

# **004.001**

## **Speaker key**

RE     Researcher  
SM     Staff Member  
UM     Unidentified Male Speaker

RE     Okay, that's recording, so you can speak up. So, as I said, I'm from, and I'm going to be recording the interview. Everything you say is confidential, but could you introduce yourself for the recording so that we can identify you on the recording?  
Yes.

SM     My name's xxx I'm a healthcare assistant in xxx .

00:00:29

RE     Brilliant. Thank you. So again, thanks for agreeing to take part in the interview. As I said, I'm interested in the views of people working with people with dementia who can become agitated who are in care homes, and when I talk about agitation, I'm talking about things like restlessness, pacing, shouting, or becoming verbally or physically aggressive.

And we're asking because we know that you probably come across this a lot in your work, so we want to make use of your expertise, and we want to know what helps, what doesn't work, that sort of thing. And we're going to use it to develop an intervention, and we're interested in how to make that intervention something which is practical and something which fits with the busy, day-to-day life in care homes so that staff can actually use the intervention with people.

As I said, it's going to be recorded, and whatever you tell me is confidential, and it will be anonymised, so all your name and any name of any residents or other staff will be taken out. The only thing is that if you tell me something which makes me think that someone else is being harmed in some way, I can't keep that a secret, so... but I'll ask your permission to talk about that with my supervisors. We respect confidentiality but obviously we can't keep it a secret if someone's being harmed.

00:02:02

If you need to stop at any point, just tell me. It shouldn't be too bad. Okay, is that all right? Do you want to ask me anything before we start?

SM     No, that's fine.

RE     Okay, so can you just, first of all, if you think of a resident you know well, someone you've worked with over the past few months maybe who has been

agitated... you don't need to tell me their name, but can you tell me a little bit about the person and describe their behaviour and what happens when they get agitated?

SM Like, actually, do you mean when they get angry or...?

RE It could be anything. It could be that they get aggressive or it could be that they're wandering around a lot or shouting or not wanting to have help, so, you know, someone that you can think of that you work with who maybe gets a bit... whose behaviour can be difficult at times and just tell me about that.

00:02:57

SM Yes, there's one resident, he's just... like, sometimes he just gets a bit aggressive, but most of the time he's happy, and when he gets angry, you can't just talk to him until he calms himself down. You know, when you tell him those few times, he just gets angry and crying, shouting.

RE So what happens? So what's it like when he... what does he do, what does he say?

SM Obviously, he doesn't even know, but he just walks around and goes to the garden or goes to his room. When his family comes, he's a bit calm, or we try again later on, or one of the other carers comes to him and talks to him. You have to persuade him just to come.

RE Yes, so he'll, sort of, wander around and... yes, but he's not...

SM But he won't harm anybody.

RE He won't talk to... no.

SM No, he won't harm anybody.

RE Oh, he won't harm anyone, and does he... does he do that at certain times?

SM Yes.

00:03:55

RE So what's... when does that happen?

SM Especially at night.

RE Okay.

SM Yes, when he's not in a good mood, he does that.

RE Okay, so he does that when he's not in a good mood.

SM Not in a good mood.

RE What makes him not be in a good mood? Like, is it... is it when staff need to help him with things or is it...?

SM Sometimes he's speaking his own language as well, which we don't understand, and he's crying, and it's difficult when we don't understand his language as well, you know?

RE What language does he speak?

00:04:22

SM xxx.

RE Okay, so he's from xxx, and so he might get upset in his own language.

SM Yes.

RE And what do you think maybe causes him to get upset?

SM When he... like, an example, if he's got something in his hand, and, like, he's not allowed to have it, or he knows he shouldn't be in the nurses room and we're trying to take him out, sometimes he gets very violent and angry and shouts, and sometimes he goes to other residents' rooms, and obviously he's not allowed to be there. So when we take him out... I understand he's a bit confused. You know, he might think that this is his room, so when we try and take him out, he just gets... shouting and angry.

RE And can he do his own personal care?

