE Like what?

SM Like when you do scenarios and stuff. But just... yes.

RE So having like scenarios and stuff. Yes. And what... because you said, you know, that sometimes like people will come in and they'll... I've done training where people will come in and they just kind of sit down or fall asleep. How do you stop that happening? You know, what are your ideas about how to keep people engaged, or focused?

SM Well, they'll sleep until you ask them some questions and they'll wake up, or when they do like the practical parts, they're awake.

RE So it's more practical if you ask questions?

SM Yes: involved. Yes.

RE Can't sleep through a question. Well, you can. So is it the bits where people are talking at you that people...?

00:47:00

SM I think so. Or maybe if they are eating.

RE If they what?

SM If they're eating.

RE If they're eating?

SM Yes.

RE If we give people biscuits.

SM Or coffee. I don't know which.

RE Yes, coffee, yes. And do you feel when you do do training and stuff, that you're able to sort of put what you learn into practise? Do you think you get the sort of...?

SM Yes.

RE What helps you to put it into practice?

SM You have to. What do you mean put it into...?

RE Well, what helps you? If you go on a training course; what helps you when you get back to sort of do things differently?

00:47:36

SM Because you see it differently. Like, say, if somebody tells you... Like with the oral care, so you would... so when you're going to do oral care again, or feeding, you would... everything that you learn will still be in the back of your mind. Like with feeding, like you have to take in regards that some residents have their face to the side, so it would take them longer to swallow, because if you're not sitting upright or you're... Maybe some people won't look at that until they have their training, but why do they take long; why are they choking; why are they...?

RE So kind of once you've had it you notice things.

SM Yes. And it makes you do your job better having more information, I think.

RE Is there anything that gets in the way of putting it into practise, then, or makes it... you know, is there anything that makes it harder for you to come back and do things differently? No. And is there anything generally that you think makes it harder for you to do your job, or...?

00:48:50

SM Sometimes you have the training and somebody else doesn't – for the question you asked before that one.

RE So you might have training, but the person you're, like, doubling up with doesn't, so what do you do then?

SM You try and tell them what they... They will sometimes take it on board; sometimes not. [Overtalking] had the training.

RE So it's about everyone having it?

SM Yes.

RE Okay. Is there anything else you wanted to say before we stop? No? Thank you very much. It's really helpful what you've said, actually. I don't think it's... I'm not sure how easy it's been for you, like, it feels a bit weird talking in this way, doesn't it, but it's really helpful to hear from people who are doing the job. Would you be willing to give us feedback about any materials [unclear] in the future, like if we come up with a training pack or anything? We have a look at things and...

SM I can't think of anything.

RE Yes. No, but if we do have stuff, and we come back in, like, a year, and you're still here, you're happy for us to talk to you about it?

SM Yes.

RE Yes? Okay.