

005.002

Speaker key

RE Researcher
SM Staff Member

0:00:00

RE Okay. Great. So, as you know I'm a researcher from the xxx and I'm going to be doing this interview. Everything you tell me is confidential but can you introduce yourself, so, say your name, for the recording so that I know which one it is?

SM My name is [name] and I'm working for xxx.

RE Brilliant. Thank you.

SM And I'm working as a care assistant.

RE Excellent. Thank you. So, as I say, I'm interested in how people working in care homes manage when people with dementia become agitated. And when I say agitated I mean if they get aggressive, or shouting, wandering around, pacing, that, those sorts of things. And we're asking because we know that this is something that you probably see a lot in your work over the last nine years. And we want to hear about your expertise and your experience. So, I'm going to ask about what works and what doesn't work, that sort of thing. And we're going to use it to develop an intervention to help reduce agitation. Okay. And what we want is to do something which is practical, which fits with how busy your lives are in a care home. So, if you need to stop at any point just tell me. If you need to go out, if you need a drink, anything, just let me know. Okay. So, first of all, could you... if you think about the people on this unit, say, or someone you've worked with who's been very agitated, can you just tell me a bit about them and about what happens when they get agitated?

0:01:56

SM Should I, do you want me to tell the name, or just [overtalking].

RE It doesn't matter, if you use the name, I'll take it out anyway, so it's fine if it's easier.

SM Okay. At the moment, like, we're having one gentleman and he's very agitated, like, I'd say. And he's, if, like, if he's in the morning when we come, first, he called the call bell and we have to go straight, because if we doesn't go maybe after one minute he will just shout, even when you come to him, he starts to shouting. So, we just to calm him down and usually he want to be washed about half past eight. And he's having

breakfast. And he love to have, because he was a journalist, so he loves to reading his newspaper. But he's getting also agitated, also he like to watch TV, like, we have a big TV in the lounge, so, many times he doesn't care about other people, he just want to put the programme which he like, and he'll just put very loud also. So, many times we will offer him, because some people when they are there, maybe visitor come, they say, they want to change and watch something different, so, we just offer him, because you've got also TV in his bedroom, if he want to go to watch TV in the bedroom. But he prefer it just watch here. So, like, also, we just try to take him out for a walk and last time also we just took him, like, there is a restaurant downstairs, so we just also, the wife when she come to visit him, we just took him for having lunch or just, like, last time we just took him for just have a coffee and some biscuit. So, when he come back he was, like, he was literally better, he was not so, like, agitated. So, we just try to work how he, about his behaviour also.

0:03:49

RE So, when his wife took him out or when you take him down to the restaurant, that helped. Is that right? Yes.

SM Yes, helped. But also when the wife coming, she, you know, they sit together, sometimes, many times it happen he will shout at her also, so, wife she doesn't like also, so, sometimes she's just leaving early. So, that was what happened a few days ago, that's he was shouting at the wife, so afterward the wife she didn't come for a few days because we said that you have to apologise to your wife because it was not nice how you swearing at her. So, after [unclear] maybe he realise but he say, I don't want to, I'm not going to apologise because he didn't, maybe he just doesn't remember, like, maybe when he was swearing. But afterwards I feel sorry because maybe for one week, the wife she didn't came, so even the daughter and the son came to talk to him so, afterwards he just apologising, he does come down and...

0:04:42

RE And do you think that he understood that he'd been shouting and...?

SM He understood, yes, because many times we just say, you are shouting. And if I tell him you are shouting, he get angry that he, I'm not shouting, but after a while he does realise that he's shouting and he does calm down. So, if he started like this so, we just have to take him nice [?] for a walk, just he does many times just come and maybe stay with him for a little bit, talk to him. He like to have also someone that can talk to him. He doesn't want to stay on his own.

RE Okay. And is that what... so, he prefers to sit in the big lounge with... is that...?

SM Yes, he doesn't want to... he doesn't like to stay in the bedroom. He prefer it, like, stay in the big lounge and watch TV. And he doesn't want to... he got a lot of

newspaper, every day he got new newspaper so he like to read it. He want to know what's happen around the world.

RE Yes. And what do you think causes him to behave in that way?

0:05:40

SM I think so, because even last time also because he had a urine infection. It also [unclear] cause him to be, like, more agitated like this.

RE So, when he's got an infection...

SM When, maybe if they give him an antibiotic for the urine infection he just getting a bit better.

RE And are there... even when he's not, when the infection's cleared does he still get agitated or is it just when he's...?