SM Not really, but sometimes when we're trying to help him to put his own clothes on, he might help you to close the buttons, you know, and lift his leg up, put his shoes on.

RE And does he get... does he get angry when you're trying to help him with things like personal care or...?

00:05:33

SM If he's in a bad mood, especially in the morning, you can't give him a shower until he's a bit calm, you know, and we have to give him a shower every morning, early in the morning before his wife comes, yes.

RE Yes, and what do you think it means when he behaves in that way? What do you think is... how do you, sort of, make sense of him getting angry like that?

SM Obviously something's making him upset, you know, or he... or he wants something, him to do, and the things that he's not allowed to do or...

RE What kinds of things wouldn't he be allowed to do?

SM Sometimes he stands on... you know, when you... the exit door, and you're not allowed to go out, and sometimes when we go out for break, he's standing there, just watching someone leaving so he can come exit, so we have to persuade him, to take him there and take him to the lounge or garden, so we can go, because if we go and he might follow us and we would get in trouble as well, yes.

RE So maybe trying to go out of the unit or...?

SM Yes.

00:06:35

RE And have you noticed any other residents getting agitated or... maybe in a different way or the same way?

SM Yes, there's another lady as well. She is a lovely lady, I like her, and her problem is just when you're changing her clothes, she's grouchy, you know, but the rest, she's fine. The only time she gets angry is the same thing as I told you with the other resident, when you're taking something from her, in her hand, like a tissue or... her hands are always closed. When you're washing, she's... like, she won't allow you. She will shout and scream loudly like someone's hitting her, so... but the rest, yes, she's okay.

RE So that's just when you're trying to wash her or...?

SM Just changing her, yes, that's all.

RE And again, what do you think causes her to behave like that?

SM Similar thing as the previous, she just doesn't like when you're feeding her and you put the napkin here and you try and take it, she will say to you, leave it there, don't take it off, and obviously we can't leave it because it's dirty, it's got food on it. You know, if a family member comes or other staff see, it's not nice to see that.

RE Okay, and so when you think about the man and the lady that you were just talking about, how do you or other staff, how do you manage that situation? What helps in...?

00:08:03

SM Alone, I can manage the lady, but not the man.

RE So what... how do you manage the lady?

SM The lady, I just persuade her, tell her... like, she likes to talk about her mum. That's her, actually. You see? Now someone is changing her, so that's why she's screaming. We just persuade her and tell her... to give her, like, her teddy bear and tell her we're going to the garden, we're going to watch... listen to music or play

bingo. She loves bingo as well, so certain things that... she will calm herself, so she will be fine.

RE So you, kind of, you know, encourage her with those things. And what else... what else have you tried with her or with the man?

SM The man, I do try my best to take him out, but sometimes when he gets angry, he just takes your hand, and I don't want him to get more anger, I just want him to calm himself down, so... and if he doesn't listen to me, I'll call my other colleagues, see if they can persuade him. There's a lady who works here, she speaks the same language as him, so it is easy for him as well to understand her, so I just call her and say, oh, can you please help?

00:09:13

RE Yes, and does that make a difference? Is he calmer with her when he...?

SM Yes, because obviously he understands... they both understand each other, you know, and when he's very angry, he can't... he doesn't speak English at all, he only speaks his language, but when he's very calm, he will talk to you in English and chat with you very well.

RE So he can... if he's calm, he can speak English, but when he's, sort of, angry, he can't do that.

SM Yes, he doesn't understand at all.

RE No, and what else have you seen... you know, what else has been tried with him, really? What else have other people tried?

SM Tried? Most of the time, we take him to the garden just to have a walk or give him tea and biscuits. He likes tea and biscuits, you know, or hot chocolate or something sweet. He loves sweet things, yes.

RE Yes, and so that will, kind of...?

SM Yes.

00:10:08

RE And have you noticed... like, when his family are here, what do they do to calm him down?

SM Oh, when his family's here, he's a totally different person.

RE Okay, tell me more about that.

