

# **002.001**

## **Speaker key**

RE     Researcher  
ST     Staff  
UF     Unidentified female speaker

RE     Okay, so, as I've said, I'm a researcher and I'm going to conduct and record this interview. Everything I say is confidential but would you introduce yourself for the recording so that the typist recognises your voice?

ST     So, my name is [Personal info], I am a unit manager

[00:00:23]

RE     Thanks, so thank you for agreeing to take part in the interview, as I said, we're interested in how people working in care homes cope with residents with agitation. And by that I mean behaviours like restlessness, pacing, shouting, verbal or physical aggression. And we're asking because we know that it's something that you and your colleagues will be managing a lot and we want to make use of your expertise. I'll be asking about your experiences of working with people with agitation and about what works and what doesn't work and what gets in the way, really, and what, what helps. We're going to use the information to help develop an intervention to reduce agitation in people with dementia living in care-homes. So, we're interested, basically, in how to make the intervention something which is practical and which fits with day to day work in busy care-homes. As I said, obviously, I'm going to be audio-recording and whatever you tell me is confidential and will be anonymised, so, if you name anyone else or yourself that will all be taken out and no one will be identified.

ST     Yes, okay

RE     But if you, obviously, if you do disclose any information that you or someone else is being harmed, I'll ask your permission to disclose the information to my supervisor. Because we can't, you know, as you know, keep secret if anyone is being seriously harmed.

ST     Yes, yes

RE     If you need to stop at any point just, just tell me and we can stop.

ST     Okay, yes

[00:01:56]

RE Hopefully it will be, it won't be too difficult. I mean, first, just first of all can you think of a resident you know well who has been agitated? And just tell me a bit about the person and describe their behaviour and what generally would happen.

[00:02:14]

ST Right, okay, we have one resident, her name is [Personal info]; she has various stages of agitation throughout the day. It fluctuates frequently; she can go from being content, engaging well with others, jovial and making, you know, making jokes to then becoming completely disorientated, anxious, pacing up and down, calling out for help, not knowing where she is. However, when she's content she can tell you what number her bedroom here is; she reverts to thinking that she needs to go back home to where she lived before. She's looking for her sister; she thinks she can hear them sometimes and that's sometimes the cause of her then looking for them. She can be very, very distressed and even to the point where she's not absorbing any information that you're giving her to try and help settle her. And when she is like this also it, because she has COPD this can affect her breathing; she can become very, very distressed.

RE Gosh, and have you noticed any, sort of, patterns to when she gets like that?

ST There doesn't seem to be any real triggers and there's no real patterns. It's just, it's a daily occurrence; it also can happen at night. And it can go from one extreme to the next; she can be, like I said, happy and content and then completely disorientated and very, very unhappy.

RE Okay, and what ideas have you got about what might be causing this?

ST I think it's just her... I mean, obviously, the first thing we would do is rule out any possible underlying infection that could increase her confusion. I think also some of it is because she has insight; she does, she'll tell you from time to time, it's because I have – in her words – senile dementia. So, I think sometimes she knows something's not right and that can also be a trigger of it.

RE And is there anything else, do you think, that might be going on or...?

ST I, I think her environment, sometimes noise can be distressing for her, but also she is a lady that does not like to spend time on her own in a quiet area. That can also be a trigger, so it's very difficult when she is unsettled to, sort of, I mean, she, she generally responds to one-to-one but there are times when she is so distracted and agitated that it's almost that you just have to, sort of, ride it out with her. And just reassure her for the duration that she is feeling agitated and, and distressed.

RE And what effect does it have on the other residents when she's like that?