SM This can happen but, like, yes, he gets agitated. So, you just have to manage, like, you just maybe sit with him, explain to him, you know, because you know that he's shouting and you know that can, you know, be very aggressive. He doesn't hit, I mean, but he can say, many times he can swear at you also. And he know that he's swearing, if I said to him after a while, you were swearing at me, oh, he say, oh, I'm sorry, he give me my hand, he say, I'm sorry, I'm very sorry. He does apologise. So, he remember.

RE So, he remembers when...

SM That he swears at me a few minutes ago.

0:06:50

RE And what else? So, one thing is a urine infection or some sort of infection. What else do you think causes people with dementia to get agitated like that?

SM Maybe also maybe if their medication maybe went too heavy and maybe if their, are, getting agitated maybe it need to be reviewed by a doctor or maybe some dose of medication can be stopped or maybe put different one. I think.

RE Is that something you've noticed here with some of the...?

SM Yes.

RE Yes. And is there any other people on this unit who get agitated in a different way or...?

SM We're having a lady also but she's... at the beginning when she came here with us she was very quiet, she was just, most of the day she was sleeping. But for a few months now she just cries all the times, even when the son come into visit her, she just, you know... It depends, sometimes there is days that she will be quiet, she does look, like, sleepy. But sometimes there will be days, like, she will just shout, very noisy, shouting and she didn't talk... you can't even understand what she wanted to really say. She just, like, crying all the times.

0:08:08

RE Gosh.

SM So, they give her, like, because after they tried to manage with the medication also to calm her down.

RE And other than medication what else helps when, you know, she's crying and things or when he's shouting? What else do you do as staff to manage it?

SM I've noticed, like, because when she, like, in the morning, last time, I mean, most of the time we, in the morning when she's crying I give her shower and after when she have a... when a good wash she does feel like, she's just quiet, she gets maybe feel better when she have a good, you know, shower in the morning.

RE Yes. Yes. And does she cry while you're giving her a shower? Or is she all right?

SM On the beginning yes, but she was a little bit, yes. But after when I was doing them, I'd started to dress her and she just calmer and she's quiet like.

0:09:02

RE Yes. So, it calms her down.

SM Calm down. Yes.

RE Okay. And what about with other people? What else have you noticed works well when people get agitated?

SM Just I think it's good sometimes that people just sit next to the person maybe and try to talk to that person. To, if you get agitated, to explain what the person want to say. Sometimes this can happen, like, they want to say something but they couldn't because also we have the lady, she does, many times, she's just saying, like, I'm jealous, jealous, jealous, she doesn't want to, she can't even say what you like to know. But I notice because I'm working here, I know that if she stays agitated she want to go to the toilet. And many times I just take her to the toilet, she uses the toilet and after she just calm down.

RE So, you notice, like, patterns that you...?

SM Yes, like, she tries to, and many times she will just sit and say, hello, hello, hello, just have to, if I ask her what would you like to do, she just tries to say jealous, jealous, jealous, she couldn't say really what she want, but I noticed that, so, just help her what she want.

0:10:06

RE Yes. So, you got to know her. You're learning what she...?

SM Yes. Also, know the person a little bit.

RE Yes. And with that... with the gentleman you were talking about, who gets, who does a lot of shouting, what else works well with him?

SM He like, because many times he like, he said, just come please come and talk to me. So, probably he doesn't like to, if he sees nobody sitting next to him, he like to if somebody just come and just talk to him. It calms him down and he feel better and happy. And also you've got now because you've got his, I mean, phyio therapy because he's walking with the Zimmer frame but the physio therapy try to walk him just hold the hands. And he's getting very good.

RE So, he's getting better, so if he can move around more easily that helps.

0:11:03

SM Yes. He's walking with the Zimmer frame by himself but it just, you know, encourage him.

RE Is this... this is a nursing unit?

SM Yes, nursing unit. But because they want to close it so it's now with the resident, it's, like, residential.

RE Okay. So, it's not people who are very, with very high levels of nursing needs? It's...

SM Yes.

RE Yes. Okay. And so, with him, why do you think he wants to have people with him all the time? What, you know, what is that?

SM I think, because I don't know, because in the home usually there was wife around him all the times. So, that's why maybe he feel, like, lonely and he want all the times to

talk with somebody. And also, like, because he was a journalist so he would travel around the world so he was, you know, around the people all the times. So, that's why maybe he feel, like, he doesn't want to stay on his own.

RE Has he been here a long time?

0:12:00

SM More than one year he's here with us.

RE And have you noticed other people, other members of staff or family or, you know, doing things which work well with people who get agitated?

SM Like I said, like, if the family, like, when they're coming maybe when they see, there was, like, we're having, they lady who I said she was a bit agitated, so the son when he come to visit her he does try to take her, like, last time he took her to the garden and just, like, maybe for a walk. I think this help maybe just have the fresh air, going outside because they stay in the building all the times, it's help to just go spend a little bit, like, time, have a fresh air and go to the garden and...

