

001.003

Speaker key

RE Researcher
ST Staff

RE Okay, that's on, and it's quite strong so you shouldn't have to shout, or anything. So just for the sake of the tape, as you know, I'm from xxx and I'm going to be doing this interview. It is confidential and it will all be anonymised [?], so any names will be taken out, but so that the person who's typing it up recognises your voice could you introduce yourself, just say who you are?

00:00:28

ST Okay, I'm xxx, and I'm a carer at xxx.

RE Brilliant, thank you, and I'm xxx. Yes, hello. So, thanks again for agreeing to take part. As I said, we're looking at basically how staff working in care homes cope with and manage agitation, and so we're thinking about things like restlessness, pacing, shouting, verbal or physical aggression, and we're asking because we know that this is 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 experiences, about what works and what doesn't work, and we're going to use the information, as I said, to develop an intervention to reduce agitation, so we're particularly interested in how to make an intervention which is something which fits practically with the day-to-day work that you have to do in a care home. Obviously I'm recording it, and it will be anonymised. Any individuals you mention won't be identifiable, but if you do tell me anything that I'm concerned about, or if I think that you or someone else has come to harm...

ST You have to whistle blow.

RE Yes, I have to. Well, I'd ask your permission to talk to my supervisor about it. You know, we can respect confidentiality, but we can't keep a secret if we think that someone's at risk. If you need to stop at any point, just tell me, and we can stop.

00:02:07

ST Okay, go for a wander

RE Yes, but first of all, can you just think of a resident who you know very well, who has been agitated? You don't need to tell me their name, but you can use their name. Can you just tell me a bit about the person, and describe their behaviour, and what happens?

00:02:29

ST Okay, so they are male, and usually with their behaviour, first thing in the morning, fine, their normal self, just woken up and you can respond to their needs,

with personal care or breakfast, but usually as the day goes on and other residents are awake there's more noise. A lot of the time it is noise related. They can mobilise themselves, they can walk around but the thing that can agitate him, because he can walk around, is he most likely feels... I feel he feels very isolated, very imprisoned. You know, he can't go... He has Parkinson's Dementia, so I only understand bits of what he's saying, and because of his dementia it makes sense to him a lot of the time but not to us, but we obviously play along with it. It's better to play along than correct them.

I feel, a lot of the time the thing that triggers him is his family not understanding him, with his dementia. For example, I have had training in challenging behaviour, I have had training in dementia, so I've got more of an understanding, but I feel the most thing that they need is for you to understand them and their best interests, and build that friendship, a bondship, and not demoralise them, because... I didn't say that properly.

RE I know what you meant.

ST Because, they have dementia but don't look at them as they have dementia, look at them as the person they are, but I find their family forget. They feel the person they were is lost. They feel they have no quality of life, and yet I feel he has quality of life, and I feel a thing that does trigger him is when his family tries to tell him what to do. Like, at dinner time everyone thinks it's normal to sit down and have your dinner, and not get up during dinner because other people are there, and he will get up and wander around, walk out of the room, or try and take other people's drinks just because it's closest to him. And his family are constantly on at him, sit down, sit down, what are you doing, you're disturbing so and so. And yet I feel, if he doesn't want to sit down, we can ask him to but it's fine, let him go, and come back.

00:05:10

I feel, when people are on at him all the time, you know, especially... You know, people always say respect your elders. He is, especially to a lot of carers, obviously an elder, and I feel that he feels it's demoralising when people try to tell him what to do all the time. And also, one thing people don't understand with dementia is a lot of them can't tell the time, can't tell you what time of day it is, especially when we're in summer now and it's lighter for longer. So, if we sit down at 12:30 to have dinner people are on at him all the time to have dinner, but he might not want dinner. He might think it's breakfast time, because he's not long woken up. Also, the sundowning affects them a lot and, actually, the full moon does. There has been research into that. But I feel he is mainly agitated as the day goes on. He hasn't done that much, you know, because he is Risk of Falls, so you can't just take him outside because it's un-level ground, you know, so he's very restricted, in a way.

RE How does the agitation show itself; what does it look like, for him?

00:06:23

ST Usually, when he's calm he'll try and talk properly. He stutters a lot. He may walk past you aggressively. Well, not aggressively, but barge past you, in a way, I

would say, you know, and he won't listen to you, he'll carry on with what he's doing. He doesn't realise it but he, because of what he says, agitates other residents. He may try and shout at you, and these things integrate, I suppose, with the challenging behaviour, as we would call it, and him getting upset.

RE So when he shouts, so he might, kind of, push past you or he might shout, does that have an effect on the other residents?

ST It does affect the other residents, especially because he could go into other people's private rooms. You know, he may do things like pull their covers off, so then then that is the other person's dignity going out of the window especially if they are in bed wearing a nighty. But how to control it, it's always to stay calm. I talk to him, he'll walk away, and he'll come back. Sometimes just by explaining it to him – even if it appears he's not listening because he's walked away from you – can make him think for a minute and come out of the room.

The main thing with him is going into other people's rooms and playing with other peoples' stuff, like taking a plant out of a plant pot, and things like that. You know, if he wants to do that in his own room, he can do whatever he likes in his own room. But, obviously, going into other people's privacy is the main issue with him, and that will trigger his aggression because you're trying to tell him what to do then. If it's in the dining room, he can do what he likes because it's a communal area, but when he's in a different person's room... If the resident is okay with it, it's fine, but if the resident isn't okay with it we have to try and protect their needs as well as his.

RE So it has an impact on everyone?

ST It does, and also, if other residents see you it's like a domino effect, depending how upset that person is, and also if staff is taken away for a reason. I don't quite know why but, it seems there's a domino effect with other residents. When they know you're trying to cope with one situation, then another resident will start shouting out in the corridor, trying to get your attention away from the other person, and that happens quite a lot.

