

004.004

Speaker key

RE Researcher
SM Staff Member

[00:00:00]

RE So that's recording now. So, as I said I'm xxx What we talk about is confidential but would you mind just introducing yourself for the tape so that I know that it's you on that one and then we delete the names?

SM My name is xxx, I'm the senior carer.

RE Thank you, okay. And so, as I said, I'm particularly interested in how staff in care homes manage and respond to agitation in people with dementia, so when I'm talking about agitation, different people mean different things, but I'm talking about things like restlessness, pacing up and down, verbal or physical aggression, shouting out, that sort of thing yes. You're familiar with the... yes.

SM You might be lucky, you might get some before you leave.

RE Yes, yes. Oh I've heard yes.

SM Yes you are right in the right unit.

[00:01:05]

RE So, I am asking because we know that you as someone with lots of experience will have a lot of ideas and know about, you know, ways to manage things. So we want to hear about what works and what doesn't and things like that. The interview is recorded so what you tell me is confidential and it will be anonymised so any names will be taken out, but obviously if you were to tell me that someone was being harmed by someone else or in some way, I would not be able to keep that a secret. I would have to share that, but I would talk to you about that, is that okay?

SM That's fine.

RE Okay. So, and obviously if you want to leave at any point during the interview just tell me, but hopefully you won't feel the need to get up and walk out. So, just first of all, can you just think of a resident, someone here who you know well, who gets agitated?

SM I think I know all of them well.

[00:02:07]

RE Just one, yes, and can you just maybe tell me a bit about them and what happens in their behaviour at those times?

SM Oh, who's going to be lucky? The person I want to talk about is a gentleman, he's a... sometime he's... you need to have a lot patience with him. I think you need to have lot of patience with all of them, I mean, a lot of patience because sometimes he's as good as gold and sometimes he just swing, and sometimes he's just... you can't even touch him, he thinks the everybody is against him.

RE And so what happens when that... describe me his kind of behaviour or...?

SM He shouts, he doesn't let people sleep, he just go around everywhere banging things. I just... I just follow him so that he doesn't harm himself, then let him go, just let him go, when he calms down then we can talk to him, because I think what happens to him as well is, because of the dementia, they tend to become like a child again, they go back to their first or their original, you know, their first language. What they start saying is something that nobody understands, and that is dementia, they become a kid, a child, and they start saying... I go, can you just say it in English so we can know how to help you. But he just keeps on shouting and I go, calm down, it's okay, I say just leave him. As long as he doesn't harm himself, that's why we keep on making sure that everywhere is clear, they can walk and pace as much as they want, this is their home. I don't say somebody is just visiting, so I need to respect that. So, keep him safe and keep him away so he doesn't hurt others and that's all. And when he calms down I'll be able to sit him somewhere and deal with whatever he wants. But it takes a while, it could take four, it could take... it could take the whole day sometimes.

[00:04:30]

RE And what causes him to behave like that, is there sometimes something that sets him off or...?

SM Yes.

RE What?

SM Sometimes it's family, because he... I think the motive, I think that's the only thing the Government is not really aware of, I think they need to educate family a bit more about dementia, which they are not doing. I think they are doing more about care homes and things, but I don't think some families understand, because sometimes when family visits like, if you visit somebody with dementia every day and you just come in for ten minutes, and you leave, every single day, they get confused, they're not settled, but they don't know that, and that... I understand that side of it, because it's their family, alright, and I know how they feel, but on the other hand it's not helping that guy to settle down because when they leave, we take the pieces, alright. It also affects all the residents, alright, but no matter what we tell, we can't stop them

from visiting, it's their family, so it's both ways, you have to look at it and balance it, see. How do we balance it? I don't know.

[00:05:47]

RE Because, I think, obviously as you say people's family are kind of coming in and that can in itself, it can...

SM Yes, it can just trigger it, and maybe he's just relaxed and the next thing you notice, bang, because when he's relaxed then he starts speaking English and then he starts asking, where's my daughter, where's my wife? What do we say? I want to go home.

RE And what do you say when he says...?

SM I say, I tell him, I'll call them, they'll come and get you, or I'll take you home. But it only lasts for a few minutes before he starts again. Because tomorrow he's going to start all over again, again the same way, and the same way, every day.

RE Yes, it sounds difficult. So he's.. so English is not his first language, he... but when he's very agitated, he can't speak English.

SM No, yes, no. He goes back to his first language.

[00:06:45]

RE Yes, and what, what do you think it means when he behaves in this way, like how do you understand that?