SM He's very calm. Most of the time, he's in his room unless there's an activity going on in the lounge, you know, or there's music going on, but when he's in his room, he's very quiet, chatting with his daughters or wife, yes.

RE And does he ever get agitated when they're around?

SM No.

RE And so what do you think works well in terms of how to communicate with someone like him?

SM I think the most important thing is just understanding each other. You know, once he's speaking the same language and he understands what the person wants when he's a bit angry, then that's a bit different, yes.

00:11:04

RE And if you can't speak the same language, because you can't speak his language, can you?

SM No.

RE What else... how else can you communicate with him?

SM Sometimes I use, like, sign language, you know, just to point things out or show him and say, oh, look, we're going to the garden, or just showing, pointing to the kitchen, like, you know, making a cup of tea. Even though I don't speak sign language, I do try my best to describe things. Sometimes he understands as well, yes.

RE Yes, and is there anything that really doesn't work when he's angry, do you think? What do you think?

SM He doesn't... he doesn't want... yes, especially when you're checking his sugar level, you know, when you're taking a blood test, yes, he's just... he won't allow you to touch him at all. He will just tell you, go away.

RE Yes, so it's... does he not like to have his sugar level taken?

00:12:00

SM No, when he's angry, no. This morning I've done it. When he was sleeping, I had to wake him up because the nurse told me to. So I've done it. I explained to him what I'm going to do, and he said to me, okay. I said to him, oh, it's breakfast time. He said, no, I'm not going to have breakfast. I'm going to go back to sleep. So this morning he was calm. Then after half an hour, 20 minutes, we tried again. Another carer tried and he was... he said okay, yes.

RE Yes, so he let you do that this morning?

SM Yes, he did let me do it, but sometimes he doesn't.

RE Yes, and is there anything else when... you know, generally, when people are agitated on the unit or that you've seen work well with people, any way of approaching them or things like that?

SM Sorry, can you repeat it again?

RE Well, it was just about whether you've seen anything else that you think works well when people are getting upset or agitated.

SM Not really, no.

00:13:05

RE And how do... you know, when residents are agitated, when they're getting, kind of... how do decisions get made about what to do? Is that something that you decide together in the team or how do you, sort of...?

SM Well, if there's a problem going on or if the residents are not happy, first we report it to the nurse, if the nurse is around, and if not, if, like, something... that we can deal with it, we do it in a group, but if something like, very, like, big, we tell the nurse, yes.

RE And so generally when, you know, I talk about that agitation or people getting agitated who've got dementia, what things do you think might cause that?

SM Like, if... like...when they're angry, you mean?

RE I suppose... do you think there's anything physical that could cause it or anything wrong in their bodies that could cause it or anything like that?

SM Sometimes when the resident I was talking about, sometimes he points, like, you know, stomach. If you ask him, like, what's wrong with you, he will speak in his language, but he will point. Where if he's, like, oh, got a headache or a stomach ache, so wherever he's pointing, we take him to the nurse; maybe he can walk with us. If not then we leave him and go to the nurse and say, oh, he's pointing at his head and he's crying. Maybe he's got a headache or he needs paracetamol or whatever.

00:14:51

RE Yes, so sometimes it might be that there's something...

SM Yes, wrong with his body.

RE Okay, and... so what... have you seen any sorts of treatments or interventions that have been used when people are very agitated or very difficult to manage?

SM No.

RE Okay, so I was thinking about things like... whether things like maybe managing someone's pain can make a difference. Is that something that you've... I mean, you just mentioned with that man that you were talking about.

SM Yes, we just... we just tell the nurse if they're in pain, because we... obviously, we can't do anything. The only thing we can do is just everything, inform the nurse, and they deal with it, yes.

RE Yes, and how do you know when someone's in pain if they've got dementia? How would they, do you think?

00:15:49

SM Well, some of them will point to you, some of them will cry, you know, and some of them will just use their own sign language as well.

RE Yes, do you have to, sort of, work it out?