RE And actually having family there as well.

SM Yes, members with them.

0:12:58

RE Yes.

SM So, they feel, like, comfortable with it.

RE And what... how... what are good ways to communicate with people when they get agitated? Kind of, what helps there?

SM Because it's good, like, if you, if the person can understand you you can communicate and just talk to him. But sometimes it happen, like, they couldn't understand so maybe, like, we're having one lady, sometimes, like I say, she couldn't understand, so she have, like, pictures, she have some pictures, so you just try to show the pictures maybe or we give her paper, she have paper and pen so she tried to write what she want if she couldn't tell me what she really wants. If I showed her pictures or maybe I write something she just say, oh yes, or something. It's also the other way to communicate with some of the people.

RE So, this, kind of, finding ways to communicate with, like, pictures and things like that that can work. And is there anything else that you've seen that doesn't work? Anything that, kind of, makes people more agitated or that you don't think works very well.

SM We try, like, how we could manage with people, like, who were agitated. Maybe not all the times it's working. Yes.

RE I know. Does anything make it worse, do you think, for people?

0:14:30

SM Sometimes I think maybe if the people have been more agitated sometimes it can happen, like, changing, I mean, they change condition sometimes, people maybe having a stroke or something. It's not, like, maybe that's why when they get agitated it's going something, I don't know, maybe in the brain or something.

RE So there might be something physical going on?

SM Yes.

RE Like a stroke. Yes. And do you think there's anything about, anything that's, like, staff do, or family do that can make it worse? Or that doesn't work very well, like, I don't know, I don't know, anything.

SM Like, I mean, getting worse for the person?

RE Yes, to make the situation worse.

0:15:14

SM I think also you have to know the person, maybe, before, I mean, at least little bit to deal with this person, how he's agitated.

RE So, if you don't know the person it's harder because you don't know how to...?

SM Yes, but, I can't say really, I don't know really how to say, the question.

RE It's hard. My questions are hard. Don't worry. It's all right. And do you have specific, are there specific activities or interventions or things that you try here to do with the residents?

SM Because, like, here, we have in the lady who, every day there is some activity on the unit. Like, for example, today there is a music and movement. So, we just try, if the resident want we just try to encourage them if they want to go for the activity. But sometimes it happen, like, the resident doesn't want to go. Like, we're having a lady, she, every times when we ask her she say, no, I don't want to go. She just want to prefer stay in the bedroom but if that, I mean to say, I've noticed that if the family come in, like, daughter, if she come in, if she... and even I told her that, if I want to take you, you don't

want to go, but if your family come in she said, she'd ask her and she will go, so, she said, oh, this is different story.

RE What do you... how can you make sense of... what do you think that is?

SM I think she prefer mostly close with her daughter when she take her and, you know, she most happy because even the last time I took her I ask and I sit next to the lady but she was not really enjoying the activity. But the daughter when she come, I noticed when she took her she was quite happy.

0:17:06

RE And when the daughter came and took her was the daughter with her?

SM Yes, she was with her. Even also I was with her but she was not really happy. Maybe she prefer when she have some members of their family to stay with her.

RE Interesting. And do you, have you noticed that when you have things like music and movement that it calms people down or it can help when people are agitated?

SM I think so also. Sometimes I can... because when we have an activity the staff can just stay with the resident so sometimes there, you know, I can see, you can see the resident maybe with the song and the song maybe they remember the song how was before so they start singing the song. And also when there is a, I notice when they're doing the quiz the residents are very good with the quiz.

RE Oh yes?

SM Yes, they know all the answer really. They're really good. They remember everything. Maybe, like, I can say they have, some of them they have a good memory, like, long time, what's happened before, so they know what to answer. But maybe if they ask, I ask them, what did you have at lunch or something, maybe they can't remember what's happened just now.

0:18:12

RE But they can remember things from before.

SM Long... yes.

RE Yes. And do they enjoy it when they get things right? I mean, do they, kind of, enjoy the quizzes?

SM Yes, they enjoy it. Yes.

RE Do you have prizes? Do they get prizes?

SM Not really.

RE I like prizes. But, so, there's quizzes and things like that, activities. Is it...

SM It can help them I think, yes.

RE Yes. And sometimes, and you said, is it hard to get people to join in?

0:18:42

SM Yes, because sometimes maybe if the resident has said they don't want to go, so we can't really, if you don't want to go you don't go, we don't take them.

RE No. And what... who does the activities? Is there a separate, like, activities coordinator who does it, or...?