RE Yes, so if one person becomes more agitated you notice that other people do, for whatever reason?

00:08:51

ST Yes, and they also want to know what's going on. Where's the staff? why hasn't the staff come back? There's usually a lot of questions, so when one person is shouting, the other residents... Especially if it's in the lounge, or somewhere where there could be several people, it is very much a domino effect, and then you've always got to try and control that. Or the best thing is distract them with singing or something, and then it will take them away from that person and what they're doing, and thinking why are you being a silly loon, most of the time.

RE Okay, and you've said a bit about it, but I'm just thinking about what you think may be causing him to respond in that way, or to become agitated?

00:09:28

ST I think it's that he can get confused, where he doesn't know quite where he is. He doesn't know why we won't let him out, and also it could be, with him, noise. Noise is a big trigger, or unfamiliar faces. A lot of the time, as well, I find, with him, he responds better to staff than family, but if the family takes a calmer approach they are fine. Also, he likes to be around people as well, so if people wander off he can't catch up and that frustrates him.

RE So there's lots of different things.

ST I think there's a lot of frustration, especially with the atmosphere. I mean, if you walk into the lounge in a care home it isn't like your home. There isn't a sofa, there's single chairs, and who has single chairs? And something that small can make a big part on someone, especially if someone is affectionate, they want to sit next to somebody. Something like that, it's taking it all away from them.

RE Yes, that's really interesting, actually. Again you've said a bit about it, but what do you think works well, in terms of managing, for him?

ST Managing with him?

RE Yes.

ST Distraction is a big one. I'll say to him, do you want to dance? Because he always says he used to dance. He'll take me really close and we'll have a little bit of a dance but, actually, it's basically staying in the same place and just rocking. But something silly and trying to be more of a friend than, I'm a carer, you are a resident and this is my profession. Being more of a friend, and having that banter with him, you know, even if it's something like handing him an orange to peel. Distraction is one of the biggest things, and also if you know what that person likes to do. Or what they're capable of doing, because sometimes, when they think they're capable but they're not capable, that can trigger it because they think, why can't I do this, I could do it before?

00:11:29

Distraction is the main one, and knowing the person is big. You know, when you have a high staff turnover people don't know how to manage these people, but having the familiarity with these people, I think is the most, best thing. And also, if they just want to walk away and be by themselves, it's okay. You know, if they want to go and shut the door, in their room, it's okay. Yes, we can't see them, but it's fine. I think distraction is one of the main things, and understanding, trying to understand. Sometimes they might want you there to hold their hand, and then talk to you, or sometimes they just think, go away. Okay, that's fine, you can go, or they might want somebody else.

RE But it's distraction, and knowing the person.

00:12:13

ST A lot of it, I do think is distraction, knowing the person, always putting their best interests first. And honestly, is there a person who doesn't get stressed, doesn't

get angry over a silly little thing? You know, someone spills a drink and they shout at them, and just because they've got dementia it doesn't mean they haven't still got those feelings. So, it's okay for them to get a bit stressed out if they can't do something, and it's okay for them to shout if they need to let it out, but that's when people can't look at them. They think, oh, my god, they're being challenging. I think, they're just having a bit of a bad day today, and I think that's the main thing, but I think distraction is one of the main things.

RE So what works well, in particular, with him? You've said distraction, and are there other things that have worked particularly well for him?

ST Sometimes, if he's trying to ignore you, sometimes if you sit there reading a book, or something like that, he'll think, hang on a minute, I like to read a book, and I want to sit down with her. Also, I think one of the main things is when you are short-staffed and you haven't got that time for them. That will set it off, massively, because, you know, you think, I haven't got time to sit with you because I need to go and do something else. It's time-consuming. It's nice when you think, I haven't got time restrictions, I can spend all the time with you, you know, that you need. But there are other little things, like looking at his photos, reminding him. Also, his family, I think, sometimes say inconsiderate things to him like, you don't know me, you don't know who I am, do you? I think, when someone's saying that to you, I think it's very belittling.

RE And I was going to say, you know, do you think there's things that don't work well, or that maybe don't help?

ST People that can't speak English properly, that can't talk clearly, because I think communication is one of the most important things. Body language and eye contact is very important. If you've got someone with a twang to their voice, they might not understand what they're saying, and that can frustrate them as well.

RE Is there anything else that doesn't work, do you think?

00:14:36

ST Being in their own personal space, sometimes. Also, with other people there are so many things that don't work. You'll talk a certain way, depending on how you're dealing with things, and keep a distance, like an exit behind yourself just in case it does get a bit aggressive, but sometimes the best thing is just to walk away and come back later, or change somebody, but it can be the smallest thing that can trigger him, and sometimes you don't even know why.

RE And what else? You know, have other people been involved in, kind of, managing his agitation?

ST Oh, everybody, because obviously it's a team effort. Even cleaners to laundry staff, if they walk past and he's agitated they'll try and help out, or grab a carer, but sometimes, you know... I think he was a carpenter, or something, and so we used to give him like a cleaning cloth, and let him get on with it and be left alone. Yes, but, yes, the smallest things, a different face, or a race sometimes could be a big factor in it. Light, you know, sometimes not enough light so they can't see properly, or not

having their glasses on, having a UTI, being constipated, or medical health. Lots of things can change.

RE Yes, there's all sorts of things, isn't there?

00:16:03

ST All sorts of things. Sometimes he can just be having a bad day and, no matter what you try to do, it just doesn't work, but if you manage it it's fine. I think it's more about managing it.

RE Yes, and, you know, what do you think good communication is like when you're communicating with people with agitation, you know, what's a good way of communicating?

ST I think, it's body language more than talking. Sometimes you're going on and on and on, and it's just going in one ear and out the other. Using small words, small sentences, and showing them. Like, even a suggestion, like holding your hands out, like do you want to come with me? You know, that simple thing and they'll go, no, I want to stay here, or they'll take your hands and they want to come with you. More body language and eye contact, and touch is a big one.