SM He feels he's been... I think he feels he's not wanted, he feels maybe they left him. I understand how he feels, how come I'm here, where are they, you know, I do understand. I do sit and talk to them because you see, when you work with dementia, you get to know them too deep, alright, and sometimes I have to sit, I have to walk with him just to cheer him up but in a way he still wonders, why he's there, I mean, and I say he's coming, he just popped upstairs, really, are you sure, I say yes, but I know I'm lying to him, alright, but what can I do, I just need to calm him down because I don't want him hurting himself. I have to do whatever it takes to calm him down.

RE And when you say that, does that calm him down or does it, you know, what...?

SM A little while. It calms him down, but we need to move him away from somebody's door, or from somebody's room. He will start going into every... he can come in here and start opening the doors, he thinks they're hiding, yes.

RE So he's looking for...?

[00:08:09]

SM Every single door he will open. So he just burst into somebody's room and that will start somebody else up, because there's some people that... you can't even go into their... you have to knock and ask their permission to go in, but he just barges in, and you know what that's going to cause. Terrible [unclear] and oh gosh.

RE And what effect does it have on the other residents then, does that...?

SM It triggers so many things. That's why so many night staff, my night staff... I do nights, there was a time I had to do nights just to... because there was a time when we had quite a lot of things we need to show some-. we had to do nights, some of the seniors had to go nights just to show them what to do, and how to take care of, how to handle them so they know exactly what they're doing, and we had to do that. This is the way you handle him, this is the way you deal with him, get him out of there as soon as you can because you don't really want to start something you don't want to.... But if he's shouting they can't sleep, he shouts so much that you can hear him from the fourth floor.

RE And is that happening a lot at night as well as during the day?

[00:09:27]

SM Yes, that's why I say you might be lucky. At the moment he's asleep, and when he wakes up he starts looking for her. You know, you will, you might see it.

RE Gosh. And do you think it's... because you said, you know, sometimes you worked on nights and sometimes days, do you think managing agitation is easier or harder at night or you know, for the night staff is it different?

SM I can't say it's different, but on the one hand I can say on the other hand it's more difficult for residents who's trying to sleep.

RE Of course yes.

SM Because he's disturbing the people who maybe some of them are on medication, and he just woke them up. So it can be very difficult if he shouts all night. It's not fair on them because he's disrupting somebody and they don't sleep. Alright fair enough, he's got his own problems but what about the other residents. But we can't lock him up, we can't. So where does that fair come into?

RE Yes it's difficult.

SM It is difficult, we have to balance it; it is difficult.

[00:10:38]

RE And, with the night staff, because you were saying that the seniors got asked to do some nights, was that to show the regular night staff how to do things or... is there a difference between the people who do nights and the people who do day?

SM No, no, there's no difference, it's just we had, we had some issues in the night and they said oh we want some seniors just to show us the ropes, alright fair enough, we will show you how to handle them, and we went on, half of us did the night and we showed them the ropes, because night is not as hard, they're both hard, but if you look, it's half on these residents are in bed, in the day they're not so it's more work for us, we've got all the people up, not that much in the night, so in the day they need the seniors more in the daytime than at night. We've got paperwork on days, I mean, they don't do paperwork on the night, they've got nothing to do, yes, so they're just managing them and making sure they are comfortable and... but both shifts is different, both shifts are hard because you are losing your nights for sleep as well, so I can't say they're having it easy but...

RE Yes, and do you think with things like training and interventions...

SM It does help.

RE The night staff have access to those things as well?

[00:12:11]

SM Everybody has access.

RE Everybody has access to those.

SM Yes, everybody has. We all have to go through the same training.

RE Okay. And do think if we develop something it's important that we make sure we can get access to the night staff as well as the day staff?

SM You can.

RE And so it sounds like with that guy that you're talking about that actually he can go to other people's rooms and that will affect them as well, what's... what have you tried, you know, what works with him. You told me a few things already but what else have you tried?

SM As I said, sometimes I try the food.

RE Yes, what do you mean?

SM I tell him I'll get him something to eat, a drink, a cup of tea, sometimes I get a chair and I sit in front whatever door it he wants to sit at, and we both sit down there, patience, as I said.

That's the most important, you need to have a lot of patience, alright, because without patience you cannot work in the dementia unit.

[00:13:21]

RE No.

SM You require a lot of patience because while you're dealing with one another one starts, so you need a lot of patience. The main thing that works mostly is patience; you've got to have a lot of patience.

RE Yes, and what doesn't work?

SM Forcing things, you can't force, or you can't... you just need to let it be that time, walk away, let them go, go with the flow with them, as long as they're safe, check around, everything is safe, nothing on the floor for them to fall on or what, because you need to give them that space too. Everybody needs his space, I do, but I'm allowed to go outside just to have fresh air, so, he walks a lot.