[00:05:40]

ST Well, when [Personal info] first moved here her neighbour, and she is called [Personal info], they had a very good friendship. But unfortunately [Personal info]'s night time episodes of disorientation and anxiety, because she was very close to her,

would go into [Personal info]'s bedroom next door and disturb her. And [Personal info] is someone that, sort of, you know, she does recall daily events and things like that, so sadly there was a, sort of, breakdown in their friendship. They, from day to day they, they do get on, but there is, sort of, this ongoing, sort of, back and forth with their friendship, which is a shame. [Personal info], last Sunday, was very, very upset for pretty much the duration of the day. And I think also she was having episodes where she was mishearing things and almost there was, sort of, paranoia in her thoughts. And she was thinking that [Personal info] had been laughing at her and this was in the main lounge and [Personal info] started swearing. And [Personal info] is, is very much a lady, she wouldn't normally use that type of language but whether [?] this is how, sort of, distressed and upset she was that she was swearing at her neighbour, [Personal info].

RE Yes, gosh, okay. And so, when you think about the situation with [Personal info] and how she is, how have you managed that situation?

[00:07:18]

ST I mean, obviously, there's the support that she gets from carers; plenty of reassurance, distraction to try and engage her in something that will, sort of, settle her and something that she enjoys doing. It's different every time with [Personal info], sometimes something will work, another day it won't. And, and if she is, sort of, upsetting other residents, obviously, to encourage her to her room so that she can have one-to-one and just to talk it through with her until she settles. But we did, [Personal info] is, sort of, under constant review of xxx, so [Personal info]'s medications have been reviewed and are continuing to do so. She was placed on various, sort of, medications with trials to see how effective they were. The last medication change was Mirtazapine and it was increased to 30mg which did have a positive affect but it was only short-lived. And it's almost appeared as though she got used to the Mirtazapine and then, sort of, her anxiety and, sort of, challenging behaviour has started to show again, so, we do have a lot of support from Sxxx. But it's also very, it can be very difficult because [Personal info]'s daughters are, they do play a big part in [Personal info]'s life. She has lots of visitors but her daughters, sort of, were reluctant for different types of medications. So, there's a lot of communication between myself, xxx and her daughters. And I think also [Personal info]'s, whenever she does have visitors it's almost as though they do tend to see a lot of the agitation, the upset because all of the thoughts and emotions come out whilst they're there. So, they sometime... and I think [Personal info]'s family sometimes feel that she's in that state all the time, however it's not. But they do tend to see, see, sort of the, the other side where she is upset a lot.

[00:09:45]

RE And are there, you know, are there other things that, that's to help the carers and you just to, kind of, manage it in the moment that...?

ST I, yes, I mean, we all, we all support each other, sometimes one of the carers might, [Personal info] might respond better to. And then a change of face can, can, sort of, have a good effect on [Personal info] so we do, kind of, like take turns and see, see how [Personal info] is more responsive to different carers because she does

have different relationships with different people. And sometimes just a change of face can, can, sort of, have a positive effect with her.

RE And has anything worked, sort of, less well? Are there any things that you you've tried that just, kind of, haven't...?

[00:10:40]

ST Yes, I mean, [Personal info], [Personal info] is someone that needs a lot of one-to-one, but sometimes it doesn't always work. [Personal info]'s daughters have asked a, sort of, art therapist to come in so that [Personal info] can have that one-to-one but even that has distressed her because it's, it's a new face. I don't want to sound as though I'm contradicting myself but it is just so changeable.

RE No

ST And [Personal info] hasn't been able to have any of the, sort of, sessions with any of the art therapists. Two people have come in, two different people and she's just too, too distressed and they've had to leave, sort of, you know, within five, five minutes because it was just very upsetting for her.

RE Yes, and do you think it's harder with unfamiliar people, I mean, or is it not, like, kind of...?

ST Sometimes, yes, I mean, even taking [Personal info] to, even just to the garden it can disorient her. She might be okay down there for, for a little duration but then sometimes even coming back up, she's back upstairs and it's a different environment again. And sometimes it takes her a while for her to, sort of, settle and realise where, where she is.

RE And in terms of communicating with her, is there anything that works particularly well there? Just in terms of, kind of, how to calm her down or talk to her, I don't know.