RE And do you feel able to do all of those things?

ST I feel able to do all of those things, yes.

RE And, you know, you've mentioned lots of things that work, in terms of managing agitation for this man, and probably for other people as well. Are there other things, like sensory stimulation, music, and [overtalking]?

ST Oh, yes, like the dancing, I mentioned, and singing, and putting the radio on. We have a sensory room, actually, on our floor so when it all gets too much... Because we've got a lot of residents, a lot of visitors, a lot of staff, sometimes it's more like being in a busy street to them, I suppose, so we do have a quiet area they can go into that has sensory lights, and things like that, and that's pretty good. Sometimes, or actually quite a few times when residents are getting aggressive, we just sit them in there.

00:17:51

He's more than capable to wander out, but there are things they can play with, and touch, and if he wanted to take the covers or cushions off he could and it wouldn't agitate anybody else, because it's a small room and he'll be by himself, or sometimes just... There's a sofa in there, actually, funnily enough. So, sitting down and having that contact with one another, I feel is really important, so if you sit there and have a cup of tea sometimes it's almost like you don't need to say anything, but just be there.

RE And do you find you're able to do those things with people?

ST Yes. Obviously, if it's dinner time, dinner time is so busy and it's hard. You have to judge your time a lot in care. Like you think, if I'm sitting here for half an hour with you there are two people not having their dinners, and you've had yours.

You know, you've got to try and prioritise. We do try to always keep someone in the dining room, just in case someone does need someone to sit down with them and assist them or spend time with them. They have finished their meal and they want their other one quickly, someone can walk away and get it. I do feel, if we were to have more staff it could be better for their needs. Even things like giving them a hand massage, you know, carers don't generally have time for that, and it will be passed over to the activity team, but I find that the carers, in a way we are the hairdressers, the dentists, you know, and we put their clothes out for them. We're so many things to them, it is beyond belief that we do so much.

00:19:29

RE Yes, absolutely, and is that a good thing, is that a bad thing, or...?

ST It's a good thing, if you have the staff. If you have the staff it's not a problem, and also a big part of it is the staff need to be very relaxed. They can't let it get to them. As soon as, you know, carers are lashed out to, they have their hair pulled, or are scratched, things like that, they need to keep their cool, because that reaction to it can have the biggest impact. You know, I truly believe not everyone can be a carer, and to be a carer you need to have the training, the understanding, the experience and the knowledge of other people. It's so wide, and I strongly believe if there's more time in training that carer, spending time with that carer before they actually are a carer, I call them a fully comp carer, then it would be better.

RE I was going to say, actually, you know, what is it about you, in particular, that makes it easier to manage agitation, or that helps with managing it?

ST I'm a very relaxed person. I don't react. If I was to react, which I haven't yet, I would just walk away, and get someone else to deal with it. I feel it's keeping calm, and not making it into a big deal. If someone is tipping their soup over the dining table people will go, oh, my god, what are you doing, but it's not a big deal, it's soup on the table and it can be cleaned up, you know. And looking at it from the other side, you know, if someone is not going to talk to you, someone's not going to give you eye contact, it's fine. I do think being calm, you know, if they swear at you, and things like that, and not reacting. That is a big part, keeping your cool.

I do find, and I'm not ageist at all, because I did come into care very young myself, but that younger carers tend to react to it. Because, in the outside world if someone was to call them a bitch they would react to it, whereas an adult will just ignore it and walk away, and maybe mutter something. But I think that's the biggest part in it, and being more understanding. Staff morale is a big thing. If staff morale is low then it's easier to react to those things.

00:21:50

RE Yes, I'm going to ask you about that in a bit, actually, because it's very important, isn't it. But, you know, is there anything else about your role, really, that makes it easier to, you know, manage the agitation?

ST I've been in care for six years, which seems like so much longer when you're in care. Also bonding with their family is a really big thing, you know, and I have always been taught that you're there for the family, as well, because usually they are

finding it harder to deal with than the person with the dementia. I think, experience. It sounds really weird, but I always thought before I was a mum I couldn't do it, and now I'm a mum... You know, it isn't mothering them. I think it's just being there for them. And not treating them like family, because, obviously you've got that boundary with the residents, but seeing them as equals. But I think being calm is a big thing, and not reacting because, you know, when you're getting smacked in the face, you know, some people's natural reaction would be to say something, usually.

00:23:02

RE Is there anything about your team that...?

ST Oh, yes, having an amazing team to work with. Trust is a big thing, so if you've made a decision, like, especially if a resident was wet in bed and they were lashing out to you, you need to walk away and call someone else. If they're doing that you need to leave them. Whereas a lot of people would see it as abuse, you need to have confidence. That is a big thing, you know, and you need to have a team to back you up, and a good care plan in place. But that is a big thing, trust is a big thing.

Also, you know, with care, the one thing that upsets me the most, and it winds me up a little, actually, is when people say, did you hear what happened at that care home? And what that does... When people come into the care home, they are so scared for their relatives, because of all this bad stuff that has been said. Dementia isn't very well known – I feel it's only just coming out, like with the advert on TV now – and I feel it makes people nervous, and sometimes can make your job harder. Say, they've never drunk coffee all their life. Well, I made them coffee and they drank it, and to me, their reaction that this coffee is nice is better than you saying to me they don't like it, and having that a lot of times they are like, just go with the family..

And not with what they want. They just go along with the family, because it's an easier life for us, and you just stand there and say, if they like something, even if they didn't because taste buds change, if they didn't like it they'd chuck it, spit it out. You know, you need sometimes to look more at their reaction than what they're saying. The amount of times a carer has gone to give someone a drink, for example, and I've said, oh, have you given them a drink? They've said, no, I put this to their mouth and saw their reaction. You know, trust is a big thing, and building that bond.