SM Yes, there is a lady who is just... because we have a, like, plan for one week. So, we know what we're going to do. But sometimes, like, if there is no activity, so, like, if you have done in the morning, so we just do with the resident, like, we did painting, other times we done bingo here. So, the... and some of the people, residents come in from the other unit. We also doing, once a week, because all the unit they have to do an activity, so, just plan what kind of activity we'll do it. If there's nothing, like, in the morning or when you have time try to do something with the resident.

RE So, even if the... it isn't a planned activity you plan something on the unit and you do it.

SM Yes.

RE And is it hard to find the time as carers to, kind of, do the activities with people, or...?

0:19:53

SM Like, in the morning, because in the morning it's very busy but maybe, it depends, sometimes we have... if we have the time we try to organise and do something with the resident. Like last time, I mean, many times we do the bingo here so, they really enjoy it. They just checking the numbers or... and if they don't we just maybe you can sit next to him and just show him this is the number you have to cover and help them.

RE Yes. And is there things that, kind of, get in the way or stop you from being able to do more activities, do you think?

SM Yes, we can... I think, if we have time, I mean, we can try to do it more. Like, most of the time we're having, like, in the morning some activity and in the afternoon

from outside also we're having some volunteering people come in, so, they come in just maybe to talk with resident. Like, yesterday there was also, there was reading, a volunteer lady come in and doing some reading with them. She just read the book and then she just ask about the book, the resident, what it was about.

RE Do people like that?

0:20:57

SM Well, maybe not everybody but there was some, like, maybe in the small group who would like it.

RE Yes, so there's quite a lot going on. And what do you think, when you think about people getting agitated, the residents getting agitated, what makes it more difficult for you to, kind of, manage that behaviour? You and all the staff. What makes it harder to manage?

SM I think it's hard also if the person doesn't want to calm down, like, try to just, you know, calm him down because, and if he doesn't go, it's mean, like, maybe, so, if he doesn't, the agitated go any worse, and worse and worse, so, we have to contact to spoke to the GP and maybe, like, I said, maybe something with changing medication to help the person. Because there might be something really, like, we don't know what is going on with the person.

RE So, medication is one thing. Are there other things that, like, outside, like, the GP or other professionals come in and try other than medication?

0:22:13

SM I cannot really remember now.

RE Like, do you ever have, like, I don't know, like, mental health teams or...?

SM Oh, yes, yes. That's right.

RE Do they come in and...

SM We have to refer for them to come and see the person.

RE Yes. And what do they do when they come?

SM They try to, like, doing a review for the person to maybe to see what, how this behaving start and how to stop.

RE Yes. And is that helpful, when they come? Does it make a difference?

SM I think it's a little bit different. I mean, can, they can, if they can maybe try to change maybe, try to see, like, to see the person, how it is. And try to maybe stop, maybe to help the person because of their behaviour. And if doesn't go maybe they try to go forward maybe to somebody, to refer to somebody else.

RE Yes. So, they try different things and it can, you know, sometimes be helpful. Is there anything about your, the job of being a carer which makes it harder to, kind of, manage when people are agitated? Anything about what you have to do or, it's hard to say, anything that, kind of, gets in the way really for you or for your colleagues.

0:23:46

SM Like if the person's agitated for the staff?

RE Yes, for staff. If someone's agitated and you, sort of, want to be able to go to them and calm them down, is there anything that would stop you from being able to do that? That makes it harder for you to...?

SM Go to the person?

RE To go to the person.

SM No, I think that's why we are here to be for them. So, that's... if somebody get agitated you can't just say, oh I don't have time, I'll leave you like this because it will get worse for the person. You just have to stop maybe whatever you try to... you're doing now, and go to the person and try to calm him down and talk to him.

RE Yes. But that's not always... but is... that's not always easy is it? It's not always possible because there's lots of things to do. I don't know, I mean, is it sometimes quite hard to do that or would you... is it always, is it always possible to just go to someone and...?

0:24:41

SM Well, if you can't go, maybe, like, you, like, I mean, if you are busy maybe if you can't... you just maybe you can call to the other unit and maybe somebody come and stay with them or with other resident and you will just try to deal with the person. Because as I say, if you leave him, he will get more agitated and if he start walking they can easily fall, I mean, but, I mean, doing worse for themselves.

RE So, it sounds like going to people quickly, you would think that's, you know, it's important to...

SM Yes, I think it's important because, like, I'm saying, this gentleman who is a bit agitated, if he, like, you know, he is sitting on the chair and he, because now he... when he's walking he's not stable to walk on his own so we have to help him. So, if I'm, I

mean, I can see he's walking now on his own I can, he can easily fall. I mean, and he can injure himself. So, it's, like, for us, it's like very important now.