RE Yes. And do you think the... for some staff it's harder to kind of leave people alone and give them that space, do you think they worry about doing that?

[00:14:19]

SM Yes, they do. They do worry because sometimes those staff, sometimes I come, even if I come you can see the way they were calling each other, yes some staff when I come in the morning, I always get in at 07:00 every morning, I start 08:00, but I get in here 07:00 because the first thing when I come in here is, everybody, first thing when I come, they say... then I say, calm down, let me have my coffee, okay, start. Number one, tell me the issues, what's the problem, da-da-da. They tell me this, this, this, I say okay, is that... oh he hit me, I say, how did he hit you, why? They say, uhm, I tried to change him, he said no, but I told him, I say but he told you no, just walk away. They say, well he didn't do that before. I say, well it can happen, a swing. He said oh, I say oh, supposing he got hot, he said no, walk away, ten minutes time come back. He might let you do it, patience, so that's why I come in early because I want to listen to every single one.

RE Yes, so you need lots of time.

SM Yes, because I like to take one by step, tell me all that happened, tell me all the problems. I tell them, okay this is the way you deal with this, it's how you deal with it. This is the seniors' idea for them. That's an advantage for them, because we're always there to support any of the carers, we are like on the floor for them. They could call me, oh please help me and I'll run down and say okay, if they can't deal with issues we will deal with it.

RE And you think that they feel they can come to you?

[00:16:02]

SM Yes, oh yes, yes. The door is open, any time you can come to me.

RE And do they come to you?

SM Yes.

RE Ja, perfect. So what, in terms of communicating with people with dementia when they become agitated, what helps, what kind of things work?

SM You could talk about what they do, it's good to know more about them, things they like. It might be somebody that likes music, try singing to them, like somebody who... here he gives, it's so hard for so many carers to get him out of bed, but it's really a very simple thing that can get him out bed, music. Something simple like that.

RE What, so if you sing to him he will...?

[00:16:54]

SM I just start singing, he starts laughing on the bed, I don't even talk to him, he's already laughing on the bed, that smile alone, I know I've got him. He will do everything I want him to do. And it's really a very little thing, that is why it's good to know more about our residents.

RE And how do you get to know them?

SM Read their file. Ask this their... I told them ask your seniors. If it's hard for you we'll tell you the easy way to deal with them. I think that's the good thing about this home because they make sure the seniors are always there for them.

RE Yes, so is there always, on this unit, is there always like two senior carers and then two nurses or something?

SM I think...sometimes it's one senior, because it depends because sometimes seniors have days off. And sometimes there's no seniors because even... it can happen, I can't help that, maybe they're on holiday, maybe on the... like there may be sometimes when you have one senior and the other two are on holiday, because this unit has got three seniors, alright. So if there are two on holiday... the three of us can never be on holiday together, so you can't expect a senior to work the whole week, they've got to have a day off. So, it happens, and that is why we are getting those carers there to be able to manage their level during this time, but there will be somebody capable who they can call or there will be a nurse, the nurse is always there. So what it is they can and call the nurse that is why the seniors are there. They work with them.

RE And are the nurses very much on the floor doing the same thing as well or do they have a slightly different role?

[00:18:41]

SM They do the same but the seniors take most of the pressure of them because we seniors, we do meds as well, we're trained to do medication, we can go, I can go now and get the trolley, I know every single medication that they take. But not the carers, that is why we'll work with them, so.

RE How do decisions get made within the team about kind of how to manage if someone's very agitated or...?

SM We speak to the nurse or we speak to our line manager, the line manager speak to the doctor and they all sit together and they decide on the best interest for that resident.

RE Yes. And you think it works well, that process, yes.

SM It does, with the family as well involved. They have to sit together and discuss everything... with the carer, each unit, each person has got allocated a resident. We allocate one person for each resident to make sure they get used to them, because it's very good for them to know who are your critical guy is, you key carer is.

RE Yes like a key worker, yes

[00:19:56]

SM So he doesn't... and they with that care worker and that make that decision on the best interest of that resident. As you say with dementia they do change, he may say things now and the next moment he might, it might be a he or a she, might be different. They might go down, they might come up – they're different. So we might write everything but we don't know what really works.

RE And you said, so you might get doctors in...?,

SM Yes, the doctors definitely come in.

RE So what kind of interventions, what do they do when they get involved?

SM They, with the report from the nurse which is written, they check everything according to, with that with the family when they sit down to make the best... for the best interest of that resident, whatever changes need to be done, if the medication needs to be changed, because we feed them back information. Because we see the residents every day, we change them every day, so we know every little change that happens. We relate it back to the unit manager or the nurse in charge and they relay it back to the doctor and they decide on that.