RE And do you think there's anything else about, you know, this place, really, about the care home or about your managers, you know, that makes it easier for you to do your job?

00:25:07

ST I think it's more on the floor. If I'm honest, the managers don't really come up on our floor. It's not that we're left to it. That's the wrong way to say it, because they've got their job to do, but it's more about our team on our suite here, obviously there are five suites here and the only time we integrate is really, in activities, but it is the team and the bond with the residents, and even with the cleaning staff and the laundry staff. They still need to have that bond with the residents, because they might walk into a room and that resident might need them. They shouldn't say, this isn't my job. You know, passing a drink is everybody's job, even if you are a cleaner or a laundry person.

RE Yes, I think you're right, and do you think there are things that get in the way of you being able to manage agitation, or that make it harder for you to do that?

00:26:00

ST Your surroundings.

RE What do you mean?

ST If the place is noisy, if it's too bright or not well lit, or too many people, unfamiliar faces, or not enough people. The family being there, or having things in their way, like having too many objects in the room can upset somebody. Unfamiliar faces, unfamiliar staff, because how you would treat one resident isn't how you'd treat another resident, you know, they are so different. You know, there are so many different types of dementia you need to go on that individual's needs, and if someone doesn't understand that individual's needs it's hard for the carer and the resident.

RE So it's getting to know the residents.

ST That's a big thing, and their best interests. This is the thing, with bathing, for example, you know, a small, little thing can have a big impact. You know, you can feel pressured, as a carer, to give everybody personal care every day before dinner, and they've got to be up, but that person might not wash every day. Because it's normal to us, it's not normal to them, and it's the understanding. You need to know, you need to put, sometimes, your preferences aside and think of their preferences. That is such a big thing.

RE Yes, really, and is there anything about the...? You, sort of, mentioned about the families really, you know, maybe making it a bit harder sometimes.

ST Yes, they can make it a lot easier for you, or they can make it very hard for you.

RE How do they make it easier?

00:27:28

ST If they trust you. We've got one person that said to me the other day, do you know what, she said, you make me realise how much of a rubbish job I was doing at home, and I reassured her and said, I'm sure it wasn't. But, she said, yes, you're doing such an amazing job. I trust you, and I can actually go away for a week and know that he's okay. And that trust, you know, is it fine, and understanding. Sometimes they might not be shaved, and they'll be like, why are they not shaved, they have to shave every day? Well, I asked, but they didn't want to. I encouraged them to but they didn't want to, and I'll try it again later. And it's that acceptance of the family, rather than going down and making a complaint.

Going down and making a complaint, in my experience, it makes the carer keep away from the family and not want to talk to them, because they think, oh, my god, am I going to get into trouble because you've come in and I've not done something, because that person hasn't wanted me to? And it's that trust, as well. We do have

one person, the regular staff she trusts because she's built that bond, and I remember that day I built that trust with her, because I let her stay in her room whilst doing personal care. I said, I'm fine with it, I'm sure your mum is fine with it, and you can stay in and watch me. And because she watched me use the slide sheet, wash her, and change the pad, that one day made such a big difference.

00:28:50

RE So building up the trust with the family.

ST The staff, the family, the management.

RE So what about management, really, is there anything, do you think, about the management here that makes it harder for you to manage agitation?

ST Sometimes it's more about the look of things. You know, like, if someone is getting agitated in their room, it's more like why is everything in a mess? Because they're making a mess, but you can just tidy it up. And it's that questioning you, and you think, you can trust me. I know there are other carers, there's the team around me, to perform the role that I need to do. I feel, with management of aggression sometimes they feel, actually, I feel this is the best way to deal with it, and sometimes, yes, it could be, especially if you haven't been put in that situation. It can be very awkward for both of you, and sometimes you can feel very scared of a resident because, you know, they can do whatever they want to you. They can hit you, but you can't restrain here. You know, we don't restrain here, so putting yourself in that position is hard, and having that support from management is very important.

Sometimes, I feel it's not helpful because they're not on the floor all the time, and they don't know these people, and also, sometimes I do think appearance, if it doesn't look how want it to look, can be a big thing. Luckily, I've been here for a long time, and I have hardly any sickness, so I've built that relationship with management, that trust with them, and they've seen me do my job so many times, and I've helped them with visits, and things like that. I think, also with the visits fromxxx, when they're, you know, coming on there's a strain, a little bit. When a visit is coming everything has got to be in place, and I'm on the floor now to see that everything is right. Well, no, they are there to see how it is every day, not changing it because you've got a visit. And even the people that visit you, they question you, and say, why has a person not got a top on, or why is their top the other way round? Because, when I went to change it they were going to get angry with me, because that's the way they want it. And I think that trust with everybody is so important.

00:31:16

And also, if they don't... Sometimes a resident, on a bad day, no matter if you've got that bond, they don't want you, they want somebody else, and sometimes it's a male. I've got one lady who, actually, for some reason, does not like me, or she doesn't like me to do her personal care. I can do her personal care, and then suddenly she'll lash out at me, and I keep saying to the carers, I think she's better with men. And it's funny, then we found out she used to be a carer herself, and then it all came out in the limelight, really. And because I don't want to put her through that stress, I try not to have that personal care contact with her, because I know I might upset her. I don't

know what the reason is, but other things are absolutely fine. Like, feeding, walking, and going to the toilet, that's fine, but that personal care is a trigger sometimes.

RE Yes, so you get to know people, in that way, don't you.

00:32:13

ST Yes, and you need to sometimes say, if you know that person is going to react badly to you, say, no, I'm not going to do it. Well, you have to do it. No, I'm not, because it's going to upset her.