RE So, you need to get there fast and, yes.

SM Yes and watch him, you know, what he's doing.

RE That must be hard.

0:25:50

SM It is, yes. We have lots of other people but we try to manage.

RE Does it mean that you have to watch him more than other people, or, like, you know?

SM I mean, because he's, usually he's sitting on the chair, he's quiet, but if he gets, like, agitated on you, you have to make sure that, you know, you attend to him, try to do whatever best for him.

RE And some... so, some of the people I've interviewed have said that, you know, there's things, like, I don't know, not having enough time or not having enough staff or, you know, having lots of things to do that can make it a bit harder sometimes. But...

SM It is, yes. Because, like, before when we work in the other care home because we move here in, like, we didn't do, like, here, we don't have open kitchen, so we don't have to do the washing up and put the dishes to the dishwasher empty. Everything was bringing from the kitchen. So, now, like, we're having more job for our carers to do.

0:26:57

RE So, in a... so, before, when you were in another care home you wouldn't... was there other people who did that?

SM Because there was a unit but they bring in plate, they bring in food, everything.

RE And then they take it away.

SM And they take it away, they wash it in the kitchen.

RE Yes. So, that wouldn't have been you.

SM Yes. Not my job. So, but now, because when we move here and so we have an open kitchen here, so, it's, like, we have, because we have to do it now. So, sometimes, like, I just say, we have to do the... when we're doing the meal we have to do the

dishwasher, put it in the dishwasher empty, prepare the table, so which before we didn't do it.

RE Yes. And does that make it...? Does that just make it harder because I've noticed the dishwashers actually, I noticed when I came in that obviously it's all there. Is it good having an open kitchen like that?

0:27:46

SM It's good for, also, for the people maybe who can manage because, like, sometimes I was doing, like, in the other unit there was a lady who was rather happy to help to the staff. So, she was always preparing the table, sometimes, you know, she was doing the... so, I think so also for the resident it's good, so, because when they was in the home, in their home, so maybe they was used to do it. Doing the washing up, doing everything. So, I feel everything because it's for the resident of course, so I think it's good for them. So, if they want to and if they're able to do it, they can do it.

RE But it means that you have to do extra things.

SM Yes.

RE And do you have extra staff to help you to do the extra things or is it...?

SM Like, because the lunchtime, the staff from the kitchen they usually help us to do the, to clean, I mean, and put it in the dishwasher. But breakfast and suppertime we are doing.

RE Okay. So, it's busy.

SM Yes.

0:28:48

RE And do you think that makes it harder? Do you think there's anything about how busy it is that makes it harder when people do get very agitated?

SM Because, I'm saying, the time very, going very quick. It's just, you know...

RE Rushing around.

SM Yes. So, it's...

RE Yes.

SM I think because we're having, like, 12 resident in the unit, so...

RE And how many members of staff?

SM There's two carer and one staff nurse. So, there's, like, three of us.

RE Yes.

SM So, usually do, like, two carer, like, two start to helping with people who get washed and dressed and the nurse is taking the unit and give them breakfast and medication.

0:29:33

RE So, it's very busy.

SM Yes.

RE Lots of things to do. And what about the residents' families when they come in? Does that help if they're agitated or does it make it harder? What's it like?

SM I think maybe, like, it depends of the person maybe. Maybe if the person sometimes, the person doesn't maybe, they don't remember really the family. So, maybe he thinks it's their, if the family even come, maybe it doesn't make sense because the person doesn't remember. But if the, this gentleman, when the family come and, you know, the wife and he know them very well so I think he's very happy when they come in to see him.

RE And do the, is there ever times where... do the family, kind of, advise you or help you to manage or to know how to manage when people get agitated, or...?

0:30:37

SM Maybe, like, especially maybe if we try, there is something agitating maybe and if we don't know how to manage so, they can tell us maybe how they was before maybe in the house so they can give us, like, advice, what they do when they was in the home. How they managed.

RE And is... do they, is it helpful to get advice or sometimes does it...?

SM Yes, yes. Of course it's helpful, every information the family tell us about the person is very helpful.

RE And when people get agitated what effect does that have? Do... when the families are here, if they see it, do they get upset by it? Or...?

SM I think they are a little bit upset, yes, for them because maybe when they try to come and visit, you know, some family and they see the mum, you know, crying or

something like that they feel, like, oh, sorry, you know, for the person why she's like this. Because maybe you have before she was not how... in the condition how she is now, so, feel a little bit sad.

RE And when that happens does that affect how the family are with you, or, you know, how...?