RE And you mentioned, you talked about that patient and just kind of your general approach, but are there such a specific interventions or kind of approaches that help to deal with people when they become very agitated?

[00:21:27]

SM Yes, the only thing I suppose is keep them safe, give them their freedom and space and sometimes they want, maybe just want to... nothing you can do if they are very agitated, because if you try to stop them you could get hurt yourself, because he could throw something, he could hit, he could hurt himself or he could hurt himself so badly and we don't want that so the best thing is just give him that freedom, but the problem is we don't really want him going into the residents rooms which is depriving them from their own privacy. Because we have females in there and if he goes in there he's not very nice.

RE So how do you manage that because that's really...?

SM Well, tell him please, we show him, sorry sir this is a woman's room. We talk gently with him, it's a woman's room can you please just come out please. Then he will walk out, still shouting, but maybe the resident was asleep now she's awake and there is nothing we can do about it. So you walk him out, follow me and walk him out. We'll go from room to room like that, I'm afraid that's our life.

RE Well it's good that you're doing it. And what... I suppose... whose job is it, whose responsibility is it to sort of manage the agitation, to achieve results?

[00:23:01]

SM Everyone. Whoever spots it first. I might be on this end of the... it might happen down there, I can't see what's going on down there. So we just have to keep ourselves focussed and you can see people pacing around every time, some people don't want to sit down, they just want to pace and sometimes I just try and calm them down and then that's enough, I say [unclear] sit down just to relax them, because the pacing is too much. I let them pace to satisfy themselves because I know if I stop them quick it will not... it's not going to work. Let them do it, but I know that's enough and let them sit down and relax, yes, and that's the only... as I said patience.

RE And do you think there's any sort of... are there any sort of physical causes for people getting agitated, anything like physically for them inside that might make them more or less agitated at certain times?

SM Physical?

RE Like being in pain or not well or... what are the things that you've noticed in effect?

SM Like maybe they have pain in their legs, but they can't explain themselves. That is why I say you need patience, because they're shouting, they don't know where the pain is. So they need to calm down, I let them calm down so they can sit down and talk to you about it because that's when they really go down and talk to you, because when they are [unclear] they don't want to know anything then and anybody can get hurt.

[00:24:34]

RE And... so things like... I don't know, you mentioned music, but like music therapy or activities, those sorts of things, have you noticed that can help with agitation?

SM It could help some, but it depends on whether they like... whether that person is a music lover or not. It doesn't work, understand we have so many people in here with different issues of dementia and different states of dementia. So music to a degree, there might be somebody that doesn't like music and nothing you can do about that. There may be something else that works for them. So you can put him there, he must sit down and you look at him, he might not like music.

RE And what about, do you use this room a lot, the sensory room?

SM Yes-yes to relax him. We'll bring him in, we'll bring him here sometimes or you bring him here... you can't bring him here when he's angry he will think you want to lock him in. We can't lock him in.

[00:25:43]

RE And what about the activities that you do, how, what effect does that have on agitation or engaging people in doing something?

SM I think, I don't whether it has any effect but it just gives them something to do, they feel that they are... they can still do something. We try and make sure each and every one, as long as they can still do something here, I make sure every single carer gives them the opportunity to do it themselves, because you give them the opportunities for themselves to do things and not do everything, because in the long run you have them sort of [unclear] themselves. They feel that they're okay to that themselves, they can still... let them do it. Why try and take their independence away from them, give them their independence.

RE So can... do you think that helps people to be calmer knowing that they've got something to do?

SM Yes, it does through stages as I said. As you said dementia is anything can happen, it can trigger anywhere and you just deal with that situation to your best knowledge and the safest way you can deal with it so that somebody else don't get hurt.

RE And so, I just wanted to talk a bit about the things that maybe make it easier or the things that make it harder, the kind of barriers with the facilitators to managing agitation in residents. What do you think makes it harder to kind of do all the things that you've talked about, you know, what gets in the way?

SM Get's in the way? When we have a sickness... staff probably.

[00:27:34]

RE Okay, is that something that happens a lot here?

SM No-no-no it's like a, like for sickness, something can happen that three or four can fall sick, we can predict that, we get a phone call four out of six sick, or how are we going to get... you get a carer to call a carer to come in, but it's not going to happen straight away so we already have it against ourselves. As I said the best way to handle it is patience. We all need to work together and be patient. It's time. When we get there we need to take it slowly for the safety of the nurses and also for the carers, because we don't want... if a carer gets hurt then they go off sick. So we need to take care of that, because they need to be careful. We'll get there, it takes time, but we'll get there. There's nothing you can do about that it happens.