RE And do you think there's anything about...? You know, how much contact, really, do you have with the, kind of, wider organisation you work for, or the company, in terms of how you manage things and how things get done?

ST As a company, obviously there are policies and procedures to follow legislation by the government, but outside the company not much at all. I do feel they feel it is a moneymaking scheme here, and a lot of it is down to money, sadly.

RE In what way?

ST They don't give staff pay rises. When I first came here there was double pay at Christmas, and that's all gone, and like bank holidays, now staff don't get paid for bank holidays. I think that appreciation to staff that have been loyal is really needed in a care setting like this, but to save money they don't do it. And when you say to them, well, you know, why, I've worked, I've got children, and I've worked Christmas Eve, Christmas Day, Boxing Day, 12 hour shifts, you know, and that can make you a bit unhappy, which reflects on the residents – the answer to your question is it's in your contract we don't pay staff double.

I think it's not about money, but having that, you know, I think is really important. I mean, I said to the girls the other day, oh, my partner got a pay rise and do you know what it was based on? They said, what? His performance. I said, I think that would be absolutely amazing, and a lot of the time... Like, for example, something silly, like with MRSA, I have been trained and you need three clears to say definitely you're clear. In this care setting you get one, because of money, and I think that's so sad.

RE So there are things that maybe make it...?

00:34:13

ST Harder.

RE And you mentioned or you touched on it before, but I'm thinking about things you hear in the media, or you see on Telly or in papers, about care homes, and staff, and whether that makes it harder, in any way?

ST Very much harder.

RE I was going to say, or easier, but...?

ST Harder. Really, really hard, and sometimes building that trust is...

RE Tell me more about that.

00:34:35

ST You know what, you get the management coming in or a nurse coming in, saying, did you hear what happened in that care home? I know my staff aren't going to do it here, but just to double check, you should watch it. And I think, I'm not going to do that to somebody! And a lot of it is, when you do your SOVA (safeguarding) training, a lot of abuse is down to staff's morale getting low, and abuse happens because they want to get the job done quick, because they feel worthless. And it does make it harder. Sometimes it would be so lovely to hear a nice story about dementia, and staff, and what people do, and also it feels like, you know, you don't hear things about residents lashing out at carers. You know, my friend works in a higher, severe unit, you know, and her colleague got smashed with a rock on the back on the head. You know, that wouldn't come out, because residents wouldn't do that to the staff, would they?

And I think all our knowledge about dementia is... Like, just because one person's got dementia, it doesn't mean that another person has got the same. There's completely different types, and people react in completely different ways, and I do think the media... And also, and it's going to sound really bad now, but when I saw a documentary, a video on the Telly about a lady, in a bed, asking to go to the toilet, and they made it into this really, really bad thing, my reaction was, but you don't know if they took her to the toilet before she asked to go to the toilet. You don't know if they're short-staffed, you don't know if this is a behavioural issue. When you look at it, it looks really bad, but you don't know the whole story, and a lot of the time you don't know the whole story. Obviously, sadly, abuse does happen, which I wish it didn't, but...

RE Do you think it impacts then on how you manage agitation, or what you feel that you can do?

00:36:25

ST I think it does, yes, because, like, you see things on TV, like a resident being in bed and there being two carers in there, and the resident is hitting out, and you know, it looks really bad but you don't know what's in that care plan. You don't know if that person, whatever you do to that person they're going to scream every time, so this is what we're going to do. You know, you just don't know that. They only touch on a certain amount of things, and I do think if you were to hear the nicer stories... One good thing about being a carer is when you hear that someone has been looked after here, and if they hear they've passed away somebody wants them to be looked after in this home, because they know someone that was looked after here. You don't hear that, and sometimes... It's good, in a way, to hear about it, because it makes it more... you know, everyone knows this happens, and it's cruel, and all that kind of stuff, but whenever do you hear the good? And it's sad.

RE I was going to say as well, you know, what impact does a resident's agitated behaviour have on you or the staff you work with, do you think?

00:37:33

ST When they're crying it can be upsetting, or if they want to go outside and certain residents, you can't let them, and then you feel a bit bad. But as I always say, as long as you can honestly say you've tried your hardest and tried your best, you shouldn't feel bad about it. It's like the death side of care. And when somebody is on palliative, and they can sometimes be lashing out, calling out, and they don't really know what's going on because there's a bit of cloud in their head, people get really shocked and upset by that, and I just say to them, just talk to them. Calm them down, play music, or read out of the Bible. You know, especially if they are a Christian, they might find that really comforting, and I just feel that time is a big thing.

RE Time, in what sense?

ST Giving them time, and their time preference. Their time, like I said before, they sometimes might not have an idea what time of day it is, and I think that's important.

RE It sounds like you are very relaxed, and you have found ways to cope with stress?

ST And I've helped other carers on many occasions to try and deal with it.

RE Yes, because I was thinking, do you see other people being affected in worse ways?

ST I have seen staff sometimes react in bad ways and I've just said to them, walk away now, go now, don't react to it. Go and sit in a quiet room. Don't react to them. Especially if a carer has been hit by a resident, you do feel bad for that carer, especially when... I had my glasses broken, and I had to go and pay for them. This place wouldn't pay for them. The resident hit me round the face, and I was only... It was so funny because she was stroking my hair, saying, oh, you're so lovely. I bent down, and she knocked my glasses off. And I was so gutted. But, sorry, what was the question? I keep drifting off.

RE I think it was just about, you know, how it affects other people?

00:39:35

ST Yes, it's hard. Families can find it upsetting, staff can find it upsetting, and sometimes people do rise to it. The best thing you can say is walk away, and also, you need to go to the management because you obviously need training on this.

RE Yes, and connected to this, I suppose, in terms of support, when it is difficult how do staff get support?

ST From other carers, generally.

RE So within your immediate...?