SM No, they didn't, you know, show, like, they're upset or... for the mum or dad, sometimes they...

0:31:59

RE And what about, I suppose, the care home and, like, so, you've worked here for... have you, did you say you've been here five years?

SM Yes.

RE For [company name]. So, were you here before the building?

SM Yes, because before I was working, we was in the other home and after we move here.

RE And so, before you were still... so have you been working for [company name] for a long time?

SM No, because I work, like, I start in one year and after one year because they finished the building, so one year since, four years now the building is open now.

0:32:30

RE And do you think that the organisation and the managers and the, you know, team leaders and thing, do they, are they supportive when it comes to managing when people get agitated?

SM I think yes. Because if we have, like, on our floor there is a, we have a staff nurse so if she says something, you know, see, like, a person is agitated so we report to her and she try to contact, to refer to the other people, you know, like, I mean, she just tells them first, like, managers, she, you know, to get advice and maybe, like, try to refer it for somebody who can help also, like, you know, I say, GP or recommend a specialist or something to see the person how we can help to stop, you know, to be little bit not so agitated, like.

RE And do you think that there's things that they help you, you know, managers or the nurses help you to do and the other care staff to help manage it on the floor? Do they support you?

SM Like, because, like, usually, we, in the morning, like, we have to get dressed resident so, they don't have even chance to help us, you know, to help us to wash and dress, but, if we need help they can really, they can help us. But usually it's, like, two carer staff so usually and because one person always have to stay in the lounge. So, if... but sometimes if we're, like, short or busy sometimes we can call maybe to try to get advice maybe from the other unit. Just come for a little bit and help.

0:34:22

RE And are people happy to help?

SM Not all the times. Of course, not all the times because they are busy on the other unit. So, but, it can happen, like, also, like, maybe during the night I just... last time it was happened there was somebody who went to hospital so usually there is a routine, if somebody on the unit because it's just two person...

RE So, if someone goes to hospital you...

SM Or something, yes, so the other unit they can come, they're coming and they help in the morning.

RE Do you sometimes work nights as well?

SM I just very occasionally, yes. Because it's just overtime.

RE Is it different at night do you think? Do people get... is it different when people get agitated at night? Is it harder or easier?

SM I think say it's, like, they're not agitated, like, most during the day. Because most of them they are usually sleeping during the night, not so agitated, like. And it's not so, you know, during the day happens a lot of things here, but during the night, I can say, it's more a little bit quiet.

0:35:24

RE So it's easier during... yes.

SM It's easier but the problem is, like, you're not sleeping.

RE You're awake.

SM You're awake on nights.

RE Yes, that is a problem.

SM Obviously it's tiring.

RE Yes. Because you have to stay awake and it's quiet and... I know. It's very hard staying awake. And when someone gets very agitated or shouts at you or, you know, even if someone, you know, pinches or scratches, anything like that, how does that affect you?

0:35:58

SM I think because, like, I think the person, if you will, be normal like, you know, how he used to be. He will don't do this one, he will not pinch you, or... So, you just try to understand how, you know, the person is now so if we will be, like, normal like myself he will don't do it to me because I know, because having dementia and he's agitated so... Just try to, you know, explain to the person just please don't do something and I know that person still can do it like this.

RE But if, if they don't... because lots of people, even if you explain it, they won't understand will they?

SM That's right.

RE So, is that... that must be quite hard.

SM Yes it is.

RE Does, do you or do you see other people getting upset or very stressed out, or... from managing when people are difficult?

0:36:54

SM I think also I notice, like, maybe if the people come, like, we have a new resident when they're coming, the, because we're having, like, one lady, I just explained in the beginning she was just, she doesn't want to go out from the bedroom. She all the times want to stay in the bedroom. She does even breakfast, lunch, everything she does want to have in the bedroom. She doesn't want to go out. Nothing. She doesn't even want to help with personal care, nothing. And now she's with us few months and she, I think so, she know, like, we, like, routine now. Like she will have the breakfast, lunch, supper, so now even when I say, are you going to the toilet and I will help you with wash and dress and go to the dining room. So, she just, she just calm down and she just go... and this is what I'm saying to her, she just, I think so she just get used to the place and the home. Maybe on the beginning a visit was very stressful for her to come here because she was living in her home, and maybe, you know, when you live in your home so long and you miss, of course, everything what you were having before. She gets used to now and she's quite happy.

RE Yes. So, it takes time for people to adjust.

SM I think so also, yes, it takes time for people to, you know, to get used to the place.

RE And when... but when someone's really difficult and it just keeps happening and, you know, how does that make you feel?