RE So you need to give people time to do their job properly so that they don't end up getting harmed.

SM Or they don't rush things, because rushing them is not a very good thing, no-no, when you start working you start missing things you should notice, because in the morning it's very important we notice things from those residents, because they see them, because I, they have to tell me each and every one, how did they sleep, how are they, yes, we want to know. I can't do everywhere, I see everywhere, I know, I always see single one from one to 31 of them we have in here in this unit. I've seen every one today and I know every little change I will know. I don't know why maybe I'm... one to 31, what's the story with that lady, I will know, because I know why she walks or why he walks. And that is what makes a good carer, noticing things.

[00:29:35]

RE So noticing things. And are there things that you notice in carers that aren't so good, that you think actually that's not a good quality to have or, you know, what other the things that they...?

SM We deal with it straightaway. Get off. If he's not good, he's not working, we try and find a way that he wants to start work, for the safety as quickly as possible, because in the dementia unit we can't waste time like that, somebody will get hurt.

RE And have people got hurt, I mean have staff members done something that...?

SM Yes, when someone got hurt we had to some... we had to go the minor supervision with those carers, why did you do it, how did you get hurt and often you get oh didn't I didn't follow the normal handling procedure. I said well now you've got yourself hurt, you broke your back, now we've got staff down now because you were being silly. I know she's in pain, but she made a mistake for being silly, because they asked no one to help them. Why?

RE What stops people asking for help do you think?

[00:30:56]

SM I think rushing, they want to finish in time or they're going for a break or... because with those thing we can't, but we can't help them we're all human beings, we all make mistakes nobody is perfect.

RE Nobody is perfect.

SM So that is how I feel, I always feel nobody is perfect, but the help is there you just have to ask for it.

RE And what about your, you know, what qualities do you think really help? You mentioned patience, but is there anything else that you need to have to kind of be...?

SM Training. Good training.

RE Good training? What makes good training?

SM Yes.

[00:31:30]

RE Then what, what makes good training then?

SM They need to make sure they keep on keeping on top of things, we need new training all the time so they don't forget, refresh, it's very important because some people are very forgetful you tell something, it's gone. I've got some carers like that, I know, I know my carers I know everybody is not the same, everybody is different. Their hands are different so they work differently and I know which one I need to tell ten times, I know which one I need to tell once that got it here and I know which one I need to keep on telling for her to do it because I keep on checking it. I'm protecting them, I'm protecting the residents and I'm protecting the home, so I'm protecting myself because nobody wants to get hurt, we need to follow the way it should be done. And that's how it is.

RE Then what, what makes good training then, what works and you know, you're saying people need to...?

SM Makings sure you're not late, making sure you do it the right way, no bending the ways and just passing information as quickly as possible. Everybody needs to know, because it's a section everybody needs to know the way things move. What we do, the nurses' station know when things change, we all need to pass, we need to talk to each other it's very, very important.

RE So how does that affect what you do, how do you work together as a team?

SM We do the morning duty, we feed them... if there are any changes in any of the residents we let the nurses know, the nurses will tell the doctor because we've got our doctor who comes

here throughout the week and if we need him to come in urgently he will be in. So we'll pass it on, if they need to change it quickly but if there's no nurse we need to change... in some units we don't, and we keep on saying how is he feeling, they will ask answer us back, how is he, they'll let us know, is she up or down, is she drinking well, make sure the fluid goes in, keep on monitoring this together and we work together and that's the only way, we have to work together. Because we don't want to loose them we want to keep them alive, we want to keep them going as long as we can.

[00:34:01]

RE So working together is something and does that make, does working together well, does that help with...?

SM Yes, with training, with the research you're doing it helps.

RE And what about your managers because it sounds like, as a senior, you understand the people that you work with, the carers and you know, that all works very well, but what about your managers, is there anything that they do that makes it easier or harder for you to manage agitation?

[00:34:31]

SM They, of course they get involved because without them things don't get properly managed. If we need things done, we need... or we need, this hoist is gone, we want it changed now, she needs to get it done, I'm going to tell her I need the hoist today, she'll have to find me a hoist. Now and after I go to her, she is involved too, if we do not have a nurse, the manager, the manager does the medication, he comes out, we call if there's an issue, if we see something, oh how did come into her back, we go and get the manager, hey have a look, we'll all have a look at it, oh this wasn't there yesterday because I saw her yesterday, no alright so we'll go back to the notes from the night staff, the nurse in the night, we'll see what she wrote we want to know if that happened at night. So we're see something like that and say oh I think the doctor needs to come in and have a look at it and that is how we work together in a team.

