

003.003

Speaker key

R Researcher
S Staff Member

R There we go, so that's on. Fine, okay, so, as you know, I'm from xxx and I'm going to be conducting and recording the interview, everything we talk about is confidential but just for the sake of the recording could you introduce yourself?

S Hi, my name is xxxx I'm working here for one and a half years, I'm xxx but my nationality is xxx, I have both passports.

00:00:35

R Excellent, hi. So thanks for agreeing to take part in the interview.

S No problem.

R As I said, I'm interested in how people working in care homes with residents that become agitated manage the situation, really, and when I'm talking about agitation I'm talking about behaviours like restlessness or verbal or physical aggression or wandering or shouting, that sort of thing, and we're asking because we know that that's something that the staff here and in all care homes have to manage a lot, so we want to hear about your experience and your expertise to help us to develop an intervention in the future.

The interview is going to be recorded, as you can see, so what you tell me will be anonymised, we'll take any names out and we won't be able to identify who anyone is afterwards. If you do tell me something about someone being harmed in some way or if anyone's at risk or in any danger we can't keep that a secret, but I'll talk to you about it and we'll talk about who we share that information with, because we respect confidentiality but we kind of have to act if we think someone's seriously being harmed. If you need to stop, if you get overheated, just tell me, it's fine, but hopefully it won't be too bad for you. I mean, just first of all, can you think of a resident or someone you know well here who's been agitated, and can you just tell me a bit about the person and describe the behaviour or, you know, what happens with them?

00:02:34

S We have a resident on the fourth floor...

R So that's the dementia specialist floor?

S Yes, who is becoming very agitated and physically aggressive, verbally not really because he can't really talk, but physically aggressive when you're doing the toileting. Usually when you try to clean the intimate parts, the back and the front, he's more aggressive in the front. I told you verbally he can't because he can't really talk but physically he's punching, he's hitting, he's putting his fingernails in your, whatever he can.

R And is that getting, you were saying he's becoming aggressive, you know, is it getting worse or is it new behaviour, or... ?

00:03:26

S No, it's not, since he came in I think he had it almost all the time, or exactly at the beginning because it was a new place for him, new people, it wasn't quite that bad, but after that it was worse and worse and worse.

R How long has he been here?

S I don't know for sure.

R Longer than you?

S No, he came after me, well, like one year, something like that, ten months, one year.

R And what do you think might cause him to behave in that way?

S My opinion is that he's a very, very, he was a very active man, I've seen many pictures with him climbing mountains, cycling, all kinds of sports, and he was a very independent man, to say it that way, he was doing everything by himself, he was doing everything for himself and I think he's in a way ashamed that somebody else has to do the personal cleaning and personal hygiene and everything, and he's bothered by this. So I think that's why it's, the behaving...

R So it's difficult for him?

00:04:50

S Yes.

R And do you think that there's anything else that can cause him to behave that, is there anything that makes it better, or... ?

S It would be, one more thing, the lack of communication, because, for example, if you start to explain to him what you're trying to do then 90% of the time he will accept it and he will behave properly, but if you don't communicate, you don't tell him what you're trying to do, why you're trying to do that, then definitely he will become aggressive.

R Yes. So he can't talk but he can understand?

S He can say yes or no, if you ask him do you want to go to the toilet he will tell you definitely he wants to go or not, but for longer sentences, no, he's not able.

R What helps you to communicate with him or with other residents who are like that?

00:05:49

S The simplest thing, verbally communicate, explain everything that you want to do to him, that's the simplest thing. If he can't understand you then you will show, you will try to explain by showing it to him or her. But with him it's very easy, if you explain verbally step by step what you want to do then he will understand, and I told you, 90% he will accept everything.

R And with other residents, what have you noticed when they get agitated, you know, what kind of things do you see in the residents here?

S I haven't really seen, it's happened once or twice with a few residents, but usually, again, it's lack of communication.

R So a lack of communication... ?

S Between the staff and the resident.

R And do you think that there are any other sort of general causes of agitation that can... ?

S Sometimes it happens without any reason. For example, I'm doing dining as well when they are missing the dining lady, so I'm the new dining lady, and I have residents who, you'll try to put them to the table and they want to do something else and if you keep continuing then they will become agitated, they will become aggressive. But if you explain to them sometimes even then they don't want to understand that it's dinner time, let's go to the table, and you just have to let them calm down and after that approach him again or her again.

00:07:36

R So there's a lot about, kind of, how you communicate with people when they are agitated or distressed in some way?

S Yes.

R And is there anything about, I don't know, how they are physically that can make it worse, or anything like that?