SM Yes, or we have... sometimes what we do, like, we just touch them like this: where hurting? Have you got a headache, what's wrong with you, you know, just to help them, see whether they say yes or no.

RE Yes, and what about things like music or sensory stimulation, things like that? Have you... do you use things like that here?

SM Yes, we do. In the lounge, they listen to the music and watch TV or play bingo, sometimes dance. Like, for example, on Tuesday, there's a concert going on in the lounge, so everybody was here, even from other floors as well, so together, dancing. They really enjoyed it.

RE Yes, and what effect does that have, do you think, on the residents when they do things like that? What...?

SM Well, they're a bit calmer and forget about, like, their anger and stuff, and just can sit and enjoy themselves.

RE And is there anything which, sort of, makes it harder for you to do those sorts of things?

00:17:09

SM No.

RE Okay, and what about activities and things? Is that something that happens here or...?

SM Every day, yes, different things. Bingo, listening to music, playing cards. There's an activity lady here.

RE Is there, so there's a special lady who does that?



SM Special... who does... yes, in here.

RE Yes, and is that something that all the staff get involved in, or is it just...?

SM Sometimes when they're playing bingo, whatever staff are available go in the lounge, come and sit with the residents who can't write, you know, can't hold a pen, and we just hold the paper for them and they just... we just point and go, this is the number. If they can point, that's okay; we help them to circle, so yes.

RE So you'll, sort of, help out.

00:18:02

SM Help, yes, and those who can do it themselves, they manage.

RE And do you think that doing activities like that can help with agitation?

SM Yes, if they're, like, walking around and crying, it will calm them down and forget about what they were thinking or crying, yes.

RE And what do you think makes it easier for you as staff to manage when residents get agitated? You know, what helps?

SM What helps? Maybe persuading them, like, oh, there's bingo going, because most of them, they like bingo, or, you know, there's teatime and they love teatime as well, and biscuits or whatever, cake, yes.

RE Yes, and is there anything that... about you and about, kind of, how you do things that makes it easier for you to, kind of, manage their agitation?

SM It depends on the mood they are in. If they are in a bad situation or not in a good mood, I'll call the senior carers or tell the nurse. Or even if I can deal with it. It depends. I do deal with it. Just to persuade them. You know, let's go out or let's go for a walk; there are certain things.

00:19:26

RE And do you think that you've got any, kind of, particular skills or qualities that help you to, sort of, deal with those sorts of situations?

SM Not really. I just try my best, yes, just to calm them.

RE Yes, do you think that if your manager was here, what would they say? Would they say you... what would they say you were good at?

SM Persuading them to go to the garden or, you know, maybe a cup of tea with them.

RE Yes, and do you think there's anything about the residents themselves or, you know, their families, actually, their relatives, that makes it easier or harder when they're agitated? You know, what...?

SM I haven't seen, like, family that are making the residents a bit hard, but sometimes if they're not in a good mood, they just calm them and, you know, will take them to the room. Most of them, when their family comes, we do take the residents to their rooms if they want to, or not, then they go to the garden. Most of them go to the garden as well with their drinks and biscuits, yes.

00:20:35

RE And do you think... is there anything about, like, the families, the relatives, that makes it harder for you to do your job?

SM Not really. It's just sometimes they will just tell you, oh, do this, do that, you know, or my mum doesn't want to do this or my dad doesn't want to do this. But we just deal with it.

RE And when they do that, what... how does that... what effect does it have?

SM We just do what they say, but if, say, like, if they give us a hard time, we just tell the nurse, oh, the resident's family are not happy with what they're wearing or what they've got here, you know? Sometimes they will tell you, oh, the weather's nice. Why do you not put their summer clothes on? Well, it's not our choice; it's the resident's choice. We try our best to persuade them to wear this. If they don't want to, then we can't force them, you know, and we explain to the family as well: it was his or her choice, not us, so yes.

RE And is that... is that hard to deal with sometimes, that kind of...?

SM It always depends on their mood.

RE On the relative's?

SM Yes, it always depends on their mood, and the resident's as well.