RE And what about the organization generally, the...it's...?

SM The management?

RE Yes, but is it xxx who run this home, do you think that there's anything about the organization that that business, that effect how you can manage agitation day to day, do you think it...?

SM I don't think so, because everybody here is [unclear] anyway, you can see we're all mixed. So it doesn't really matter. I think that's the advantage this home has, they're very mixed. Everybody is different languages and so it doesn't really matter. I don't believe, I hardly see any of them anyway, so apart from my director... but I see every one of them because this is the toughest unit, if you work in this unit you want to be good.

[00:36:32]

RE Oh is this the toughest unit?

SM It is the toughest unit.

RE Does everybody say that?

SM No-no because this is the last stage of dementia, this is it.

RE Oh is this the most...?

SM This is it. The most... yes. When they come to us this is where they... this is it. That's why once you want to go out I make sure door closes back, it's not... because somebody will follow you out.

RE And what about... so what impact does it have, you know, when residents are aggressive or agitated, how does that affect the staff?

[00:37:10]

SM I don't know it affects them in different ways. Some we just tell them to be calm, just be calm, some don't know what's calm, we say calm down relax it's okay, alright it's not... you're safe it's okay. We know he shouts, we know he makes noise, we know he throws things, it's okay, just stay away and make sure people are not there when he's throwing stuff. They will throw stuff, somebody that throws stuff what we do we make sure where she's sitting nobody is very close there, she's able to throw glass, oh yes we know that, but we deal with it the best way we can deal with it. But we make sure she too has her own freedom, let her throw it, but we don't give her something that she will hurt herself. We'll give her the plastic ones so let her throw it, yes, make sure nobody's close. You see we manage it the best, for her best interest.

RE So you've got quite practical ways, don't you? And what about, but you're saying it affects staff in different ways, after they leave the situation, how do you... what do notice in the staff about how it's made them feel?

SM Some of them go out and... sometimes what we do is we try and we do talk to each other and sometimes we just go on lunch with them, because they... that's why it's good to be close to all your carers, they talk. I say okay, alright next time when you have something like that call me and I will show you the easier way to handle it. Because some of them are like, oh but you're busy, I say I'm never too busy for me to come and help you. I will come and show you, but do not do it, if I'm busy with somebody then call the nurse. I will come.

RE And what affect does the agitation have on how maybe some of the junior carers feel able to do their job or...?

[00:39:24]

SM We don't... the junior carers always when they come into the unit we don't let them work with the other carers, they work with the seniors first. We will never leave them on their own, they work with us for at least three months, they follow the seniors all the way, because this is a very dangerous unit, they can walk in blind and oh my god, so no.

RE And do you think it affects, do you think the agitation can sometimes affect how people feel about, about their job?

SM Yes, it could... some people could walk away. It depends on... that is why it's important to manage your staff well, because if you put them in difficult...the care giver, she can walk away.

RE Do you see that happen? Do you see people...?

SM I've seen it happen in here sometimes. One day and they never come back. I think also they employ the wrong people into the wrong unit. It does happen. Only they are placed into the wrong unit because they need staff, but they walk in, they think it is like on the telly, it's the same thing but it's not, this is the real thing and when they walk in they say oh my god, is he mad, I say no he's not mad, it's how you deal with it.

[00:40:41]

RE And what... so when they are getting new staff, they were... when I came in this morning I could see people coming for interviews, what should they be looking for?

SM You should be looking for... looking into their mind.

RE How do you do that?

SM What we do now is, you see, what they do now with us now is, in this unit, whoever wants to work here, one of the seniors will be sitting down there in that interview.

RE That's a good idea, yes.

SM When we interview for my unit I will sit down there taking notes and you won't believe it, me and my director will be thinking the same thing. And he'll look at me, because I need to know who's coming to my unit. No I don't think... it might be good for other unit because other floors is different stages, maybe it's good for second floor, maybe it's good for fourth, or maybe it's not good for here and I don't want to, because he or she might be so good, but not for this floor.

RE What qualities do you think people need for this floor?

[00:41:55]

SM You need to have a little bit of care of course and you need to have a lot patience, because you will be tempted, you will be pushed. You will be pushed.

RE It's very hard.

SM It is, this unit is very hard.

RE And how does it affect the team do you think when they're pushed in that way?