[00:12:24]

ST It varies, sometimes [Personal info] can recall if she had a visitor the previous day. And, sort of, orientating her and reminding her of certain events, she sometimes can recall them. And that will sometimes help settle her down, but it depends how, sort of, how [Personal info]... whether or not she is listening because sometimes you can also be having just two different conversations with her. That she's just not listening, so it, [Personal info] is [unclear] probably the one resident that we have at the moment where it really does fluctuate with her; what works, what doesn't work and it is just almost, sort of, riding it out with her and just trying lots of different things, Penny.

RE Has she been here a long time?

ST I would say it's coming up to a year.

RE Yes, and it's, kind of, been like this since she was here.

ST Yes, I mean, one thing that does help with [Personal info] is just a simple thing of putting makeup on. She's a lady that likes to look nice and, I guess, sometimes it does work just to sit her down in her bedroom, so a calmer environment and just to encourage her to put makeup on. Sometimes it helps her to focus and she might be a little anxious whilst doing it, but the actual process of her doing it can, can, sort of, help settle her again a bit.

[00:13:57]

RE Yes, and if you think about other people that are here or you've worked with who've been agitated, what else have you seen work well?

ST One-to-one a lot, xxx, it's just, sort of, taking, of encouraging the person out of that environment, out of that situation, distracting them and, sort of, resolving whatever it is that they're worried about. And, sort of, talking it through with them and just lots and lots of reassurance.

RE And are there any other, kind of, approaches or interventions that we've not talked about that you think are useful in managing agitation?

ST I think some, you know, activities is a big part of helping to reduce agitation, is if you can actually get service users to focus on something that they enjoy doing. But it's very individual, xxx, obviously, and then, and just... and we have with our, we have 18 residents here and you can imagine, sort of, living with 17 other people the course of the day changes, you know, continuously. You have residents that are good friends one moment and then due to confusion or whatever then, you know, they're not such good friends. So, you, kind of, are constantly having to work around and, sort of, divert different behaviours and... I've forgotten what you asked me.

RE No, I was just asking, you know, about other things that you've seen work well, basically, and you were talking about activities and I suppose how individual that would be.

ST Yes

RE And how everybody is, I think, you know, I think you're saying that, sort of, how different everyone is and how many different things are going on all the time.

[00:16:08]

ST Yes, and even with activities, depending on, on some residents' state of mind as to whether or not they're able to participate because they might have something else going on that they're thinking that they're having to do. And it's just, sort of, doing what works best at that time and a lot of the time it's trial and error. You know, we have residents where, where something works 95% of the time and then the other 5% it doesn't seem to work and you almost just have to ride it out and minimise as best you can.

RE Yes, I think, I mean, I think that's a very good assessment of how it is, isn't it?

[00:16:58]

ST Because not always it does work, xxx, and it is all, it is, I mean, we have one lady where, she's a lovely lady, very sociable, very jokey and her husband passed away a couple of years ago and, you know, she will have times where she is looking for him or thinks that he is visiting. And in her mind she is very certain that he is coming, to the point where she's had her daughter-in-law come and she's got very upset with her daughter-in-law because she's trying to orientate her and as best she can and as gentle as she can to remind her that her husband is no longer with us. Sometimes she responds to that and, I mean, you know, naturally she's tearful but she, she accepts what's being said to her. And then other times it's, you know, you know not to say that. You just, kind of, go along with what's she's saying and again it's just trying to, sort of, manage and minimise her upset.

RE And are there things that, you know, what helps? What makes it easier to, sort of, manage the agitation in your residents?

ST What helps? I mean, I think staffing levels, unfortunately, you know, we are fully staffed to the guidelines that we're supposed to have. But, I mean, it would be wonderful if we could have more manpower so to speak.

RE Yes, if you had more people what would that, you know, how would that make a difference?

ST Well, I think if, you know, agitation is a daily thing in care-homes so there's, there's normally always someone that's, sort of, agitated so as soon as someone's agitated they're then having to go off and spend X amount of time with that person supporting them. And I think manpower is something that unfortunately we, I mean, we meet people's needs but it would be a lot less stressful for staff if we did have more staff on duty. It would be very helpful and I think, you know, when somebody is very agitated it, kind of, it does take you away and then almost, sort of, you know, the activity that was going ahead has almost had to stop because, you know, others are supporting and trying to resolve a situation that is happening.