RE And what about your team and your managers, you know, do they... is there any... you know, how does that all work? Are you... does... is there anything about your team that makes it easier or harder for you to do your job, do you think?

00:22:11

SM No, every morning we work with... every day we work with different carers. You don't choose who you're working with. We just... you have to follow the care location, whichever side you're working, this side or that side.

RE Is it generally the same staff, though?

SM Yes, same staff.

RE So you know the people?

SM Yes, we do.

RE And do you work well together or...?

SM Yes, we do... we do. There's no... I don't have any problems with anyone, so that's also good.

RE Yes, and what about your managers? Are they, you know... what... how does that make a difference to you? Do you...?

00:22:44

SM We have a suite manager. She's off today, but she's a nurse, and the nurse as well. Yes, I don't have any problem with them as well.

RE And does that make it easier, then, do you think?

SM It does. If you... like, if you're understanding what you... how you guys are working. It always depends on how understandable you guys are.

RE So how understandable the, like... what... do you mean, like, what they expect you to do or...?

SM Yes, so it's okay.

RE Good, also, you know, I've noticed a lot in the TV and the newspapers of stuff around care homes and some of it can be quite negative. What effect does that have, do you think, on how you work here and how you manage the residents?

SM So far, I haven't seen any problem with anyone, and even staff as well, so there's nothing negative that happens here, actually, yes.

RE Okay, good. That's good. And so when... is there anything else, do you think? Any other barriers or anything else that makes it harder for you to, kind of, just get on with your job and manage people when they're very agitated or...?

00:24:09

SM If I can't manage, I leave it and just call somebody else, yes.

RE And do you think there is anything about how much you have to do?

SM Like, how many residents that I have to do?

RE Yes, or how busy you are or that sort of thing?

SM Yes, they ask the senior carer or the floor manager, too, sometimes. Most of the senior carers do the care allocation, so you will see the list, how many people you're doing. For example, today I'm working with my other colleagues, so we're doing the double-ups, so we're doing it as teamwork.

RE Yes, is that easier?

SM It's okay, yes. I like doing work when I'm working with the other carers. You know, we do, like, finish the job quick, and we help each other as well, so it makes it easy for you and for the residents as well.

00:25:03

RE And when you're doubling up like that, is that because there are more staff around?

SM No... well, it's not short-staffed or... it depends just every day because...

RE Is it just certain residents need two carers?

SM Yes, because they can't stand themselves. You know, you have to use the hoist and stuff, yes.

RE So when you think about when residents get agitated, how does that affect you? How does it affect you, how you feel and stuff, at work?

SM Well, obviously I do understand they've got dementia. It's they're not, like, fully complete in their, what do you call it, brain, so I understand where they're coming from and how they behave, so it's not something new to me, but I just... I know what's wrong with them and just leave it.

## **BREAK IN RECORDING**

SM Sorry about that.

RE That's okay. So, where were we? I was just asking you about what effect, really, it has on you, you know, whether it makes... because I know you were saying about if people have dementia...?

SM And I know how their behaviour and... so.

RE Yes. But even then does it ever get to you, or do you see it getting to other people?

00:00:23

SM Sometimes, yes, it does make us a bit... like, if they don't want to eat or don't want to drink or if they don't want to get off the bed, it makes me be a bit sad, you know. Like, obviously they shouldn't be in bed if the managers come or their family

comes. And they'll say, why is my mum being in bed? And, you know, I... obviously we tried our best and that... it does annoy.

But as I know and always... well, actually, we're always writing it down and just inform the Nurse so we don't get in trouble, me and my colleagues. You know, they don't want to eat. They don't want to take their medication. They don't get out of bed. They don't have a wash or shower or get pads changed, whatever. We think... we always report to the Nurse so we don't get... not in trouble. Yes.

RE No. But do you ever feel stressed by it or, you know, do you...?

SM Sometimes when the staff are short, especially on the weekends, we do, so. But the rest is fine.

RE And do you see that it affects anyone in your Team? I mean do you see other people ever getting... finding it difficult to manage or...?