SM They get pushed but because today, you see because the seniors, there's two of us, so when they see the senior they start smiling because it's like when you see seniors, the seniors [unclear] that's a big back-up, because those seniors are always there to look, things that are going on, nothing is happening. Like when I say we will never let the seniors go out of the building, they stay here, because once you go down the seniors come in because they are the ones that can calm things down, because they know their carers more than anybody else, we work with them. We know their level of care, we know how they work, so we know where to put them.

[00:43:12]

RE And so, when it is difficult, it sounds like you give a lot of support to the staff?

SM I do. Oh yes.

RE And what of support do you find helpful?

SM As long as you get enough staff in. As long as anything I want for the caring is being done I'm happy. If it's done then the care goes, carries on smoothly because what I want is for things to get done as quickly as possible, saying is that once we want this it gets done as quickly as possible, because when it doesn't get done then we get, the carers get heat by the family da-da-da but they are not the ones providing the staff.

RE But what do you do when like if, if you've got a resident who just doesn't want to go... just doesn't want to get dressed and gets very, you know, starts shouting, you're saying you know, it's about leaving them to it let them to, but then what happens if like relatives come in and say why are they still in bed, how...?

SM That is where information comes in. When they come in... something like that, they don't want to get dressed, okay they get to call me, calm down what is it, let me finish with this resident, I need to finish with this resident first and I will join you. So stay there, don't rush it, I'll be there. I finished the resident, I went back in and said oh hello sir, I'm sorry, before I say this that carer I send her out, you see, you just killed the fire. That carer I tell, I don't want you here, I need you to leave now. I say I'm very sorry, I will do it, oh you won't believe me, you see the way I kill it. And the carer get... I say I need you to leave now, I don't say nothing, I just

go, close the door and just go and I'm very sorry, I should be in here, I'm sorry, now I'm here I'm sorry. That's it. I just get on with it.

[00:45:37]

RE But do you think then the next time that carer won't be able to do it or...?

SM He can because this is how dementia works.

RE So it doesn't.

SM The brain, you see, that's why I say give them time, because the carer she's trying to force, she should have walked away. If I put that carer there they are putting more on the fire, that is where experience comes in, she should have walked away and come back. Just five minutes, take nothing go, do somebody else.

RE Do you think that staff find it hard to do that because they are worried about getting through all their tasks?

SM You see the time, they're worried... no-no don't worry the time because they have to spend more time there, yes okay, you spent more time. All you have to do is explain yourself that's all. They worry that they... oh I couldn't finish... it doesn't matter as long as you can say why she spent more time there that's all.

[00:46:36]

RE But why do they get worried about that, where does that come from?

SM I don't know. I think it's just... they panic. All they need to do is go there and oh I think I'm going to be a bit, I'm running late I have spend more time... just make sure you report back to the supervisor in charge to do with that, that's all, because then why if Mr A or Mr B is not up yet and the family came in then the nurses in charge will be able to explain to the family why. That is all it takes, but at the end of the day I can't teach them that it's all common sense, but I can try to get them there, they will get there, but they panic sometimes. It happens and that is life.

RE It is life. And what about training then, what is most useful. In terms of managing agitation what can we do to help like, or not us but, what helps the most in terms of training?

SM I don't know, everything.

RE What works?

SM I don't know, everything. Well you need patience anything might work who knows, but the changes it might be different today, tomorrow it might be a different thing. You see the dementia changes, he might be a different person tomorrow, that is how you work in dementia

because sometimes you see, sometimes I don't know and I get home and I woke up and my wife said you were talking to yourself when you were sleeping and I said what did I say, she said, I don't know I can't get it and I don't know myself, maybe my head is still working while I'm asleep, I don't know. You see this is what it does, you see, and this is how dementia I don't know what to say will work or what will not. We'll just keep on trying our best as long as we can do this safely for this resident, that's... I don't know.

[00:48:46]

RE But it, I mean, some of the things that work like giving people more one to one time, getting to know them, all of that, that takes more time, doesn't it?

SM It does, but they can't give everybody one-to-one time, because we have 31 and we cannot have 31 carers can we, it's not going to happen the Government will not pay that. You see this where we say what can we do, will you give me 31 carers, no, you see, it's very tough. I cannot talk to Government to give me 31 carers, it's never going to happen, I know that alright, but we have just have to try, as you said, the research, things like that, music, calmness and most of all still have that patience, it's very, very important and I watch... the first thing in dementia is what you say first, it works a lot, the first words work.

SM Anybody who have dementia, the first thing you say to them first, you need to think before you say that word. Be careful.

RE So how, what do you mean? Just tell me more about that, give me an example.

SM You see, like a... as I said, like if I know this person don't like... I need to be careful how I word my words, when I walk into somebody with dementia.

[00:50:05]

RE So how you approach them?