RE And do you think there's anything about you or I suppose your staff that you have that makes it easier?

ST That makes it easier.

RE Yes

[00:20:04]

ST I think we're quite lucky that, in the sense that the staff that we've got here, the core staff have been here for a long time. So, we work well together and generally the residents, if they don't respond well to myself at that certain time someone else can step in and, you know, we're lucky in the sense that all the residents have, sort of, formed, you know, good relationships with the carers. And I think we're all very

aware of our own, sort of, limitations with regards to, you know, we can all support each other if something isn't working and you can see that it's becoming difficult for that carer then someone else will step in. We do support each other well that way.

RE And do you think that...? I suppose how does, say the relatives, how does that make a difference to how you're, kind of, are able to manage agitation?

[00:21:06]

ST A huge difference, I think that is probably the most stressful part of, of our job really, are the relatives and their expectations. We have wonderful relatives that are understanding and very supportive. But it just takes one relative... I remember, we had recently one lady that was very challenging; she would have episodes where she would become verbally, physically challenging and, sort of, the expectations of the relatives were very, very high. And they could also be quite challenging, it's very difficult, I think, you know, they didn't really have any knowledge of dementia. And they're, it was almost as though they needed more support than the resident and their relative.

RE And it, and how does that then impact on what you can or can't do as a staff team?

ST I think, sort of, you know, the staff were very nervous around the relatives because they were quite confrontational. And the staff worked very, very hard to care for, for their mother, very hard. But it did make it, sort of, a lot of the staff were very, very nervous when the relative would visit because every time there would be a complaint or a concern and some of them were genuine. But it just needed good communication and, sort of, explaining to the relative certain events or whatever the nature of the concern was. But it does, it is very difficult when, when you have, sort of, a relative because I can understand their expectation as well that, you know, nobody would be able to care for their relative the same way that they would if they lived at home. In that, in that, do you know what I mean, ? I don't know if I'm...

RE No, I know exactly what you mean and I think it, you know, there's something about if people wouldn't, you know, people would always want... This isn't their home, is it? I mean, this is, you know, and for relatives that's quite a difficult thing as well. They're having to, kind of, give the responsibility to someone else...

ST Yes

RE ... for something that they want to be able to do. And I was thinking, connected to that actually, or maybe not connected to that at all, but whether the, the way care-homes are seen in the media has any impact?

[00:24:12]

ST I think so, as well, no absolutely, you know, the press are very negative when it comes to care-homes. Understandably so, there's been some, some cases in the press that have been quite shocking, but it does sometimes make a hard job very difficult. Because I remember we had a new admission, very nice lady but obviously

it's a new environment, new faces and it can be very distressing and there is understandably a settling in period. But I remember the relative said to me on first meeting, you hear such terrible things about care-homes and, sort of, quoting Panorama and the reason being was, I think it was, sort of, the lady had been here for three days; it was supper time and she was, she was very agitated. The staff were reassuring her; she needed, needed to wear an apron during meal times, the family also wanted that to keep her clothing presentable. But during this time she'd become agitated and she'd removed the apron and spilled soup down her, her top and unfortunately, you know, that's happened. But the reason why the relative then said to me about Panorama and things like that was because of the soup on her cardigan and how expensive the item was and then she doesn't buy clothing. So, it's just, kind of, you know, those, kind of, expectations. And that day was a particularly difficult day in the sense that unfortunately somebody had called in sick, so we were working very hard that day. And I felt happy about the shift and then just to finish it like that, it just, kind of, sometimes it does make you think, my goodness, it's just, sort of, you know, the, sort of, perspective of things. If a bit of soup on a cardigan was, was our biggest worry then, then fantastic.

[00:26:33]

RE Yes, but do you think, I mean, because it's interesting because I think lots of people have spoken about this, about how, I suppose, the press and the media is very negative.