S Not really because usually the people who are getting agitated or the residents who are getting agitated they are usually self caring, or they can express themselves and usually

you don't have to help them, you don't have to assist them with walking, for example, or with, you don't have to hoist, you don't have to do any physical, so, no, not really.

R And so what, you've said a few things already, actually, about kind of what works, you know, but what else helps, you know, with someone like him when he's... ?

S Honestly, I don't know.

00:08:42

R Well, what do you try, you know, what have you seen... ?

S Usually if I see that the resident is very agitated then I try to let him to calm down; if you don't interfere with him or if he doesn't have anybody else interfere with him then slowly, slowly, he will calm down. Sometimes you can try to talk to him, you can try to explain to him the situation and very rarely they will understand. But my opinion is the best thing is let them calm down and only after that approach them again.

R So letting people calm down and then approach them and... ?

S Yes, and maybe he will understand what you're trying to tell him or he will calm down slowly and after that approach him.

R And it might not be things that you've done, but have you seen things that you think, oh, that doesn't work, that's not helpful?

S Insisting on the same subject, for example. I give again an example, let's take him to the table or take her to the table and they don't want to and you keep insisting it's dinner time, it's time to go to eat, that doesn't help at all.

R No. So what would you do instead?

S Leave him for five minutes and then come back. Or even what we did with a few people, let them sit where they are sitting and bring the food to them and maybe that way he will start eating or he will start calming down.

00:10:11

R Yes, so being more, I suppose, flexible and doing things in a different way?

S Yes.

R Okay. And have you noticed other people doing anything that kind of helps, or... ?

S It's still, in my opinion, it's still the communication is the best.

R Yes, it's simple.

S Yes, it's very simple.

R Yes, it is simple but it's not easy.

S Well, you can't have everything.

00:10:47

R No. And how do, you know, have you noticed, say, when, not necessarily with this particular gentleman, but generally, are there things that, say, the other residents do that help the situation or calm things down or do they make it worse, or, you know?

S It happens that they make it worse, for example, if one of the residents is very agitated and verbally aggressive and then another resident is coming and starts shouting to him or her please calm down, please shut up, or stuff like that, and of course they will start arguing and they will start...

R Yes. And does that happen here?

S Yes. Only today it happened in the dining room.

R Yes. And how does, you know, what helps then, when... ?

S Well, usually the simplest way would be to separate them, to take one of them and put him somewhere else or distract him so he's not concentrating on the other person.

R Yes. And what about when relatives come, does that kind of, how does that make a difference?

S The relatives, again, it depends, because if they are very, very agitated, even the relatives can't help. The same person who I was talking about earlier from the fourth floor, even with the wife he's getting very aggressive, if he's agitated he will get aggressive with the wife as well, and the only thing is to give him time to calm down.

00:12:19

R And how do decisions get made about how to manage the agitation, say, within your team?

S Usually if he's very, very agitated or he's becoming very aggressive, then you inform the person in charge or the team leaders and you will ask them or you will ask them to come up to handle the situation, if you can't handle it then you will ask them to come to handle the situation.

R And is that a helpful thing to do, do you think?

S Not all the time.

R No?

S Not all the time. Sometimes I think if the resident sees a face who he likes, a person that he likes, then he will calm down much, much faster and much easier. If he sees only the face who made him aggressive or made him agitated then he will continue to be agitated.

00:13:27

R And do you notice a difference, so is there something about certain people... ?

S Yes, for example, there are residents who like certain people and who don't like certain people and I've noticed with the same gentleman if, I think, again, it's lack of communication, but I'm not sure because I wasn't there to see what was his, but with the same carer he's becoming aggressive all the time, but if somebody else is attending him then he will behave normally, properly.

R And, I mean, because obviously this is confidential, but, you know, do you notice a particular carer doing particular things which actually are not helpful?

S Not really, again, for example, with this gentleman, if you're telling him that, look, I have, you are dirty down below, or you made a mess, I have to change you or I have to change the pad, and if you'll explain to him now I will take down your pants, I will pull down your pants, I will pull down the underpants, sometimes, 5, 10%, he will try to pull it back, but 90% he will let you do whatever you have to do, but if you're telling him I have to take it off, I have to clean you, you're just pulling it down, then definitely he'll become aggressive. And it happens that without telling what you are doing, you're just doing your job and it's not enough, that's...

R That causes distress.

00:15:12

S Yes, that's the trigger of being...

R Which you can understand, like, if someone just...

S Exactly, yes. I would react the same, if somebody was just pulling down my pants without telling me why or what is happening, of course I will do the same.

R Yes, exactly. And who else gets involved, you know, if things are really difficult, you know?