SM Yes, you have to be very, very... because that will effect a lot of things, it will make things easy for you. Look at the way I approached that man, the gentleman that, he came to call me for. You see, my first approach, and it works, first thing I did, I send the girl out... I killed the fire. The one that's, he's looking at her as if he's going to kill, I send her out. My first approach, you see, so I killed the fire, he's happy, everybody is happy. So he feels I'm on his side, I am on his side because I want him to do what I want, you see, I killed the fire. That's why I'm saying your first word means everything. But he didn't know that's what I was going to do, I just do that. Just stand there and do nothing, I will meet you there. And as soon as I walk in there I see, oh dear, this guy's... can you go out please, yes, okay. I say, just go out please, and she does, walk out. I say good, and as soon as she walks out he just starts smiling, you see, first word, it means a lot. But it's experience.

RE And how do you share that experience with people, how do you teach that?

[00:51:17]

SM We have meetings, we talk. We tell them, you need to talk to... we sit down with a few residents, talk to your residents, get to know them, and if there's any problem, anyone you have a problem with... They came to tell me about the chap with the meals, and I said, can I have a look at that. And she looked, I said, hallo, can you tell me what is that? She did it okay, so yes, I want a sandwich. I said well, what is a jacket potato, is it soft or not? She says yes, I said well why did you always... you can have jacket potato, or do you want a sandwich or what? She said oh. I say oh, oh? I said, you need to start thinking about... think about it. Because you need to think about, yourself, would I like that? Would I like that? Think of yourself, what you like. I said yes please, I said you did okay, I didn't say you didn't do okay, but you need to start thinking, what would you like, I would like this jacket potato, wouldn't I, I don't want a sandwich. I said, I know it's soft, but so is jacket potato.

RE So it's just about getting people to think about what they're doing and how they approach people?

SM Yes. Because some of them are a little bit, they're quite young and they go... they forget that when they are here, they need to focus here. Or, they're thinking about something else and not thinking about their job. You can't put both here, one needs to give. But I can't tell them that because I'm not into their brain, you understand how I work, you see, so it is very difficult. So I cannot speak for all the wards, maybe there are some, but any personal life, you just keep it aside when you're here, because these residents are first priority. So, well, at the end of the day, this is it.

[00:53:30]

RE And do you think sometimes the carers find it difficult to communicate with the families as well? Is there any issues there or...?

SM Yes family, families are always difficult when it comes to caring, there's always problems, but we deal with it.

RE How do you mean, in what way?

SM Because it's either this, that, this, what. It's nothing that's not being dealt with, but it's just family, everybody wants this, everybody wants that, or we can only do our best, that's our ways, we're only going to do our best. And I just tell the carers, don't panic, just come and call me. If you don't know what to say there or you don't know it, just call your senior on call and somebody will speak to the family, that's all. Or tell them the truth, do not hide nothing, you don't hide nothing in care, you just talk, because if you do hide, that might make a big issue, just say it how it is, If it's black say it's black. Go on working, if it's white it's white, if it's black it's black. I don't like to hide anything, we say it how it is yes. Because it's not fair, this. This one's, their people are there and they need to have the best we can give them.

RE Got some good advice for your staff, haven't you?

[00:54:51]

SM I have, yes-yes-yes.

RE Is there anything else before we finish that you wanted to mention.

SM No, just, it's good, I hope we can help you, and hope you can come back again and see.

RE Well, we will. you know, what we are going to do is develop something and then we'll be testing it in I think 20 care homes, so it might be that this is one of the care homes, we don't, we can't, it's all randomized so we don't chose where we go, but we might be back.

SM You might be. It's a good care home, it's alright.

RE Yes, yes. You seem, do you like your job?

SM I enjoy my job or I won't be here.

RE Well, some people...

[00:55:28]

SM If I stop enjoying it, I just walk away because I don't want to play with people's lives. It's life we're dealing with so it's, it's a very dangerous game. Now, if I'm not happy then I'll just... because it's people's lives and you can't buy life.

RE No, and do you think that whether someone's happy at work, like if someone's unhappy in this job that it affects the care?

SM It does, it does. But we do notice it. We do. That is why they kept those seniors with the carers because we can ask, are you okay? Uhm no I'm alright. We don't say nothing, but later, when we talk, we'll take time and sit down and talk together, because it does affect their job, that's why I said, you can't have two minds and work in a dementia unit, because it can create a lot of issues, because you miss something you shouldn't miss. Yes, one little mistake can cause a lot of damage and which we don't really want. Yes, a big one.

RE Good.

SM So this is it.

RE Thank you. But thank you for taking part, it's really helpful.