001.002

Speaker Key:

IV Interviewer
IE Interviewee

00:00:00

IV Okay. So, as you know, I'm a researcher fromxxx. I'm a xxx, and I'll be conducting and recording the interview. Everything you say is confidential but for the sake of the recording, so that the typist can know who you are, could you introduce yourself?

IE My name is xxx. I'm the deputy manager at xxx.

IV Brilliant. Thank you. So, thanks again for agreeing to take part in the interview. I'm interested in particular in how people working in care homes think about and cope with residents who are agitated – so, talking about restlessness, pacing, shouting, verbal or physical aggression – and we're asking because we know that it's something that is a real issue in care homes and that you have a lot of experience of managing.

So I'll be asking about your experience of working with people with agitation, about what works and what doesn't, what helps, what hinders, and we're going to use the information to develop an intervention to reduce agitation in people with dementia and living in care homes. So, what we… The reason we're doing these interviews is because we want to make something which is actually feasible and fits, and practical for day to day life in a care home, rather than us just going, oh, yes, this is what we think works.

So, obviously, I'm recording. Whatever you tell me will be anonymised for the purpose of the study, so you or anyone else mentioned won't be identifiable, but if you do disclose any information that you or someone else may be being harmed I'll ask your permission to disclose it with my supervisors. So, you know, we respect confidentiality but, obviously, if we think someone's being harmed, we can't keep it a secret. Exactly.

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If you need to stop or leave the room at any point, just tell me and we'll do that. But, you know, we're interviewing people at all levels as well, so it's really good to have, kind of, managers, deputy managers and stuff.

First of all, I just… I'd quite like you to think of a resident you know well who's been agitated. You don't need to tell me their name but it's okay if you use their name. Can

you just tell me a bit about the person and describe their behaviour and what would happen, typically?

IE The person I'm thinking about, she's been a kept woman all of her life and is accustomed to a certain level of service, for lack of a better word, and she's found adjustment to living in care very, very hard. She's got a history of dementia and chronic urine infections, so lots and lots of confusion, and what we find with her is that there is no time lapse between someone attending to her needs and getting her into a happy mood, to her completely… She shouts at the top of her lungs. She bangs on the windows. She insinuates that you're murdering her, and she does… she has asked strangers on the street to call the police for us before.

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But she's continuous in it and as soon as you walk away from her there's no build up to it, but she instantly, as soon as… For instance, when she's eating her lunch, if she taps her spoon on the plate and hears a sound of a plate rather than her hitting food, all of a sudden it's, I'm starving! Nobody's feeding me! And it gets very, very hard to be able to continuously go back to her even to check and make sure that this is not the one occasion that she really is having some need to be seen.

IV Yes. And is this happening all the time or is it… does it… is there a pattern to it at all?

IE We tried to understand patterns before. There's no time of day thing. There seems to be… It's related to sleep, we think. She sleeps for half an hour and she thinks that she's slept all night, so every time she wakes up from sleep, no matter what instance of sleep it is – if it's long sleep overnight, a long after noon nap, a short… maybe she's just nodded off as she sat down – every time she wakes up she's got this incredible need to have somebody present. That's the biggest contributor.

Other than that, there seems to be no real rhyme or reason. As I said, I'm… it gets worse with the presence of a urine infection, which she's had chronic ones that we can't treat, that there's no treatment for or they're unwilling to give treatment at her age and state of health, kind of thing. So it's a lot of… We don't know what else to do or how else to cope.

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IV And when she needs someone with her, she gets that by screaming. Is that…?

IE Yes. In a way, she's built up herself a kind of reward system by shouting or banging. Somebody does come to her eventually, but… which isn't the problem. The problem is as soon as you leave, so there's no crossover period that you can say, right, I'm coming back in ten minutes. Either telling her that or telling yourself that, it's as soon as she… What she needs is someone to sit with her constantly all the time, which is basically what a lot of the agitation in this kind of setting is, and because the peers around her are quite confused, she doesn't view those as appropriate people to sit with her, so it's always somebody… She wants a member of staff or a family member with her all the time.

IV And how do you make sense of that, really, of her need to have someone with her all the time?

IE We talked about her history and the fact that she was quite well taken care of, so she's accustomed to having service and she's got a big family that she talks about all the time. So she is accustomed to having company and at no point has she ever lived alone while she was mentally well, so for her now to reach this point that she's quite confused, we think she's not going to be able to develop acceptance of her current situation.

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In terms of how we cope, we try to… You know, you go and you evaluate, is she safe, is pretty much all we can really do. Is she safe? Is there really a need? But that assessment gets shorter and shorter as the day goes on. You know, the first time you go you stick around for ten minutes. You look around. You try and feel her tummy, ask if she needs the toilet, food, and by the end of the day, all you're doing is poking your head in to make sure she's not bashed herself somewhere because there's only so much time that you can spend with that one person whilst not spending time with the others.

For instance, you come in eight o'clock in the morning, and by ten o'clock she would have had probably 45 minutes of one to one. She would have had breakfast, she would have had a snack after breakfast, she would have had three cups of tea, and you've got people who still haven't had a wash or had someone look in to them. So it's a matter of, well, we would like to sit with you, or how do we now come to you that we know your basic needs are met and ignore somebody else's whose are not.

IV Yes. So you're having to juggle, kind of, knowing that she needs that level of, I suppose, having someone with her, whereas you've got, you know, 89 or… other people who also might need to…

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IE Yes. And, unfortunately, what it comes to is you start to think to yourself, well, these people have real needs, where her needs aren't real. Yes, they are real, because she wants the companionship, but, you know, we do have a hierarchy in terms of is the person pain free, are they well hydrated, are they fed well, are they comfortable, and then maybe you can get to the social needs of it. So her needs are actually quite low in our scale compared to somebody else, but she's demanding all of the attention. I was trying to avoid the word attention, but…

IV But her… But her level of, I suppose, what she's showing you is higher than what other people are showing you.

IE Yes, definitely.

IV Okay. And so, what else…? You know, when you think about her, how have you managed that situation?

IE Initially we had her involved in a lot of the activities, but because they're group led, because she didn't feel that either she was leading the activity… Sometimes we get really good interaction from her in terms of if it's a sing-along or the exercise games. She would participate, and then in the same activity she would come back and maybe if she felt it was taking too long to get to her turn, it's the same thing again.