00:01:38

SM I do, but if... even if they feel, like, difficulty we always tell the Senior Carers or the Nurse, so, just to report.

RE Yes. And when it is hard how do you get support? Who do you... you know, who do you talk to about that?

SM The Senior Carer.

RE Yes.

SM If there's no Senior Carer, we talk to the Nurse, yes, any Nurse.

RE And do you feel you can ask for help if you need it?

00:02:07

SM Yes. Of course. We always ask for help or for a hand if the person can't stand up and they are in a chair, and sitting on the chair and can't use a bit of hand just to hold on the Zimmer frame – they're shaking – we always call the Nurse or the Carers to help us stand.

RE And how do you and your colleagues support each other emotionally?

SM Support each other...?

RE Yes. Like, how do make sure you're okay and that sort of thing?

SM Well, we always... the important thing is communicating.

RE Yes.

SM You know, we always talk. We always communicate. We always talk in English. We don't speak in our language and stuff. Yes. It's fine.

RE And does that help?

00:02:56

SM It does help. And it does get our English improved as well, so.

RE And is there anything that maybe gets in the way a little bit, makes it harder for you to ask for support?

SM No.

RE Okay. And the other thing, just before we finish, because I know you have to go, but what training have you had to help manage residents' agitation?

SM Training like... I had how to talk when they're angry, how to persuade them and how to use your hoist and... yes, some things.

RE Yes. So, things like how to talk when you're angry, what's been useful about that, do you think, or...?

SM When they're angry, you mean?

RE What's been useful about the training?

SM Just to persuade them, you know, show them other ways round and just to, like, tell them about what they like or talk about... tell them a story or read a book for them. Yes.

RE And is there anything that you don't find useful, you haven't found useful, in your training?

00:04:07

SM No. I find everything useful. It's really helpful.

RE Yes? What kind of training is it? Is it someone that comes here and does training or do you...?

SM Yes. It was... when I was doing my training before I came here, I was doing the basement downstairs and, yes, sometimes we do have manual handling or food and hygiene, but those ones I haven't started yet. But it's coming soon, so. I always have to check my name on the board in Nursing Station. Yes.

RE And what... is there any other training that you think would be useful that you'd like to have?

SM Yes. I haven't had any food and hygiene and always there are some more trainings.

RE Is there any training that you think might help you be able to manage agitation a bit better?

00:05:05

SM Like when they are more angry, like how to calm themselves, you know, maybe that will be helpful.

RE Yes. And what kind... what help... when you're having that sort of training, what do you like? Do you like it when people are, kind of, just talking to you or do you like it when people show you what to do, or do you like it when people give you examples or...?

SM No. Obviously not just sitting there and just talking, you know... it's good to see actions and watch maybe TV and videos and just see how people are doing and working out this.

RE And when you do training and stuff, what helps you to, sort of, put that stuff into practice?

SM Sorry?

RE How do you put what you've learnt into practice? Do you... are you able to, kind of, do a training and then come back and try new things?

00:05:57

SM Yes. We do. And sometimes we do... we work like groups or like teamwork just to see. For example when we were doing the hoist, we have to go on the bed just to feel, like, how all the residence people we hoisting... and, like, sit on a wheelchair and one of the Carers will push you and, like, you know, walk around with you just to see how others feel. So, yes, we had to do that as well.

RE And was that, kind of, then useful for you, do you think?

00:06:28

SM It was, but, the beginning, it was a bit like... especially I was a bit scared when I was using the hoist, so obviously I feel what they're feeling as well. And obviously it's not an easy thing, you know. Yes.

RE Okay. And is there anything, do you think, about the organisation or about your... I suppose your Team and the pressures that the Team has that maybe makes it harder for you to do your job or manage agitation?

SM No.

RE Okay.

SM Yes.

RE Yes. Okay. Is there anything else that we've not talked about that you'd like to say?

SM I think we covered most of the things, unless you've got a question to ask?

RE No. That's it. That's fine. Okay.