0:38:22

SM I guess for the staff it's hard it gets you tired, you know, because you try to, you try to do your best, you know, to talk to the person, maybe encourage him to, you know, maybe if he's aggressive or something, but he doesn't stop, he doesn't, you know, it's quite hard.

RE And when it's hard what makes it better? What helps you? What makes you feel better?

SM I don't know really.

RE Who do you talk to, like, do you talk to the other staff about it or do you talk to your managers here, or do you take a break, like, what, you know, something...

SM Like, if the person is, like, maybe agitated all the times, it's, like, I mean, it's good, like, you know, to talk to team leader or staff nurse, you know, like, to, if you have any problem for yourself, you know, like, you can manage or something just maybe for the staff also maybe, if the staff, you know, get, you know, tired or something just maybe have a break or something.

RE And do you feel you can do that? If it's really difficult, can you say to your, to the staff nurse, or to the unit, you know, to the managers, I just want to go and have a, you know, can someone come and help me, it's, you know...

0:39:42

SM Like a break or something?

RE Yes.

SM Yes. Because of course, the care staff also maybe get tired, maybe they have something, you know, maybe you've got your life, you've got your... you have to go home, you have your family or something. So, of course, you get tired so, if you just say maybe, just maybe ten minutes or something break, afterwards it helps. Just have maybe a good coffee or something.

RE And are they supportive? Is it a supportive place to work? Do they, do you feel that the, you're looked after by the managers? And...

SM Yes. I would say yes.

RE Yes. Good.

SM And also, like, we are having the staff nurse. She really help us.

RE Does she? Yes. And what, is there anything which would stop you from asking for help?

0:40:33

SM No, but if you really want to help yourself, of course it's good to ask because after you will just keep for yourself and things will get worse.

RE Yes. And do you think people, not you, but other people, do you think everybody, you know, do you think people will ask for help if they need it or do you think some people don't like to ask?

SM I, well, maybe the, like, I'm saying the resident maybe they feel like they want but they can't say.

RE Yes, so the residents, yes.

SM So, that's why we try to help for them maybe just, you know, everything with personal care, everything. You know, what they need.

RE Yes. And what would make your job easier when it comes to, you know, managing? In an ideal world, like, what would make it easier?

0:41:17

SM I don't know really how to say.

RE Yes. No.

SM I don't know what to say.

RE No. It's hard. Have you had training to help you manage when residents get agitated?

SM Yes, because every year we have to attend some training. We have some training and it's really helpful.

RE What kind of training do you have?

SM We have, like, last time I went for, we had a fire training so, it's every year we have to do fire training. And last time I have a risk assessment training. So, it was, this

one was helpful also for that. And we're having also, like, if we, if the staff really want some to attend for some training, like, if they feel like they want to go for the training, so we just ask manager, and so they can send us for training. But they give us also, for one year list, you know, that is a lot of training different one. Like, for the dementia or manual handling or something like this. So, you just put your name so you just, and after you are going.

0:42:22

RE And so, because some of those you have to do, like, manual handling and, you know, infection, you know, you have to do them. Are there, have you had training around managing people when they get agitated or challenging behaviour, that sort of thing? Do you...?

SM Yes, I had it probably last year or something. There was dementia about behaving, there was dementia about eating and drinking.

RE Was it helpful?

SM It was helpful. Yes. Because we have also, like, I remember this one was, like, about eating and drinking so we have, like, exercise was, so we just bring some food for, you know, and there was two person sitting next to others, so one of the person just tried to put this one and tried to feed him. So, it was not really good things, yes, because you just... and if you manage yourself it's fine but, you know, if the person... you can feel it how the resident feel.

RE Yes. So...

0:43:13

SM It was good experience.

RE So, that was training where they tried to get you to, sort of, imagine what it's like?

SM Yes.

RE And was that... did you like... did you think that was useful?

SM Yes, I can't really help it, it was really, really useful. I don't, because, you know, the person is sitting next to me and try to give me the spoon, I don't really like it.

RE No, it's... and, yes... it makes you think. It's horrible, isn't it? It's, like... I know. I've done... I've been in training like that. And what else do you think is good in training? What kind of training do you like?

SM It's good, like, we're having, like, most of the training when we're having, so, we're having, like, theory something and after we always have some exercise. So, it's good for the fact that they can do, you know, they can feel maybe, like, what the resident maybe feeling and...

RE So, having, like, exercises and thinking about what the residents feel like, that can be really helpful. And do you, are you able to put what you learn, say on that dementia training, can you then use what you learn in your job? Do you bring it back and do things differently?

0:44:23

SM I think yes. Yes, because every [?] for once you listen there which you have on the training, you always, I always use in my workplace and try to be better for the resident.

RE Yes. Is it hard to put it into practice, to try and use it?