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She's visually impaired, which doesn't help, so if she hears a lot of noise going on and it doesn't directly come to her, she feels as if she's being ignored or left out, or even laughed at, if the rest of the room is having fun. So it's really, really hard for us to find an ongoing solution to her, and you just, kind of, have to try and match her mood. But on the face of it, it's really hard for us because we keep feeling that we're letting her down, if you like, despite the fact that I have no hesitation in saying that anywhere else she goes she's not going to find the care that she does here. You know, it will either be us, or at our level or lesser than the attention she gets now.

So we just try to involve her and distract her as much as possible. She has a really good relationship with me, and what I used to do is have her sit next to me while I'm doing other tasks, but then that creates a problem because when I'm not around then all of a sudden she's… not only is she agitated in herself but she's now also agitated because she's looking for me.

IV Yes. So, no… So, on the one hand, it helps at the time, but then it creates a different problem when you're not around.

IE Yes, it makes the work harder for those who have to fill in for me when I'm not there.

IV Yes. And what else has been tried with her?

IE We have tried to refer her to psychiatry for behavioural… for… They've got a… I'm trying to remember the name of it now. It's not challenging behaviour, it's some… Oh, God. xxx. We haven't got a response from them. We've gone down the medication route in terms of Lorazepam and there's one called Buspirone that we use with her frequently now, but we try not to do that because then she's just sat there, drowsy.

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We have had points come up where she's had it for a couple of days in a row, and it's just no longer had any kind of effect on her, but aside from that we try not to use it because she's got a history of falls as well, and… You know, you try and balance the need. If we can, not ignore her, but if we can brush past her and she's not in a physical state of upset and anxiety, because the shouting out – when you go and you sit with her, all of a sudden it goes from 100 to zero, whereas if it was somebody who's really a physical problem with them, their breathing would still, kind of, carry on, whereas

with her you really think it's a personality issue. Yes, it's a social need, but are you really this upset or is this just your mechanism of how you meet the need?

IV So it's… So she maybe presents slightly differently from other people that you've worked with who have…

IE Definitely. She's the most demanding individual I've ever come across in terms of… We've had others that shout out all the time, but they're lost in their own world and they might not respond to you. They may or may not respond when you come in. They may be lost in a moment, but this woman, she responds to you, so it's a very clear mechanism for her. She's shouting to get a reward, and once the reward is achieved then that's it.

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IV And do you know if that's…? What do you know about her before, whether this is, kind of…?

IE This is the fourth care home that she's been in, and the first six months that she was here, every single time you called her family, it's her granddaughter that comes in. Every single time you call the granddaughter, she said, you're not kicking Mum out, are you? So we've got… We've also had workers who came in from previous homes that she was in, and when they hear her – you know, they can hear her down the corridor – and, oh, my God, she's here! So she's been around the services quite a bit as far as we can tell, and this behaviour isn't… It's not new to her or to us.

IV What do you think is working well with her, because, actually, you know, it sounds like you're doing an awful lot?

IE It's… Well, we try, but the thing about it is we try, and if stuff fails, are we… do we have the energy or the resources to keep trying something that's failing, or do we just try for a bit and then stop, is really the concern. With regards to her, I think it is… The reason I think she would suffer if she moved from here is because she's now got this… She's built up these relationships, whereas we can quite quickly assess her and maybe, as I said, she had a good relationship with me. She does form relationships, so, while she is demanding, we're clearly doing something right because if she can respond to certain people… So for her it's about continuity and just finding something that's predictable that she can look forward to.

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IV Yes. And just… Have you noticed other people doing anything with her that works particularly well, or…?

IE At the moment, what most people really do is a cup of tea and a snack, which is horrible. This woman has gained so much weight so quickly.

IV Really?

IE You know, because it's all about just basic stuff her face and she won't complain, to be quite honest, is what the general coping mechanism is.

IV So that's what other people are doing as well, is, kind of, giving her a cup of tea, a snack, sort of…

IE Yes. Something… It's all distraction, but she's… If she gets upset and, for instance, she likes some people painting her nails. It makes her feel a bit special. If somebody says to her, I'm coming to paint your nails in five minutes, and it takes them half an hour instead and they come and they're doing it, for the entire process of her… them doing it, she will complain about the last person who promised her, and, you know, she's got a very negative outlook which, kind of, grates on you. That's just buzzers.

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Yes, she's got a negative outlook which grates on you, which you feel very remiss to be giving her the attention and the support. So even when you do find something that works for her, it takes so much out of the carer.

IV Yes. I'm going to ask you a bit more about the kind of effect that all of this has, actually, in a bit, but, generally, can you tell me about, sort of, good ways of communicating with someone who's agitated?

IE It's about being present for a certain amount of time, and I don't mean long time periods – 30 seconds, one minute – and remaining calm in that initial instance so that someone knows that they don't have any kind of scaring effect on you or that you become part of the scene so they're not aiming anything at you. Then approaching the person, trying to interrupt them, calling their name, whatever, but approaching them at face to face or, if you can't do face to face, as close to them as possible without endangering yourself.

Basically, what you're trying to do is become a non-threatening part of the environment and then try and sway whatever they're agitated about. You're just trying to tip it into something that you can control or guide without ever dismissing them. I find that a lot of the agitation that we do get is… people do dismiss. Like I said, with this woman, a cup of tea is what they try and do, which, with her, works quite well because, to be honest, that's all she really… She wants someone to sit with her for the cup of tea, but a cup of tea is fine for her.

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But you'll find a lot of… Someone might be shouting out and instead of asking, are you in pain, or investigating why, you'll find a lot of, well, I'll do you a cup of tea and that should do you for a little bit.

IV And what are you doing to try and, kind of…?

IE I try to lead by example. There's only so much that you can tell people. We've got the videos and the trainings and we do challenging behaviour trainings and all

sorts. We try and involve as many people in the home as possible, and by keeping it open people, the workers, the staff have to keep up a certain level. But it's…(interviewer sneezes) Bless you, almost.