ST Yes, you talk to another carer. You know, people always say, you know, or I know management always say, come down to us, and that kind of stuff, but I don't

feel, unless you're in another person's shoes that does your job day-in-day-out... (interruption).

RE Go on, you were saying, about support.

00:40:24

ST Yes, from other carers, I find it from other carers. I mean, you know, like, we had an incident once with laundry. They came down, and a top was all buttoned up and, like, I mean that's just really bad, and they said – this was quite recently – oh, my god, I can't believe it. They kind of trust me. They always come to me with things. I don't know if it's because I'm senior on the floor. I don't know what it is, but I don't mind. You know, obviously not when it's personal care, because it's not their place, but in other places. If I was brushing someone's teeth it's fine, so I'll say, come in. Do you mind them coming in? No, so come in. I think... Sorry, what was the question again?

RE I keep drifting. You got disturbed, didn't you. It was just about how staff get support, but also if you feel you can ask for help from management, or for support?

ST No, I think it's mainly from carers. Oh, the shirt story. Laundry comes down, and they were going, oh, my god, you've taken this off a resident buttoned up. And I went, hold on, my staff here wouldn't do this. You shouldn't have reacted like that. You should have asked us first, because someone could have seen you react like that and think it's abuse, taking clothes off buttoned up, going over the head. Hold on, I'll look who was on yesterday. It was a carer, and I went up to the carer that was on that day and said to them, right, laundry has just come down, freaking out that we're taking clothes off over their head and they would have caught their head in it. What happened? She said, no, someone brought in a whole load of new clothes that smelled of smoke, so I just chucked them in the wash.

Then I said to laundry... The carer felt, oh, my god, I can't believe they thought we'd do something like that, and the carer made it into this big thing. I said, hang on, I will go and talk to laundry and explain it to them. So I went to laundry and I said, right, look, you shouldn't really have reacted like that, because you shouldn't have thought the worst of us. You should have asked us first, why is this buttoned up, because I'm concerned? Because, obviously then you can take it to management, or you should take it to management, because it is a form of abuse, but, I said, the truth is the son brought in some tops, and you'll find others like it, and they smelt of smoke because she's a smoker, and they just chucked them in the wash. And then she said, oh, but we've found other clothes, you know, too, clothes like a vest with a top.

00:42:42

I said, right, obviously you haven't done care before. I said, yes, you are meant to take one item of clothing off each time, but sometimes residents do it themselves. I said, you can come down and talk to me, not come down and accuse the staff. But I felt more sorry for the carer, because she was really upset by that, that someone accused her of something like that, and I do feel... That's why I feel you get more support from other carers, because they've walked in your shoes. They know what it's like.

RE And do you think that stops people going to, say, managers for support, or you know, how does that...?

00:43:22

ST Yes, I think it does stop people. I do feel, in a lot of these places they don't feel supported by managers, especially when you're short-staffed. Then you don't get to take your breaks, or you only take five because you can't afford to sit there, because you want to go and help the other carers. I always feel, even in the community, you know, the pressure is always put on the people that are less paid and the people that are hands on. Like, when you're short-staffed it's, cope with it, you know, and things like that, and that's why I feel you get more support from the people that you work with day-in-day-out, like the carers.

RE Yes, and so how do you support each other, is it just talking, or...?

ST Talking, banter, and banter with the residents, and getting them involved in your conversations. Having a laugh, and keeping a smile on your face. Something silly, you know, can make a complete difference.

RE And is there anything else that maybe stops you or other people asking for support?

ST Time. Again, if you're short-staffed you can't come off that floor. If other people are on their break you can't come off the floor. Sometimes you feel that you can't... I have sent carers down to management. If they've got a big issue, they feel undervalued, or anything like that, or they've got a problem with another carer and they can't talk to them, I always send them to management. If I have ever had a problem with a carer, I have gone down to management, especially if I feel someone doesn't talk to residents in the right way, because then I think it's their place to deal with it, but I have, in numerous cases, pulled a carer aside and said, you know, we can deal with this, we don't need to take it down there.

Like, I've said, you know, I think you need challenging behaviour training to know how to deal with it. I've said, you know, don't feel the pressures of care, because there's so many pressures with care, like getting things done by a certain time, especially with personal care. Especially if that resident is in a wet bed, they've taken their pad off, or anything like that, you know, you feel the pressure of people above you saying, do the personal care because if the family come in and see them like that they're going to think it's neglect. But, actually, it's more neglect doing it without the person's consent.

RE And that pressure to do certain things, does that affect how you manage the agitation, when it happens?

00:45:44

ST Yes, I think if you're put under pressure, you have to... Especially, you know, we've had times when people are due to go to hospital, and they kick off, you know, because this is their safe haven and sometimes going out of that is... You know, they say they want to go out, but they can't cope with being in the outside world. But I feel, if you've got that trust from management and that trust from the carers, and you

know what you've done is right... I remember one time, there was this man who used to never want personal care and he used to smell really bad. I used to go in there and tickle his face, and say, oh, we need to shave this off, and make it into a bit of a joke, a bit of a game.

00:46:24

They wanted to send this man to hospital. And he'd threatened people with a blunt dinner knife before, and I thought, it's not safe because he's unpredictable. They said oh you have a really good rapport and you can try and bring him out. Okay, fine, I brought him out of his room and walked him down the corridor, and he said, what's that? He saw the other people, and I think he put two and two together where he was going, and he kicked off, and went back to his room. And I think it's that understanding, sometimes, so even though his health means he needs to go to hospital for a check-up, is it really worth putting him through that? Looking at the other aspects of it, was it person centred? That's where it all comes from, looking at it from that person's point of view. You know, a nurse may say that they need to go, they need to have their heart checked, but if it's really going to... is there another way? Can we get someone to come in to us? If it looks to us like they need to have it done, is there another way? And I think being person centred is the most important thing in every situation.