ST Yes

RE Do you think that impacts on what staff feel able to do or how staff, kind of, then feel able to, kind of, manage or care for the residents?

ST I don't think so, I think, I mean, for me personally I, I come in and I try my best every day regardless of what the press says. And I have to keep things in perspective as well. You know, we have a lot of relatives here that are so grateful, that are so supportive, play an active role in the home, so it's about keeping things in perspective. But it's just that one, that it can just be that one time when, like with the soup and the... you know, the relative was very, sort of, confrontational and it's, you know, it's just about putting things in a perspective.

RE And so you've said, you know there's staffing levels and, I suppose, the relationship with family members are some of the things that maybe make it harder to manage agitation. Are there any other barriers that you can think of?

[00:27:59]

ST I think with... because we're residential, obviously if somebody's needs increase then that takes up resources from, from the staff because we don't... For that duration where we're doing, you know, the change of circumstances getting in all the other professionals to come in to do the assessments and then to present a case to have a change of circumstances review and then from then, you know, the social worker will come in. And then they will have to then present it to Panel, it can be incredibly longwinded. And in this duration, sort of, you know, a resident has gone from



needing the support of one carer to needing the support of two and the time has increased. That I find very difficult; I remember we had one lady where it took nearly a year for her to progress from residential to nursing care and it was purely down to social services. We had social workers go on... they would come out and they would do the review then they would have maternity leave, one left and it was nearly a year until we actually managed to get the lady into nursing care.

[Overtalking]

RE You don't have nursing care here, do you?

ST We do.

RE You do, okay, so actually...

[00:29:35]

ST Yes, we do, this is residential, the two floors above are nursing care. But I find it's just sometimes the other, sort of, multi-disciplinary teams can sometimes slow things down. And in that meantime we're still having to support.

RE And then presumably that increases the pressure on the staff and...

ST ... on the staff, yes

RE And is there anything else you think that either makes it harder or easier for you to just manage the agitation that people present with?

ST Harder or easier...

RE I mean, do you think there's anything about individual, not like individual staff as in that person's good that person's bad, but do you think that there's any, sort of, thing about, sort of, the individual characters or ways of being with people that makes it easier or harder.

ST Individual characters in... I mean...

RE Because of approaches, I suppose, I don't know.

[00:30:42]

ST I don't, know, but, I mean, if the majority of the staff here are fantastic but, I mean, it's... I don't know, it's a bit of a... the majority when I first started working in the care sector, it used, it used to be generally a lot of, sort of, middle-aged women that almost were, sort of, working as... I guess, sort of, you know, it was a part-time job, their husband would possibly be the main breadwinner. That all seems to have changed; we do have a lot of carers here that are now from overseas, a lot of them are fantastic, but occasionally you will have someone where, I think, sometimes maybe communication is difficult. And obviously that is something that would then be resolved with supervision and as to whether or not they're suitable. But I think

sometimes, sometimes, sometimes carers are tired, as well, because, I mean, the pay isn't amazing especially living xxx, so carers do a lot of overtime. And I guess energy levels are a bit factor.

[00:32:26]

RE And that affects what people can do.

ST Yes

RE I mean, I was just going to move on to that actually, about, kind of, what impact... I suppose, I mean, we're particularly looking at agitation so, you know, what impact managing agitation, agitated behaviour can have upon staff?

ST What the effect is on the staff.

RE Yes, you know...

ST It can be very stressful, very stressful, I know, I know there's been situations where I've made my journey home and I've missed two stops because of a situation that happened that day at work with a resident that was agitated and, you know, very verbally challenging. And yes, it's very stressful, it can be. And even on your day off it's something that, you know, certain situations can, can remain with you.

RE And do you see it in the team that you are managing, as well?

ST Yes, yes, I do see staff becoming stressed with different situations and again that's when we would tag team so to speak and change, change over. And just give, you know, give someone that time away from that person and someone else will then go and, sort of, support the resident. And that's very important, you know, we do change over a lot.