Yes, it does… This is where you find that personality comes through a lot, because if you see someone that's agitated, any stranger can stop and ask, are you all right? And that's usually enough to calm someone down slightly, or enough to find out if there's a real problem or not a real problem. So it's a personality thing that, are you actually interested in making this person better or are you here for a job, which we find very, very harsh because there's only so many times that you can tell someone, well, have you investigated it, and, okay, xxx's shouting. Why is he shouting? How long has he been lying on that side? Who was the last person to do anything?

00:18:07

IV And do you think that there are…? You know, as a manager, do you notice that difference between certain staff members in terms of how they manage things?

IE I find that anyone can fake it, but because people don't realise how stressful the job is, particularly in the dementia and confused units, that it's very difficult for them to sustain it. So it becomes really easy, probably after less than a month, to tell if someone is going to continue being really good or not.

Sometimes even in the trainings, because some of the videos are quite emotive, and depending on the response you get from people, you can, kind of, predict if they're going to actually engage with people or not.

IV Okay. And, you know, are there other things, just generally, sort of, broadening it out, not just about that lady? Are there other things that you've seen work well in terms of managing agitation in residents?

IE It's all about the causes of the agitation because, I mean, I'm… We are a nursing home so a lot of agitation here might be pain related or… Quite often, trying to get as many people involved a possible, so if you notice it's difference as well. So is the agitation different to how this lady… person usually presents? So it's knowing someone. And if there is a difference, then it's getting as many people involved as possible so that everyone gets an idea of what's going on.

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Yes. So you're talking about pain relief, you're talking about comfort in terms of just turning people. We've got people whose mobility is quite poor and, for instance, a pressure sore, which is a big problem for our kind of clientele, most people don't know it can start in 20 minutes, you know. Once you're sitting down in a position for 20 minutes it can… So you can have a lot of pain and discomfort that's very easily solved in that regard, and it's just being observant about what's around you.

We've got lots of people who are bored. You know, we've got activity girls but they're trying to appease to as many people all at once as possible, so they're focused on group activities. We're now trying a programme. We've got another research thing

going on in the home at the moment that's trying to tackle individual people or getting into the bedrooms, and hopefully that will provide people with something to look forward to.

IV And is that something that won't just be the activities coordinators, it will be all the staff, kind of, trying to build it in?

00:20:37

IE Yes. In a perfect world, like, we get a lot of people, oh, I'm just a night carer, or I'm just the cleaner, or I'm just the chef, and I think part of that has to do with the fact that it's a large home and it's sliced and diced. It's broken up into lots of different factions so you get a lot of us and them. You know, like, we've got carers who've worked there for years downstairs in our elderly frail, and they're literally afraid to go to the dementia, despite the fact that the dementia unit might be quieter or easier work than the unit downstairs, you know. People get very defensive in their little role, and it's… yes, about reaching out and everyone knowing that they do have a part to play. They are the faces that the people see.

We've got some really good people who just pick up conversations with everyone. Our maintenance man probably has a better relationship with half the residents in the building than some of the carers do, and he only sees them for two or three minutes a day.

IV Yes. What is it that he does that's different?

IE Ah, that man can talk (laughs). Yes, he just talks, but he asks a lot of questions and he flips it onto the person. He doesn't expect an answer from someone as well, so he's not faced with the fact that if they're not responding in the correct script, you know, it doesn't bother him. He carries on regardless. He's… Yes. So it works.

I think our variety of staff that we've got here, most of the staff come from the local areas. There are about five estates around here, and the reason I'm touching on that is there's not a very broad mixture of education and social skills in the building, whereas the residents come from far and wide. Some of them are very noted and published professionals. Some of them have been housewives all their years. Some of them have lived down the road for however long. But the mix of the staff doesn't really reflect that. At minimum wage you can't really do it. So I think a lot of people, they can bring what they've got but they're not taking on board what the residents or the people they're looking after have, and that can be quite hard.

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I mean, we're trying… We've tried out this xxx or version of that that goes around. It's a bit hit and miss, but once again that's… regards… down the individual carer to chase up. There's lots of different tools that we can use, and I don't know if the carers are aware of it, and I don't know if, as I said, like, with the example I gave with the lady before, whereas she's taking up so much time, do they actually have the time to utilise the tools with anyone else. So it comes down to the age old carer stress and

understaffing, but what are these people actually bringing to the role, rather than finding in the role.

IV Yes. No, it's good. Well, we'll be sending you… We can, you know… So, I mean, that's really helpful and really interesting. How do decisions get made then about, kind of, how things get managed in terms of the agitation? Who…?

00:23:58

IE We leave that to the nurse in charge of the unit. What we try to do, we have regular meetings every Monday where people are able to discuss anything going on, health-wise, within the unit. As I said, like, there's a separation between the elderly frail and the dementia units, so we get a lot of… It's the nurses on the dementia unit and they can be general nurses or dementia nurses, but they talk a lot about behaviours and agitation and aggression, where the nurses downstairs talk about, you know, skin care and, you know, it's different. But the opportunity is there.

The decisions get made on the ground level and everything should be discussed so that you can ask me about any of the 89 residents and I should be able to tell you, maybe not very up to the date, but I have a grasp of what's going on with all of them. Whether it works or not, I don't know. I have something to say about all 89 but I don't know how accurate it is.

IV Yes. No, but…

IE In terms of the nurses as well, lone working is very, very strange in terms of… they… Every nurse comes in with their own priority list in their mind, and I'm not sure what they're passing on may be the best things to pass on. They might have handled something internally and thought they've done that brilliantly, and then all of a sudden when I'm walking around I think, oh, whoa, what's going on here? Why wasn't this at least discussed with a manager?

And the reason for that is, I suppose, in almost all these kinds of settings, there's a nurse by herself. She's left to make decisions by herself, which is a shame because there's four others in the building. So we try to promote, like, informal discussions as well but, again, it's up to the individual.

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IV But ultimately people are, a lot of the time, working independently, which is the way it needs to be, but that means that you're having to make decisions in the moment, or…

IE Yes. What we would like is a lot more crossover time. For instance, we've got… How it works on each unit is one nurse works four days, one nurse works three, instead of maybe both of them doing four days and having a half a day, kind of, crossing each other. But all of this comes down to budget and staffing levels, and so back to the same old same.

IV And do you think that the culture of… because it sounds like there's very different culture in the different units, say. Do you think that has an impact on how agitation is managed?