RE Do you think there are particular, I suppose qualities, or ways of being for staff, which help to manage agitation, rather than making...?

ST Yes, because I think as well, if staff are overworked... I mean, 12 hour shifts are really long. 8:00 to 8:00 is a long day, especially if you're doing a few in a row. I'm very lucky I don't do that any more. I do 8:00 to 2:00 in the week, and till 1:00 12 hour shift on a Sunday, but I find, if staff are working extra shifts because they need the money that can be a big stress, especially if they're tired. It can be very physically and mentally draining, and I think, if staff are overworking themselves to earn the money because of a certain situation, that can bring loads of different issues into it.

RE Yes. I'm going to move on, because you finish at 2:00, don't you?

ST I do, yes.

RE And I feel bad. Do you have to rush off, because I just wanted to ask you about training?

00:48:10

ST Yes, that's fine.

RE It will be about another ten minutes. Is that all right?

ST Yes, it's fine.

RE Is that all right? I don't want you to miss picking up your kids, or something.

ST No, no, I don't have to pick up until 3:00, anyway.

RE Okay, good. Fine, so just thinking about what training you've had to help manage when residents become agitated...?

00:48:26

ST One, I've been put in a lot of different situations, and I think me being calm has helped a lot, and not reacting to it. I remember once, this resident was kicking off and one of the staff shut herself in the office, because she was scared. And we had to quickly shut all the doors to protect the residents, and he was getting really aggressive. I was standing there, and I obviously had to keep an eye on him and the other residents, but I can't believe I actually let him come right up to me, and he was right in my face. And I just looked at him, and he went, I'm not going to hurt you, love, and he just walked away. And other people he did go for, but like I said, it's all about person centred.

RE Yes, so have you had training in that?

ST And the training, I think being put in the experiences is amazing training.

RE So actually doing it, basically?

ST Being there, doing it, and seeing what it's like, because so many people... You know, I feel you can't get a grip on it until you've been in that situation, until you know what it is like. But, luckily, I do work at a good home that has put me through training, which is amazing, and the trainers have been really great.

RE So what's been the most...? You know, what makes it great, you know?

ST Training in understanding. Just that the trainers have done it themselves. You know, when you've got a carer that's come out of college, and a carer that has some hands on, that carer that's come out of college can't do the job but they are qualified to do the job. And I think training, for one, and talking about it, knowing that there is support out there to help you, and knowing the person also. When I worked on another floor that I don't work on now, I always said, oh, they're going to shout at me. Being prepared is a good thing, but I think, even though I have had training and people have helped, I've gone to management and they've taught me a different way to try and cope with it, I feel being there, dealing with it, doing it, is actually the best training you can have.

00:50:32

Obviously, having a training course, teaching you coping mechanisms obviously is great, but I feel, in outside life, like coping with a stroppy child, really helps you. You know, you think, how would I deal with that if it was something outside of these four walls? Especially if it was dealing with another adult, like, if someone said things to you outside, how would you deal with it? The training has been really good, especially with challenging behaviour, and even in the little things, like dignity, and that kind of stuff. It all helps you, but I feel being there, having the experiences and seeing it is the best, because you can sit there and watch a DVD and they can tell you how to cope with it, but it isn't until you're in that situation that you know, and it's having that confidence to know that you can cope with it.

RE So are there things about the training that haven't been helpful, or were less helpful?

00:51:26

ST No, the trainers that have come in, externally, they've been really great.

RE So people have come here, rather than you going out?

ST Yes, and they talk with you about their experiences as well, so it's really great knowing that they've done it as well. Someone will just come in, and say, I've been to school, I've done it, and this is how you've got to cope with it. Well, have you ever been in that situation? No. Sometimes you can be taught a different way and it never works, and this is why I think...

RE And then what do you think stops it from working?

ST I think, carers that haven't had the proper training, even in the smallest things, like manual handling. You know, you'll say, you're not allowed to do that, and yet they might do that with a baby, or something outside, but, no, you don't treat them like that. You've got to be confident. You've got to know what you're doing is right. It's so many different things. Having the team around you to support you. The training has been good, doing qualifications it has been good, and obviously has helped, but I think the experience has helped me cope more.

RE What helps you to, sort of, put the training into practice, to kind of, get things that you've learnt into your team, really?

ST I have trained carers up, so I do try and teach them my ways and I do find, if you go into care, with me and another senior it can be completely different, but it doesn't mean that it's wrong. It's just different, and I feel sometimes that you have to go by what you think is right and what you think is best. And I always say to carers, if you don't know, ask. Don't do it. Always ask. Don't just go in there, headlong, feeling the pressure. Come out and ask. That is, you know, a big thing, but I think with carers, you know, I came in with nothing so I know exactly what it's like. I used to develop photos, and I came into care – a big change – and I took to it. I really did. You know, I understood them, and really cared for everybody, but also in care you need to know how to shut it off.

00:53:33

When you walk out them doors you need to shut it off, because I've found a lot of... You know, if you've got a really verbally abusive resident, especially if he hasn't got dementia, or only slight signs within dementia, sometimes carers feel it can affect them outside, if they can't switch off. I know one carer who left because she used to have dreams about residents, and I think that coping, turning that switch off, as well, is really important. So, I think with carers the training does need to be better.

RE What would make it better?

ST By having, like... Our training here, for example, is to watch a DVD. That's what we do. That's what trains us, watching a DVD, and you only have one day training and then you're a carer. Having more training, having more experienced carers watching you would be better for the carer. Also, if it was stricter to be a carer it would be better. If the pay was better, so the staff would stay, it would be better for the residents. There are so many things that need to be put in place in care to make it better for everybody. It really does.

00:54:48

RE And are there things, specifically, that you think need to be put in place in order for agitation to be managed better?