SM It is hard, yes.

RE Yes. What makes it hard?

SM Because, like, we, like, I told you, like, I went for the training for the eating and drinking for the residents. Like, I know how I feel myself somebody give me the spoon, but for the... like, we're having some people who don't, who can't eat themselves, so we assist them with eating and drinking. So, I know that's the person... before, it's good, like, just explain the person that, you know, you're going to put some, you know, help give him the spoon and everything. So, that is, it's not really a good feeling, like, you know...

0:45:16

RE Yes, but you still have to do it.

SM Yes, I still have to do it, yes.

RE And that's difficult. Yes. So, it's about how the training fits with what you're actually doing really.

SM Yes, like, you can, you can understand how the resident feel.

RE It must be hard. And is there anything else that is, either makes it harder or easier to manage when people are very agitated or anything that would make, yes, just that would make it easier for you?

SM Like, if, if you feel like you, you doesn't feel comfortable with some subject or something you can ask always for some training maybe, if you feel like maybe you don't

know how to deal with somebody maybe go for some, one of, you know, for some training so maybe will be helpful for you and for the resident.

RE And do you think it would be helpful to have more training about how to manage when people are agitated or difficult or...?

0:46:23

SM I think yes, I think so. All the times when I go for training is really helpful, yes.

RE Yes. And do you think other people see it like that? Or, you know, does everyone think training's useful or do some people think training's a waste of time?

SM Maybe some, yes, of course, there will be some people that'll say, oh, I'm not going for the training it's just waste of the time, yes. But maybe, I just say, like, when I went for this training last time it was really helpful for me. So, it's good to, like, to think how... if you will be, like, able, no, you just sit there all day like this, so, you feel like how is this person feeling. If you go, like, you know to having some training and...

RE When people, not you, when, like, other people, not anyone specific, I'm not getting you to... but if people are, oh, you know, training's a waste of time, we don't, you know, why do you think people feel like that? Why do you think people might say that?

SM Maybe I think to say that, maybe they don't use it in the workplace, just when they come in, like, listen one ear and maybe the other just go and, it doesn't even, like, maybe think that this training can help you when you go to work.

RE And why do they think, why do you think it goes in one ear and comes out the other? What's different about them to you?

0:47:38

SM I think maybe they think just, because I just remember one of my friend she was a carer also and she just was, I remember when she was saying, like, oh I don't, she said, like, I'm doing this job but I'm just doing it for the money I don't really care about whatever. So, it means, like, she doesn't even like this job. Only she was doing because to have some money.

RE Yes, which is fair enough. I mean, people need money, don't they, but, you know... so, do you think that there's...

SM There is some people, I think so, and maybe they just go to work maybe, because they don't really like this job but they have to do something to get some money.

RE Yes. And for those people do you think it's harder then when people are difficult or do you think it's harder to, you know, to keep going?

SM I think it's harder because maybe they doesn't even, they don't want to maybe know how is this person maybe, you know, why is he agitated or something, maybe doesn't bother, I mean...

RE It does make it harder. That's really helpful. Is there anything you want to ask me before we stop?

0:48:48

SM I just want to, because in your university are you doing some training also for the... no.

RE The staff?

SM Yes.

RE We will be. So, basically, what we're going to do is over... it's a five year project. So, it takes a long time. But we're going to come up with, we're going to develop a, I suppose, an intervention or a training intervention where we will go into care homes and meet with staff and think about ways to manage agitation. And it will all be based on, like, exercises and going away and trying things out and coming back, seeing if it's worked. And we're going to evaluate whether that works. We're going to see whether that actually helps. And we're going to go into, like, probably when we do it we'll go into, like, 20 care homes and do it in 20 care homes. And see whether that works or whether it doesn't work. So, the reason we're doing... I'm asking all these questions now is so that when I, when we come up with the intervention that we don't come up with something which people will find a waste of time, that people won't want to use, you know, that sort of thing. That's why I need to know, you know, for the people who think training's a waste of time, you know, I'm interested in, well, what will make it seem like not a waste of time, what will make it helpful, what will make it work for people. So, that's why I'm asking all these questions.

SM Okay. I understand.

0:50:22

RE So, it might be that, you know, in a year or so we come back here and we deliver the training here but we might not. It's random. So, we don't decide which care homes we go into. So, we might be back, we might not. But if we are... I mean, if we develop materials and things it might be that we get back in touch to show you what we've come up with to see if you think it's any good. Is that okay?

SM Okay. Yes, fine. Yes. Thank you.

RE Okay. Anything else you wanted to ask?

SM No.

RE Or say, or tell me?

SM No.

0:51:00

RE Okay. Thank you.