IE Oh, yes. We had a lady, for instance – she got herself on the ground constantly, and every five minutes people were trying to get her up onto a chair, and at one point I went to them and said, why are we doing this? What's the point of doing this? Where can she fall when she's on the ground? Why is she on the ground? It turns out she went onto the ground. Once again, she's blind. It's a different lady, but because that's where you naturally feel. You know, there's no chair, there's no nothing in front of her, so she feels the ground. She goes onto it.

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Also, she had a history of anxiety and she thought people were running after her at certain points, so she's hiding on the ground. But coming back to it, the carers that looked after her knew she's okay on the ground. We come, we check on her, there's nothing, no furniture about. She's not fallen over. She's fine. Whereas every other carer that came into the building would run to the nurse and say, there's someone on the ground; can we get her up?

So, yes, the culture plays a big part in how each person is looked after and how their agitation would be responded to.

IV Yes. No, absolutely. And so you've talked a lot but you've talked about… You're obviously a nurse, aren't you?

IE Yes.

IV Yes. But you've talked about pain control and the importance of, kind of, people's basic needs being met in terms of managing agitation as well. What about other, sort of, interventions that are around – things like sensory stimulation or music and activities and stuff?

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IE Most of the activities that we have are usually based on music. There's live singing, people singing to you. We try to encourage lots of music throughout the home. There is a sensory room but I don't know if it's just the client group that we have, the design of the home, what it is, but we don't tend to get very many communal groups to enjoy an activity properly, basically, in terms of maybe the same sensory input level. So, if you've got somebody who can only deal with tactile stuff, that person might have to wait once a week to go up to the sensory room, whereas maybe we can probably rip a piece of bubble wrap and give it to them to hold, or… We get on.

A lot of… We get a lot of idea squashing as well, which is, somebody will come with an idea and present it to one person and get a negative result… response.

IV So, idea squashing?

IE Yes.

IV Like… Yes. So, what do you mean? Like…?

IE I'm trying to think of… Like, the same idea with the bubble wrap. You'll come, you'll say, xxx doesn't get up. He likes to hold things in his hand. Bubble wrap's quite squeaky and fun to pop. Can we give him some? And then the first person they speak to will say no, that's a risk because he might put it in his mouth and he might choke, and that will the end of a brilliant idea of maybe we could get xxx into a communal room, put it in his hand while somebody's supervising him doing something else.

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So we do have… It's about… I'm fairly new into the role and that is part of the stuff that I'm tying to do as well – make it approachable, make senior management approachable. So if you have an idea, don't just ask one person. Ask loads of people. Get full feedback from everyone and maybe we can try it.

Something else that I'm trying to get to people is that if something doesn't work now, we can always go back and try it in six months. It might work differently then, because we do have a changing group of people and we get a lot of, we've tried that before and it didn't work. So what? Who did you try it on? Who did you try it with?

IV And is there a particular…? Are there particular people who are more likely to be saying no because X, Y and Z, or is it not a particular…?

IE Yes. No, we have a lot… The complex behaviour service that came in, we got a letter form them. Unfortunately, the person that they were dealing with… In their letter they've said that they're not sure if the methods they suggested were ever used, which is a crying shame because it's a new service and it's something that would do brilliantly if it worked well. And now they've come here, they've spent a lot of time here. They came here… Over six months I think they came three or four times, and they're saying that everything they suggested hasn't been used. So that's something that we have to look at and say, well, we're asking for help. We're saying people are agitated. And then we get these suggestions and so…

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IV But that's exactly what I'm interested in, actually. So, you know, what gets in the way, really? What are the things that, you know, make it harder for these things to be put into practice in terms of managing agitation?

IE I really think it's an initial negativity of people unwilling to try, or people going back on historic issues and saying, oh, we tried something similar, but that doesn't mean that you can't try it again, and it goes back… Like the first lady I said, that we might have tried something for a week but we don't have the stamina to try it for two weeks and maybe at the end of two weeks it'll be different.

I think involving everyone else instead of making it one person's responsibility… Like, this complex behaviour service, the nurse they spoke to, it was her responsibility to put these things in. Maybe having some way of making it everyone's responsibility means that if one person does it and it's a success, more people will look to that person rather than…

IV And how do you do that? How do you, kind of, make it everyone's responsibility?

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IE Just inviting everyone to participate is the real answer. But people need to see it by example, and it… I don't know. I really don't know. I couldn't answer you. I figure seeing the management take part is one way to do it, but the whole point in it is it can't always fall on the management. It needs to fall on the people that are there, present and correct all the time, and I think it's just supporting people, whether they've succeeded or not, in the fact that they've tried stuff, and rewarding that behaviour.

IV And is there any…? You know, it's not about, kind of, naming and shaming or anything like that, but do you think there is anything about the staff that you're managing, or… that makes it harder to manage agitation or that gets in the way?

IE For the people on the face of it, yes. In terms of… As I said, people come from local areas. There's lots of estates. There's lots of people who haven't really progressed a lot in education, and I find that they're the people that are most… They listen to the negative comments very quickly.

An example is we had an issue here where somebody was being washed and dressed, like, four o'clock in the morning, and we, kind of, alerted the staff as well as the social services – this isn't right, you know. Unless this person used to be farmer and wants to be washed and dressed, you know, there's no reason for it. And somehow that rolled out to that we don't give personal care until five o'clock in the morning.

So, to me as a nurse and as a manager, what you're saying is at four o'clock you're going to come in, you're going to see some completely soiled, you know, with very frail skin, redness, open to infection, and you're going to wait till five o'clock to do something about it. And this is the level of mentality that you get from a lot of, like, the carers that come in. Because one person said one particular problem happened, you now take that rule and stretch it to everything.

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And it's more so even for the activities in terms of… I don't know. We don't carry this one down to the singing because she upsets everyone else. Well, so what? Don't carry her every week. Carry her once a month, you know. And you just get people here, one negative thing and that's it. They're done. They're finished. And a lot of it is with the education because if people… people who have a higher level of education tend to ask more questions. Why don't we take her? Because she made noise. Why did she make noise? Because she didn't like the singing. Is it the same singer? Is it a

different signer? Is it in the same place? Is it in a different place? Did she have a urine infection?

You know, so I think a lot is the level of education as well as in this building in particular we get a lot of people, this is their first job in care. So, what they're learning, they're learning from the people here, rather than bringing in ideas that they've seen in other care homes. So aside from… It's education and experience, really. Some of them are really good, but you're only good in this box.