ST Yes, I think carers do need more training. Like, I'm quite an experienced carer, but when you've got a carer that's never done care before, or someone that's quite young, or even older... I've had people in their 50s come in, and break down and cry, because they just couldn't cope with seeing what those residents are going through. I do think training is a big thing. I don't think someone should be thrown into care, and that does happen. They say they've had their training, but is it really good enough? Is watching a DVD really good enough? I think, if you had stronger training, like... I was here about eight months before I got my challenging behaviour training, which obviously really helps when you're put in certain circumstances, and I had a great team around me, to cope, but I think the thing that's going to help everybody is... And the thing is, people just expect you to care for somebody.

You're a carer. Do your job. But can you really do the job, if you don't really know that person and you don't know anything about them, you know, what agitates them, and that kind of thing? So, I think better care plans in place, better training for carers, higher morale for staff, more personal centred care for residents, and getting the family involved more. Why stick them in a care home and walk away? Get involved. I think all these little things would make it into such a big thing, and I do think it's too easy to be a carer, go for an interview and you have got the job. You know, if you're a nice person you can get a job, but this is why there is such a high staff turnover in care homes, because not a lot of people can do it. I'd say, give them a chance and they can do it, but you know, when you've watched a DVD and been chucked into care, it's a big thing, and people can get really upset by it.

00:56:34

I've seen carers break down because they can't do it. And also, when you've got that new carer, like, if there's a ratio of 20 residents and four carers, if one of the carers is a new carer, the carer they are paired up with has got more pressure now because, in the room, they've got to take that strain from a carer that knows nothing. I think, if carers had more support from everybody it would be better, like, do your training, watch the DVD, and come down, and go back to management and say what you've found hard. No one is there, saying what you need to do. The challenging behaviour training isn't always here. It comes up once in a blue moon.

RE So is it about having ongoing support?

ST Ongoing training and ongoing support. I do think a law should be put in place that you should only be in care if you do your training in six months, if you get it

within six months, because so many people... You know, caring is such an easy job to get. It's too much of an easy job to get. You know, if you're put out of work, go into care. I say to many people why are you here? Couldn't get a job anywhere else, and I think it needs to be harder to get a job in care and you need to have certain things in place, more training in place.

00:57:52

And also, obviously we have supervisorys, and they should be every three months. We should have counselling offered, you know, because things can happen that can really traumatise you. More things need to be put into place, more training should be put into place. Understanding dementia needs to be put into place, because a lot of people don't understand it, because it's not really talked about, is it, really?

RE No. I mean, I obviously agree with everything you've said, but I'm just thinking, before we finish is there anything else you'd like to mention that we've not already talked about?

ST I do think, alongside the residents there is a lot out there, like we've got ladder to the moon at the minute, and things like that, to try and get families involved. I think, what really needs to be done is more support for carers, more money, better pay for carers. You know, bin men get paid more than carers, and a carer is in charge of someone's life. It should be harder to get into care. They need to have the qualifications, and have the training. I feel a lot of carers are thrown into care, you know, like they have one day shadowing a carer, and they go in, and think, oh, my god, what am I going to do? Which is hard for that carer that doesn't know, but it's also hard for the carer that does know because they've got to pick up the slack now, and a lot... It sounds really horrible to say, but I get paid 20p more than anybody else, someone who is carer with no qualifications, whereas I've got all my qualifications, and my next stage is management, if I wanted to go into that.

But I think, the carers, they need more support than anything, and more things need to be put into place. More barriers need to be put into place. I do think, also, how does a manager, say, know if a carer is good? Oh, because they ask the suite manager, but how does that manager know if the carer is good, because they're not in the room with that person? They are not seeing that person care, and I think a lot more things need to be put into place. I think, support. Like, when I came into care they said, oh, there's a place you can go and they're going to support you, and do you know you can phone a help line, and you can join Unison? A lot of people don't know this, and I think it needs to be put out there. I think, actually, more support for carers needs to be put out there. Even if it's just taking ten minutes out of your day, and just talking it out, getting it out of your system, it would be really great.

01:00:23

That would help, but I do think care needs to be harder to get into. It's too easy to get into and a lot of people, even though they wouldn't admit it, are... They say they are here for the money, but it's not much money, so why are you here? I can't get a job anywhere else. I can't get a job in my profession, because that's a very well paid job and I can't get into that. I think, if care was harder to get into and you had to have certain qualifications, you had to be watched from this distance. A lot of carers get very mindy of being watched, and I can understand that but, to me, it doesn't bother

me being watched. If someone wants to come in the room, and the resident is fine with it, I'm fine with it, and yet a lot of other carers will say, no, because of the dignity, and yet I feel that the family should be involved in the care.

RE Yes. I think it's difficult, isn't it, you have to make difficult decisions all the time.

ST Yes, it is very difficult decisions and I do feel sorry, actually, for a lot of the carers. I've seen so many amazing carers go because of the money, and it's so sad.

RE I know.

01:01:34

ST And also when they have an amazing rapport with the residents. The person that's not going to benefit is the resident, and also, as well, out in the community there's care but I heard on the radio, they said... It, kind of, spotlighted on carers rushing in and out, and they said, oh, that carer is so bad because they are rushing in and out. But they've got no travel time and, actually, when you went down and filtered through it actually was government, because government wasn't giving enough funding for the care.

RE Yes, of course.

ST Yet who gets pointed the finger at, the carer or the government? And then what someone will say is, but hasn't the carer got a heart, to stay and clean their bottom up properly, and things like that? But then someone will say, but you don't understand the pressure. They've got no travelling time. If they are late for that person because they've given more time, the other person is late and then the other person is late. And it should be stricter, with more rules put into place, but also with carers being supported.

RE Yes, I think that's really important. Thank you very much. That is really helpful.

ST Oh, I hope it has helped.

RE It's really helpful.