RE And do you...? I mean, what effect does it have on the team, really, when, you know, that, sort of, level of stress or tiredness... you know, how does it affect what people feel able to do when they're here?

ST I'm not sure, say that again please xxx.

RE Well, I suppose, I was just thinking about, you know, whether you notice the effect of that stress or tiredness in the, kind of, day-to-day work of yourself or other people.

[00:34:52]

ST We, we, I mean, we all get stressed from time to time. We do, it's, you know, one of the best things is that we are... our communication is very good here. We do talk to each other and, like, I said, it's the biggest support within the team is that we do communicate well. And, and also, you know, if someone is feeling particularly stressed than to let them go and have a break to let them go down and, sort of, just, you know, for 15 minutes just to go and have a drink and 15-minutes out. That's very

important, just to remove yourself also from the situation so that someone else can then take over and...

RE Absolutely, and in terms of support because, obviously, you know, it can be very difficult at times. How do staff get support?

ST How do they get support?

RE Yes, how do you get support?

[00:35:57]

ST I mean, I get support from the carers, from my management here. We used to have somebody come in, and I don't recall the name, but I think it, it was a very good service that we used to have. And I can't remember her name but...

xxx, that's right, yes, xxx used to come in. I mean, this was quite a while ago.

RE Yes, that's right, [overtalking]

ST Right, okay, and I found that very helpful. And we just used to have, like, a, I think it was an hour or so just as a group, just to sit down and discuss any concerns and it was a good platform for us to get together and have a chat with xxx.

RE Yes, and that hasn't happened for a while.

ST No, no, not for a, for a long time, I think maybe three years, it's been, I'm not sure why the service stopped.

RE I mean, because I was just thinking, do you have any opportunities like that, within the team?

[00:37:12]

ST We do, sort of, on a day-to-day basis, you know, we will, sort of, chat and support each other. We don't have massive group sessions because it's difficult for us all to get together at one time. The same when xxx was here, generally it was the staff that were on duty that day. I mean, we do have home meetings where, where you're to, sort of, openly discuss anything. So, we do internally but sometimes... it was very good when xxx used to come in because she was, she was just very good. It was quite nice to have someone outside the home to, sort of, have a different perspective.

RE Yes, and I was just thinking in terms of support, but maybe more generally as well, how it works with... because it sounds like a lot of it is supporting each other within the unit.

ST Yes

RE Is that...? You know, it's the team that you work in. Do you have support from management as well? Are you, you know, does that work as well? Are you able to, kind of, go outside of the unit?

ST Yes, yes, yes, yes, I mean, the home manager is xxx and the deputy manager is xxx, and they're very good any, sort of, concerns they're always there to listen. But also we lean a lot on xxx. We used to have xxx and she's amazing.

RE She is amazing.

ST Very proactive, but sadly she's no longer, she's been re-assigned somewhere.

RE Yes

ST But, yes, we, we did really... xxx worked hard for us.

RE Yes, she's amazing.

ST She is, isn't she?

RE Yes, she's a power house. But I was just thinking, I mean, I didn't ask before but, you know, whether there is anything about the, kind of, organisation or about the management which affects how you feel able to, kind of, manage the agitation in the first place. Does that, kind of, impact at all?

[00:39:33]

ST I'm not sure, xxx I don't know, I mean, we, I don't know whether this is relevant but, but I guess it is. We recently had a... I think sometimes, sometimes you don't always feel valued. I know, I know with any, sort of, any, any profession, you know, there's different politics going on but recently we had... I think I came in on the Friday to be informed that on the Monday our, our shift pattern was changing from eight o'clock till eight. And it was changing from seven to seven. Just, you know, the notification of, of being informed... I guess sometimes you don't always feel valued for the job that you're doing; it is a very difficult job. I don't know whether, you know, that's relevant because we're talking of agitation.

[00:40:59]

RE Well, but I think it is relevant.