IV So what they're learning is within the culture of…

00:35:05

IE The home, yes.

IV What already exists.

IE Yes.

IV Okay. And there was something you just said that I was really interested in, actually, and it's completely gone out of my mind, which is excellent. But… because it sounds like you… Oh, that's right, yes. So, one idea is around the kind of level of education and maybe that getting in the way. Do you think that there's other things that are more to do with, I suppose, people's approach, or anything else that maybe gets in the way for them?

IE What do you mean by people's approach?

IV So, you know, are there, apart from education, do you think there's other explanations, really, for why people might find it hard to accept new stuff or maybe rejecting new stuff?

00:35:59

IE We've got… Yes, we've got some cultural stuff in terms of… We've got… I don't know if it's a high number. I've never actually collated, like, English as opposed to immigrant workers, or even first language English. That might be a good thing to do. But a lot of… Not a lot, but quite often the people who come in… We've got people who used to be nurses and things like that from other countries, and it's very hard to instruct them on what to do. Even if they clearly understand, it's very hard to instruct them or change their ideas on what is the right way to be and, I mean, that's not only an immigrant problem. You find that with the more experienced staff that it's hard to change, so there is a culture of change that's really, really hard to break down.

Approach – a lot of the foreigners don't actually have established places like this where they're from. So it's a completely new reference point and people don't know how to deal with it.

IV What do you mean? Sorry.

IE Care homes.

IV Okay.

IE So, what you get a lot of is, oh, it's a shame, this person's family should be looking after them.

00:37:11

IV So they're not… The whole culture of having people in residential care doesn't exist in their…

IE Yes. So, maybe they're unsure of what their role should be. What we get as well is people who come from hospital, and I personally say that they make the wrong comparison. Everyone compares us to a hospital because it's got nurses and carers. No. This is somebody's house, whose people come and go, and you find… I don't know. Like, they push off a lot of, oh, it must be medical, or we're here to do a job. We'll get this better. No, this is not to get something better. This is how xxx or xxx or xxx or whoever is, and we have to figure out a way to deal with it, rather than changing how the person is, which might be another angle to come at.

Yes, culture of change is really hard with all of those kinds of groups, with people who come in and think they know better, with people who can't relate to the job role at all, and just people who think of it, well, if it's a problem, what's the solution, not, what can we do to make it liveable, bearable.

IV Yes. Do you think that there's anything about how things are managed that make it harder for people to, kind of…?

IE [Unclear] It's managed perfectly. I don't …[unclear].

IV Yes, yes. I was just thinking about historically how things were managed.

00:38:33

IE Yes. Yes, it's… We… The deputy manager before myself – because I've been a nurse here for a very long time – she was not clear at all in what she would say. So you had everyone pulling off in different directions, and I think that probably lent to the fact that you couldn't correct someone because everyone was doing their own thing and no one was correcting them or showing them a specific way to do things. So they've… I don't know if it's developed a confidence or developed a defence in whatever they were doing.

Leading by example, as in being on the floor and actually doing the things and taking part, we could probably do slightly more of that, but… No. No buts, really. We could do more of that. I think we sign up to a lot of programmes and invite a lot of people in to, kind of, pass the buck maybe, because you think if these people are here they're engaging in your staff rather than you as a manager engaging in your staff. And then

there's the number. We've got 100 staff members here. So, to motivate 100 people to do the same thing is really…

IV Do you have a high turnover of staff?

IE We've got a good core staff. I would say about, of the 100, let's say, probably 75 have been here two years or more, but the 25 are very transient and they come and go very quickly, so it seems that there's a high turnover but, really, it's…

00:40:07

IV It's the same…

IE Yes, it's the same jobs that are going constantly. What we get is at least half the people that leave try to come back. It's really, really weird.

IV What, when they realise other places are worse?

IE I think, yes, people who leave to go to other care homes, almost definitely. I would say 90% of the time they try to come back, which is great for us, but people who leave for own personal reasons or career progression or go to hospital, they usually stay.

IV And what…? You know, are there any other barriers, really, for managing agitation?

IE There's the suitability of the home. I think there's a fair in saying, you know what, we can't deal with this. Previously, we've had a guy. He used to kick the radiators and throw furniture down. He never attacked a person, but he was really, really angry and he was very, very bored, and we tried lots with him. We had him involved in as much as we could. He was out more than he was in, but this just wasn't a good environment for him, and we tried to get him seen by the psychiatric services and they took, I think, a month to see him, and maybe two to three months to then take him into their service, and that was three months that he was in a place that wasn't appropriate for him. So there is a level that you do have to say, look, this is the kind of person that we look after, and if you're not in that range then I'm sorry but we can't do the job for you.

00:41:35

We've got, I think in total, maybe out of the 100 not even ten are men, which is probably… This might be a poor example, but if you're looking after someone who's six foot tall and banging a desk, whether or not they're threatening you, we've got a lot of ladies in here who are scared, and their response is not the confident… it's not the non-threatening that I said is a good way to deal with agitation. It's a scared bunny or, you know, they run away, or… We had one gentleman who used to shout. He never raised a finger, but he shouts, and he made a night carer lock herself in the office. And the question was, well, you've got 19 other residents on this unit. It's only you on the unit at the moment, and you've just locked yourself in the office. Where's

the emergency buzzer? Where is…? You now, if you're that scared, what are you doing?

So I think the double edged sword here is, is the person actually suitable for this kind of home, and does the carer have enough training in terms of not only how to deal with agitation, but in terms of themselves? Self awareness and…

IV Is there anything else about the resident or their families, actually, that maybe make it harder sometimes to…?

00:42:52

IE Yes. We've got… It's expectations, managing expectations, because we get people who think a care home should either be the Ritz, or what they see in the xxx every other week, and they can't grasp that it's neither. So, like, we've got people who come in and promise their relatives, oh, you'll be going home next week, or, we don't tell him Mum has died because that would just confuse him, and, you know, people aren't stupid.

No matter how dementia goes on, the emotion is something that you can read quite easily as a human, and we get a lot of family members that actually cause more agitation than they solve. And then when they come in they get very concerned – oh, Dad's not looking himself, or Mum's not eating. She's not eating because you're here. You're sat next to her and she doesn't want to eat with you hammering on.