S It depends who is there, for example. Even the manager can get involved, the activity staff will get involved, the domestic staff, because sometimes some of the residents are very

attached to the domestics and even they can get involved, so I think all the organisation, the kitchen staff, everybody.

R And do you think that works well, that everyone can... ?

S Yes, but it depends, again, on the person who is having the problem, you know, we don't like everybody. I don't like everybody, so everybody has their preferences and it depends who they prefer, from which side, from the domestic, from the care side, from where they prefer it.

00:16:32

R Yes. And are there certain types of, maybe, activities that you've noticed can help to calm people down, or... ?

S Sometimes, yes, but most of the time, yes, they are having, in the morning and in the afternoon they are having different kinds of activities, so, sport, well, sport moving and exercises, quizzes, bingo and every... Sometimes we have residents who like to participate, sometimes if they are very low in mood then they will retreat in their room and they prefer not to come down. This depends mostly on their mood.

We have a gentleman on the second floor who prefers usually to stay in his room and you try to tell him it's better for you to come down to take part in the activities because you have some movement, he's having problems with his knees, if you have some exercise it will be better for you, it will help you to walk. If you talk to them, if you explain to them what will go on and why it will help them, or you have some friends downstairs who are missing you, they will understand and they will come. But...

R Not always.

S Not always, it doesn't work always.

R Yes. And are there other kinds of interventions or things that you know of or you've seen working for agitation, managing agitation?

00:18:07

S Not really.

R No? Okay. And, because I was just thinking about things like, I suppose you've talked a bit about communication, but also things, I suppose, like sensory stimulation or music or different types of therapies that might... ?

S Music, it's possible, but sensory not really because usually they become more agitated. For example, if you try to tap him or if you try to calm him down, they will become more aggressive.

R So is that if you touch him, you know, that particular gentleman?

S Yes.

R And is that the same for lots of people or do you see with some people touching them... ?

00:18:53

S Oh, for most of them.

R So actually touching them can make them... ?

S Yes. What I've seen until now, yes.

R And what about managing people's pain, is that something that... ?

S It can help but not for too many people, it depends on what kind of problems they have, because, of course, if they have, for example, pain in any part of the body, managing the pain will help, definitely, but most of them don't really have these kind of problems.

R Would you know if someone was, if pain was causing their agitation, do you think, or are people able to kind of... ?

S If they are not really able to communicate then I would ask one of the trained staff, one of the team leaders their opinion, but usually if they can communicate they will tell you that I'm in pain or I'm sore or what's going on, then it can help them.

R And are there other activities that you think could help when people are agitated or anything, any other ideas that you've got about... ?

S Music, movies, distraction with a conversation, with a game, with something, yes, it would work.

00:20:18

R And is there anything that gets in the way of you doing those sorts of things, you know, what makes it kind of harder to do that?

S Time.

R Time? What do you mean?

S Meaning that, for example, you can have a situation where you have somebody with a very big mess and you have to go to toilet, you have to go to assist, you have to go to shower, and then you don't have time, you can ask one of your colleagues but, again, lack of

communication between the colleagues and sometimes lack of team, it's a problem, you know?

R What, so, because obviously I don't want to put words in your mouth, but, so there's things about time in that if you've got, you know, if something's happened and you have to deal with that, like helping someone who's had an accident or something like that, then you can't then just spend time doing other stuff, so you might have to ask someone then to... ?

00:21:21

S Exactly, yes. And sometimes it's the lack of teamwork, meaning that, for example, this building is four floors, you know, and on each floor in the afternoon, for example, there are two care staff, and I'm working on the second floor, one of the residents had an accident, I have to shower him, I call my colleague, can you please come and help me to shower him, and if you are having a situation with another resident I can ask one of my colleagues from the other floors, can you please help me, but it's not all the time they will do that.

R No? And why is that? What do you understand is the reason for that?

S They don't like you, they don't want to do overtime, they don't want to do somebody else's floor, or stuff like this.

R Is it quite, do you have, are you always on the second floor?

S No.

R So you move around?

S Yes, everybody's moving around. For example, if in the morning you're working on one floor, in the afternoon you will work on another floor.

R And how come, like, why is that?

00:22:34

S I think this is the policy because the third and the fourth floors, the third is slight dementia, the fourth floor is total dementia, and I think nobody would like to work only on the dementia floor because it's a little bit harder, not physically but psychologically, it's a little bit harder than the other two floors, you know? And then they will rotate the staff between, so it will...

R Yes. And do you think that that, what effect do you think that has on the residents?

S In a way it's a little bit harder for the resident because all the time it's different people and once you get used to one of the staff, for example, to get new staff, again you have to get used to him, again the next day you have to get used to him and stuff like this and it's not very good for the resident. I was working in a nursing home and we had exactly the same problem,

it was only two floors, a ground floor and first floor and usually if you worked only on one floor it helped the resident, if you kept changing all the time then he was confused and of course he became agitated and...