ST But it's just, sort of, like an overall... It does have an effect on, on, on, on your working practise, so to speak because a lot of the carers had minimum time to make arrangements and to be informed. You know, a lot of them had children and then for them to have a stressful situation like that happen, it does have a knock-on effect whilst you're at work.

RE And I think as you say, you know, it's not going to directly impact on how you manage agitation but actually it affects how you feel about your job and everything else.

[00:41:40]

ST I think so, I think, you know, don't get me wrong, the management here are very good but there are certain situations where, I mean, what we are doing is just caring for people all day and it doesn't always feel as though staff are really cared for. You know, with just changing the hours just like that. I'd be quite happy but it's just notification, you know, to be told on the Friday that Monday things are changing. It's a bit [unclear]. So, it, I know the staff have been stressed out about that, so it's just another, sort of, situation that... it does affect your daily practise.

RE And do you notice that, the, kind of, knock-on effect that things have on the people that you're working with?

[00:42:30]

ST I don't, I don't think, I haven't noticed a knock-on effect on the delivery of care but I see the knock-on effect on the staff. I can, you know, I can see their stress levels this week and their just general, sort of, mood has changed. And maybe it does have a knock-on effect if... maybe, I mean, you know, I'm sure residents do sense... I'm not saying the staff have been miserable around residents, but, you know, I'm just saying that people do talk in general conversation and maybe staff, maybe residents do listen into conversations. Maybe that is a knock-on effect.

RE And, I suppose they're just looking about, you know, whether there was anything that got in the way of people asking for support or for help or...?

ST If there's anything that, that...

RE Anything that maybe makes it harder for people to ask for help or for support.

ST I don't think so.

RE Good

ST I don't think so, I'm quite lucky with the team that I've got; we do all have good relationships with each other. I mean, the only thing that might hinder would, would be time, it's time, really. We, you know, although we're not a, sort of, regimented environment we do have, you know, we do have goals that we need to meet. And although it's a 24-hour service, so to speak, we do, we are very pushed for time here.

RE Yes and I'm just going to move on because I wanted to ask a bit about training and whether you've had training which has been helpful in terms of how to manage agitation.

ST Yes, we did have training last year; it was called, it was Dementia Awareness Training, but a lot of it was, sort of, activity based, that was very helpful.

RE Activity based in terms of activities you could do with the residents or...?

[00:45:06]

ST Yes, yes, but the only think I took from that training which, I mean, the trainer was saying that if a resident is agitated, looking for their Mum, it's, it's, it's possibly not the thing that they're looking for their Mum, it's a need, to recognise it as a need, that they possibly might need something. That they're not able, they're not clear on what they need, but there's something that they would normally get from their Mum. Sometimes, I mean, that I don't find, that I don't always find true to the sense that, I mean, I tried it myself where you can try and think, try and apprehend what the person may need but sometimes it is just that they're looking for their Mum.

[00:46:02]

RE Yes

ST I mean, other training that we've had within the home has, has all been around, sort of, various ways of defusing possible challenging behaviour. And again sometimes it helps and sometimes it doesn't,xxx It's different for residents and even for the individual, you know, something that might happen at that time... Sorry, do you want a drink?

RE No, I'm all right.

UF I'm so sorry to interrupt you...

[Recording ends abruptly mid sentence.]

### **Speaker key**

RE Researcher

ST Staff

RE Okay, so this is [Personal info], Part Two. Right, okay, so we were talking about training and some of the things you've already had and I was just thinking, you know, what, what do you think would help? What kind of training would actually be useful or...?

[00:00:20]

ST What kind of training would be helpful? I think isn't more training on, on best ways of how to deal with agitation and challenging behaviour? I don't think it is really focused enough. You know, I think we have a, we had one last year and I think it should be a regular staple of training that we do.

RE Yes, and when you say had one last year, was that, would that be people coming here? Or would that be staff going to...?

ST No, it was external, it was external. I did, you know, my memory is so bad, Penny I don't recall who it was actually done by.

RE It doesn't matter.