IV What helps to manage that?

IE When we do find that it's hindering the person in any way, we try and… we suggest to limit the hours of a visit or we say, if you can come instead of one long period of time, can you break it up and maybe come twice a week for shorter periods. We do try to inform the family members if it's having a negative effect. Quite a lot, it's left till it's not too late, but the only time a family member will know is during a review where there's a social worker present, and they then will be giving one description of the person and the nurse will say, well, actually, that's only when you're here.

00:44:11

So there is a fear, if you like, of saying that to a family member because you don't want to labelled as trying to break up someone or trying to hide something. Yes, there's… You know, there's the cover your back kind of fear to people, that… I think that translates back into the negative thing from before, where you don't want to try a new thing in case it hurts someone or in case it puts them at risk, or…

IV And where do you think that kind of cover your back fear comes from?

IE The Daily Mirror!

IV The Daily Mirror, did you say, or Daily Mail?

IE Yes, Daily Mirror. All of them! I don't know. It's the negative public view of a care home. For instance, for a long time I didn't tell people I worked in a care home because their face drops, you know. You tell them you're a nurse. They say, ooh, really? What kind of nurse? I work in a care home. Oh. It's almost like, sorry for you, but it's… it's a challenging job. It's a difficult job. It's…

IV What do you think that's about?

00:45:08

IE It's public perception. It is all the negative views that you get, and I think the fact is most people don't have any dealings with a care home until a relative is in it. Yes, it's just expectations of what's in here. But going back to agitation, there's… We tell a lot of people who come and do enquiry forms because they usually feel quite guilty – oh, I don't want Dad to come into a care home – we tell a lot of them, no one comes in here running and jumping, but it's a need that we're fulfilling. I think a big part of the agitation is that as well. This is not usually a place that the people… Nobody elects to come here. If you had a choice, you wouldn't be here. We do understand that. We're not going to pretend we're the greatest place on Earth but, if you're here, we'll try and make is as good as we can.

IV And do you think that, again, that, sort of, media portrayal makes that harder?

IE It makes it near impossible. For instance, you leave someone who can drink for themselves with a cup of tea, knowing that they can drink for themselves, and their relative comes an hour later, has half a cup of tea that's cold. All of a sudden it's a big problem. You've left my mum with a cold cup of tea. Yes. Yes, we have. And, yes, I think I'm… It breaks down relationships with the staff and the family.

It probably stops people, because what you would want is, well, yes, come on, come every day, come and visit. Take Dad and meet… this is dad's friend, xxx, or whoever, you know. You want to build that kind of relationship, but people come in and they're very timid and they come to you – oh, the lady in there is shouting. Yes, she's shouting because you've given your mum a cup of tea and you've not offered her. You know, what do you think we do here? There's a really big separation of what people expect the role to be and what the role really is, and I think that goes for the family members and, I'm sure, to some extent, the people who stay here.

00:47:04

Also, the generation that we look after as well. Agitation might come about because they don't tell you what's wrong. They're a generation of, I don't want to bother you, whereas the younger folk that we have in here are very much, look, I don't want this, I don't want that, I don't want the other, and, seriously, we've got…

IV That's really interesting.

IE People who are probably under 70 – we've got a couple of people in their sixties. They have a lot more complaints, but yet still at the end of the day, they're usually not agitated. They're usually quite comfortable. You go into their space and

it's identifiable as theirs, rather than just another room, whereas the other generation, they come in – oh, this room is really nice – and they don't personalise it. They don't make it home. They don't. And all of this adds up.

IV Yes, absolutely. So, you're, sort of, touching on it, and it's… you've said quite a lot already about it, but what do you think makes it easier to manage agitation? You know, what, kind of, works? What helps?

00:48:05

IE Distraction, activities, relationships, sharing the responsibility in terms of staff, visitors and family. Breaking up the day and the time in terms of making every day different, rather than it being a monotonous continual day, really.

IV Yes. And how do you get those things done? I mean, what helps in terms of actually making it happen?

IE We don't succeed in getting it done a lot of the time, to be honest with you.

IV When you do succeed.

IE When we do succeed it's usually on the back of the individual carer or person completing it. I mean, we provide opportunities for all of… all of it to happen, in terms of, as you see, the door is open, anyone is invited in. We have the days, regular days, the fetes, the fundraisers, the fun stuff that we try to inject in it, and usually any idea that actually comes about and is presented to management is supported. What we… The most we might get is we'll do a risk assessment and we'll see what we need to make that happen, but a lot of the time it's on the individual carers and I think it's just about supporting people bringing their own ideas. It's not about us rolling out stuff or, like, I really can't tell of you of one thing that will work across a lot of people but it's just everyone trying something.

IV And, you know, is there anything, any particular, I suppose, individual qualities that you think are really, kind of…?

IE You have to be very, very outgoing. You have to be willing to make a fool of yourself. Pretty much the same advertisement for a children's TV presenter would work for someone. Patience, creativity. I'm not really sure what else you can really narrow it down to but it is a personality thing.

00:50:16

IV And, you know, is there anything about the team here that, you know, you think works really… you know, does work well in terms of making it easier?

IE It's a very strange question. Not really. It's not a strange question, it's just I don't really have a ready answer for it.

IV It's a hard question.

IE Yes. There needs to be a lot of teamwork and respect within the team. So I think a lot of… We need team building days because… Because it's 24 hour care, right… I'll give you an example. Our Christmas dinner, 100 employees – maybe 15 go. So there's not a lot of respect, social life, equity amongst team members, and that might be where we fall down in terms of when you have a team that respect each other, working on a unit, it's… all of a sudden it's fun, all of a sudden it's responsive, all of a sudden people are involved and try new things, whereas usually the mix of staff is clique-ish, breaking off, and that's where stuff falls down.

So I think if we can do a lot more stuff away from work with the people who work here, it definitely would have a positive impact on the agitation or on what's offered to the residents.

00:51:45

IV Yes. That's really… yes. I mean, what impact do you think it has, you know, managing agitation… the agitation. What's it have on the staff?