ST But I think it's, it's something that should be a regular, sort of, top-up because also I think it would just help staff as well. Because it's almost like a, kind of, you know, a refresh and reassure the staff as well of, sort of, tools and, sort of, things that they, they could do that might be different or... You know, we don't have huge turnover of staff but just for me I know that that type of training is something I find very helpful and just a, sort of, a refresh can be very helpful.

RE Yes, and is your training always stuff that people go out to rather than people coming in and...?

[00:02:01]

ST No, some of our training is internal but there are trainings that we do outside. I guess the, sort of, you know, the basics are internal, sort of, moving and handling, infection control etc.

RE And are there things...? I suppose I was just thinking about how what you learn on the training or what the staff learn on training, how that gets put into practise and whether, you know, there's anything that makes that difficult to do.

ST If it makes is difficult to do.

RE I didn't ask that very well. I suppose I was thinking, you know, what makes it harder to put what you learn in training, putting it into practise.

[00:02:47]

ST ... into practise, I mean, what makes it harder is, like I said, the training that we did have regarding, sort of, dementia awareness which was, sort of, based on, sort of, helping to reduce agitation and so on was that sometimes that isn't always the answer, I don't think, unfortunately. You, it's just trial and error and it's just, it's very individual based and what works for one time doesn't necessarily work another.

RE Yes, and was the training based on your individual experiences and cases and people?

ST Yes, yes, you know, we, we were able to talk about personal experiences and life within the home but I just found, sort of, that that isn't always the answer.

RE There isn't one answer.

ST No, no, yes it's just trial and error of many different factors that might help reduce or even prevent, you know, obviously triggers are a big thing and that's the first thing you would identify. But how to resolve a situation is just trial and error.

RE And do you think there's any other factors apart from that that make it harder to, sort of, I suppose change practise really and trying different things.

ST Yes, I guess so, but, again, I would say, sort of, staffing levels, you know, that can make it difficult because you may have an emergency within the home and then somebody somewhere else is becoming agitated and you don't always have the... I'd like to think so but you do your best and it's staffing levels really.

RE Do you feel that the organisation is supportive of staff, sort of, development and training?

[00:04:57]

ST Yes, everyone here is encouraged, I mean, the mandatory obviously, but everyone is encouraged to develop their skills as best they can within the home. So, if there are any, sort of, training needs that are identified in supervision then they will be put forward so there is plenty of training opportunities in the home.

RE And do you think, I mean, you know, this is not, I mean, I don't know any of your staff at all but I was thinking, you know, is there about some staff attitudes towards training that gets in the way, do you think of, sort of, or not, I mean...

ST What gets in the way is, I mean, unfortunately here, it's not so bad now, but there used to be where, sort of, you know, training was offered on one particular day and the expectations were for all the staff to attend. But you'd have staff that were finishing night duty and coming on night duty that night; that can obviously have an impact on training.

RE What, so the expectation that you, kind of, do that in addition to...?

[00:06:12]

ST In addition to your shift as well, and I guess it comes down to, sort of, feeling valued. You know, it's just the basics that as a carer you should feel valued and cared for yourself, but unfortunately, you know, that does happen.

RE That's really helpful. Is there anything else that you wanted to, sort of, mention before we finish?

[00:06:41]

ST I don't think so, that's why... I wasn't really sure what to expect from this interview. No, I mean, I just find, like, with the, with the residents that we have here, again, something will work one time and another time it doesn't. And it is just trial and error a lot of the time. You know, a day can be very changeable within, within the setting; you can have two residents that one minute they're friends and the next



they're not and it's just a constant juggle, really. And, sort of, encouraging, encouraging where residents are willing to engage and participate in activities and, sort of, supporting them when they're not. And then, sort of, reducing and reducing the level of agitation in the time that it continues, but it's all very trial and error.

RE Yes, right

ST Is that fair?

RE I think it's very accurate, yes.

ST All right

RE Okay, thank you, would you be willing to give us feedback about any materials we do develop?

ST Sure

RE Okay, that's great, thank you very much.

ST Thanks,