IE People won't want to come to work. This lady, the first example I gave you, seriously, I used to work five, six, seven days in a row, no problem. Physically tired, but no problem. This… I started to nurse this woman and I could not work more than two days in a row. So you get extremely fatigued. You feel lost in that you can't complete the job that you're trying to do because you're constantly called away by things that you yourself start to diminish their value. You start to become cold and less caring because you feel that no matter what you do, this person is still responding in the same manner.

So your passion for your job definitely decreases with someone who's got high agitation, especially if you can't do anything to solve it. And then, aside from that, if you're the person that's bringing the ideas and actually doing something positive, and you find something that works but you're not getting the support for it, that can also rip you to shreds and you think, well, why bother? What's the point of me coming in and offering all of this? So it… The residents' agitation and aggression definitely has a negative effect on the carer, which in turn will raise the agitation of the resident.

IV Yes, because what effect do you see on the staff you manage, really?

00:53:12

IE In terms of what? In terms of higher agitation, lower agitation?

IV When people are more agitated.

IE People are more frustrated. They're waiting for the day to go by. They become task oriented instead of person oriented. So they just think, right, what haven't I done today, instead of, what can I do today, and they move along and tick box and the entire quality of care falls.

IV So you see that as a, kind of, consequence of having to manage that complex agitation and the effect it has.

IE Yes. If you're unable to manage it successfully initially, if it's something that you can't knock on the head with a cup of tea, a five minute chat, a simple breakaway, then, yes, it throws your whole day, and especially the fact that we've got a lot of people in the building like that, so it's not even that you leave one person and you get respite in another. We've got a lot of people that have agitation and anxiety.

00:54:06

And then, like, culturally speaking, we do have people who say, well, they'll go to the nurse and can't you give them something. Well, why? Why would we give them something? What are we doing about it? She's in her bed still. It's ten o'clock. Let's get her out, you know. And, yes, there's… Because they're thinking the nurse isn't listening to them or they're thinking, oh, doesn't the nurse know how much work I already have to do, it becomes very task oriented after that, but successfully. When it's done successfully, the whole day passes like a breeze.

We have… There's no name for it, but every so often you'll find there's a unit that no one wants to go and do extra shifts or no one wants to cover, and when you change around the team a little bit and people all of a sudden… The residents haven't changed, but people want to work there, and they're getting lots of stuff done. You think, well, what's really been holding back, and we do try to shuffle people about a bit but we haven't done it for a little while.

IV Yes. Maybe you haven't needed to. And so, when it is difficult, how do staff get support?

IE That's down to the nurse in charge again, or the unit managers. I mean, the staff can… It's up to the staff to seek out the support, rather than the managers to chase it. I mean, I would like to say that I notice stuff and I do try and seek out people, but, you know, you can only find X amount of problems. You can't solve them all. But, yes, it's up to the staff to then come and feed it back to us.

IV And do you feel that people are… you know, feel able to do that?

00:55:39

IE I don't, actually. I feel that people have built up a fear – not a fear, but they don't approach management. They've been approaching me in the last month, lots and lots, but I think that's because I've moved through the ranks so they feel they can do that, but there is a culture here that they don't approach the management.

In my personal experience, every single time I have approached management here in terms of the home manager, even regional directors, I've been given support. So I do not know where this comes from. If it's the same kind of negativity feeding where one person says, oh, I'll go and ask xxx and maybe one other person says, well, xxx didn't help me the last time.

So there's a quite separate issue of them building up this idea of what management is or isn't. There's a separation between management and staff. It's not real, but it exists.

They see a much larger separation than there really is, and I really don't know what causes it because I've never experienced it myself, but it's really easy to look back and see that people don't approach until it's too late, really.

We do get quite a few staff going off with depression and similar high anxiety, similar…

IV Yes, stress.

00:57:01

IE Yes. So it clearly does affect them, but when it comes to it there's nothing but support, but leading up to it they don't seek the support that maybe they should.

IV Okay. And what about training then? It sounds like you've probably had a lot of training around how to manage agitation.

IE We've had loads of different challenging behaviour courses, or what is challenging behaviour. There's no such thing as challenging behaviour… And we've got lots of different companies but what we find is most of the people that we try to employ or use their services, they offer very, very basic and simple courses for residential homes. We're a step up from that, so we find that what they're presenting to our staff is usually what you learn within your first week here, and it's generally of no service to us, which is why, like, the example I made with this xxx team, this is… if they were successful, this might have been something that was really good that we could take from them and use as training, internal training for everyone else.

But they haven't had the support that they should have, so we don't know. And it's only come to our attention after the whole process has finished and they've sent this letter. So, once again, a gap between management and…

IV So do you think that having a different training, if you're working in residential or nursing home, different level of training is important?

00:58:23

IE Yes, because the people… In most of the trainings, the people with dementia that they portray is more confusion than actual ongoing dementia symptoms. You know, they'll tell you, why don't you sit and hold xxx's hand for five minutes, but they're not telling you about xxx who goes Ai! Ai! Ai! for ten hours straight, you know.

So, yes, there definitely needs to be more training where that's concerned, and I think in terms of our own internal training, we watch a couple of videos and I sit and I talk through stuff, but what I would like to do is come up with, like, concrete case studies, possibly out of people that maybe we have currently, and just see how people respond and react to that.

IV So, having more, I suppose, individualised case studies, or examples.

IE Yes. More in depth stuff of… and maybe give a history of what we have tried, what's been successful, and at that point taking on ideas from people who are brand new before they get the negativity.

IV And so, what… when you think of training that has been useful, what has been useful, do you think, for you or for your staff?

00:59:30

IE We had a distance learning course that was quite good. It was actually on mental health issues, rather than dementia or challenging behaviours, but that raised quite a bit of awareness. What we found is it's about sending the right people on it, because when you send the right people on it they feed it back to the rest of the staff. But the problem with that is you end up overtraining.

IV What do you mean?

IE You're sending the same people on training all the time.

IV So you overtrain certain people.

IE Yes, and other people get left behind, so you do have to mix it up and then you've got, you know… That's… I pride myself on being solution based, and all I'm presenting you with is problems.

IV No, but it's… I mean, the thing is it's helpful because we're looking at finding a solution that addresses the problem, so if we don't hear what the problems are then we can't address them. But, I mean, what do you think makes it harder then to put what… for people to put what they learn on training into practice or to, kind of, embed it into practice?

IE With the person who I've replaced, my big concern with her is that I thought she never attended the trainings that she went on. So in terms of you come back having gone on this training where they tell you these five wonderful ideas, and then you try to implement it and the person who sent you on the training says, why are you doing that? What's the point of that?

01:00:52

IV So she didn't take part in the… She would send people on training but not do it herself.

IE Yes. So she wasn't aware of the content, so you didn't get the support of implementation. So I think, in terms of a wider base, I think it's imperative that anything that you do, a manager should be part of the training. A training manager would be good, to be part of the training.

IV What else? Oh, go on.

IE We've got… The people that we've got in now, they're called xxx, and they're doing… They're the first people that have come up to us in terms of they're really trying to get lots and lots of people involved and they're chasing people, and the onus is on them rather than… Like, what we were getting before is lots of distance learning, lots of very short courses where the onus is on us to then change what we're doing, which is hard, whereas these people coming in… I don't know how effective it is but it's such a different approach that they're coming and they're saying, well… They're pushing us, rather than us trying to push ourselves.

IV How do they push you?

01:02:04

IE They give you goals and targets but, like, I've had goals and targets before in a similar training, but that's what you carry to them, whereas these people are coming back again and again and again. And then they're not only involving the staff, they're involving the residents, and as far as I know they've got… they should have people from all the different teams, so your housekeeping team.

So, once again, it's getting everyone involved, on the same page, and them coming to us. So I think that's new and I'd like to see the effect of that because that is something that… That's the only way that I can see the training changing, other than changing every single member of staff, including myself.

But, yes, they're very proactive rather than being instructive.

IV And is there anything else, do you think, about the, kind of, I suppose, just generally about the organisation or the care home or even the company that you work for that makes… you know, would make it… would help to embed those different approaches into practice?

IE In terms… I like that you said the company, because I have no idea about the company that I work for. It is a giant faceless organisation. I know who the owner is. I'm sure I've spoken to him already, the one single owner of this entire big company.

IV Must be quite rich.

01:03:27

IE Yes, he his. But in terms of… Like, if I have a good idea, I don't know how far it goes. I don't know what the reaction to it is, and there's a lot of things that… Like, we do everything handwritten here, which takes up ages and ages and ages of time, whereas maybe one computer public that people can maybe book time… And a computer's cheap – £200. But the point is I don't know how far up it goes and I think the size of the place is really, really hard to manage stuff like that.

When I here of… We've got 89 beds, so when I here of places that have, like, 160 or 200, I think, no way. I think this is probably the biggest place I will ever want to work in because it's hard to get everyone on the same page because it's so departmentalised.

IV So you don't feel you're getting particular support from outside the care… this particular care home from above, really.

IE Yes. So I can see, like, on the units… I can see even if the unit manager is supporting, which, as a unit manager, I felt I was supportive, but at the same time I didn't feel support from my management. So I can see… You're not really sure where the buck stops. You're not really sure how… yes.

01:04:49

IV Yes, okay. I'm very nearly done, but before we finish is there anything else you wanted to mention that we haven't talked about?

IE I'm an awesome person, and I think I'm…!

IV Yes, that's on tape. Yes.

IE Yes, can't stop myself. I think, as an individual care home we try lots and lots of things. We've not been… I say we've not been greatly successful because we still have lots of agitation, but that is the nature of the business and I don't think your goal should be taking agitation away. I think it should be equally part coping mechanism for the staff looking after the residents as well as dealing with agitation when it presents, rather than them trying to remove it completely.

IV Well, I think we're not going to get very far if we try and remove it because we're not going to be able to do that, you know, but, I mean, the project is… It's… The xxx so it's about, you know, actually, what can you do to improve people's lives as well as just focusing on getting rid of, you know, those certain behaviours, and I think you… you know, it's about how you do that through the staff, really, and, you know, how do you improve staff quality of life as well.

IE Yes. Happy staff, happy residents.

IV And do you see that? I mean, do you see that relationship, you know?

01:06:13

IE Definitely, but I really find that the bigger the place, the harder that is to maintain, and sometimes I get jealous of a… I've been on several of these trainings. What was the name of the one? I keep thinking of xxx now, but it wasn't that. It was xxx something or other. But all the small care homes – and I mean about 30 residents or less – were able to implement these things so quickly and they were able to get all their staff in one room and sit down and have a chat one night and bounce ideas around and let everyone be on the same page, whereas here it's all staged and you cannot… It's almost impossible to get all the staff on board with what you're doing, and I think the size of the place, really, really affects things like that.

IV Yes. We have… I know we've got to stop but I just, as you said that, it made me think about night staff and whether it's particularly difficult, or do you not have…?

IE Yes, there's a day… day night divide. There's a huge day night divide. I think that comes down to the unit manager in term of if you acknowledge any… you feed this divide, then it grows and grows and grows, whereas it's quite easy for a manager to squash it.

01:07:27

IV How?

IE Well, it was easy for me because I was a night nurse and then I became a day nurse, and so I was able to relate to both sides, but most of the complaints you acknowledge that the complaint has come in and, for instance, I used to get the night staff haven't taken out their garbage. Oh, that's interesting. Do you remember three nights ago when you didn't take out yours and I had to do it as your manager? Oh. I didn't remember that.

So there was a lot of… We had a night manager here and she used to say it brilliantly. She used to say that nobody comes into this building to do a bad job. If somebody has done something wrong it's because they've forgotten. You come to me and you let me know, but you do not carry on about it. Nobody came to do a bad job. And I've tried to, kind of, carry on with that approach, but there is a huge divide and just as much as when I was a unit manager it, kind of… it didn't stop existing but it didn't… it wasn't an issue because people knew, well, I'm not even going to bother complaining about it because I know xxx is just going to pick out something that I've said or I've done. As soon as I left – boom – it's there again. So I think it's something that can be managed quite easily but until… I mean, the NHS had the same problem and their response was rotating staff, so there's not much that we can do for that except get people involved.

IV Right. Is there anything else before we finish?

IE I don't really think so. I talked a lot.

01:09:03

IV Okay. And would you be willing to give us feedback about any materials we develop in the future? So, if we were to… you know, when we develop our intervention and…

IE Yes.

IV Yes? Good. Okay, brilliant.

IE I hope that I've helped.

IV You've really helped. Thank you, that was really helpful. I really appreciate your…