R Yes, but it's harder for the staff to just be in one place?

S Yes.

00:23:58

R So it's kind of balancing it, isn't it? And, so I was going to say, you know, what do you think, what does, or what would make it easier for you to manage agitation in the residents? What makes your job easier?

S I don't know what to say, honestly. Sometimes more staff.

R More staff?

S Yes, because this way you will have time to deal with the person, with the resident; sometimes more teamwork, and...

R And is that something that you've noticed is different here from other places you've worked or is it the same where you worked before?

S No, it's the same in every single place I worked.

R In every job?

S Yes, it's the same everywhere. I was working a few months ago, I quit, it was a nursing home, and there was a very, very big lack of communication between all the staff, not only the carers but between the nurses, it was a nursing home, between the nurses and the staff, between the nurses and the management, between the management and the staff, it was very, very bad, so I worked only, well, I was working part time there and I was working full time here, and...

00:25:17

R Is it very different here?

S Yes, it is different, and here I can see that it's much, much easier than all the workplaces I was working until now.

R So what is it that makes it easier, then?

S In a way it's a care home, it's a residential home. We have a floor with dementia but it's not that hard like in a nursing home, in the nursing home where I was working less time

almost most of them, they were hoist, and it's much, much worse dementia than here, for example, it's more difficult.

R So there's something about, like, the level of severity?

S Yes.

00:26:11

R But it sounds like you're saying that actually there's something about the place, the organisation here that is easier, as well?

S Yes, here the communication between the team leaders, between the management and the staff, it's very good. Sometimes the communication between the staff and the staff, it's...

R So, like, on the floor, or between the floors, like, between the care staff?

S Between the floors, on the floor it's not that bad, usually we get along with each other, it's not a problem, but within the floors helping each other, for example, on the third floor because it's slight dementia, all the time somebody has to be there, and they are having many people downstairs who need to be toileted, and of course if you give a hand it helps them a lot, but if nobody will give them a hand then it's very difficult for them to come down to toilet the people from here, to go up again and to toilet the people from there, and, you know... ?

R Yes, so people, sometimes it's difficult to sort of help each other out?

S Yes. Well, it's not difficult, it depends on who is the person, you know, because, for example, as a person you can't stand him or you don't like him or you don't like how he's communicating, you don't like how he's working, then, of course, it's a little, you're restrained, you're pulling back, you know, and then...

R That can make it harder.

00:27:55

S Yes.

R What about what makes it easier, though, so, because it sounds like there are things about this place that make it a bit easier for you to manage the difficult residents?

S Easier, what can I say, it's the teamwork, between most of the carers from here it is a teamwork, and I'm still going with the communication, it's very, for me it's very important, you know, because, for example, if my colleague, if I don't tell my colleague I'm going for my break, my colleague is looking all over the place for me and she can't find me and she's getting nervous, she's calling everybody where is xxx, where is xxx, of course it will be a problem, you know. So communicating every single bit, what are you doing, where are you

going, when are you coming back, for me it's very important, you know, and if there is communication and there is teamwork then everything is easy.

R Yes. And so what is it about either you or other people who, you know, what qualities, really, do you think that you need to be able to sort of cope with very agitated people?

00:29:07

S Compassion, for me that is very important; you have to understand that this certain person is having a problem, is having a health problem, and if he's agitated he's agitated for a reason, you have to understand that he can't help it and you have to deal as nicely as possible and you have to have compassion for him, you have to help him as much as possible.

R I know but is there anything which kind of helps you to keep that compassion, to kind of, because it's hard?

S No, for me it's not hard because my mother was paralysed and she's still bedbound; my father had a stroke and I stayed with him in the hospital and after that for six months until he'd recovered at home, so I took care of both of them, so for me it's something natural, you know, for me it's something, day by day it's happening, day by day.

R And do you think that for some people it's not, it doesn't come as easily, or... ?

S No, for some people, in my opinion...

R That's what I'm wanting.

S That's only my opinion...

R But that's what I want to hear.

00:30:44

S For some people this is just a job and they are here just to take the wages and to go home, you know, and when you're coming only for the money then you can't do proper work.

R Yes. And so that kind of gets in the way?

S Yes, definitely.

R And has that been the same everywhere you've worked?

S Everywhere, yes, everywhere you can find different kinds of people.

R And what would, is there any, I suppose I was just thinking, you know, what can help with that, you know, what solution is there for that?

S Change the staff. I think this depends on the management, but if they don't have the compassion, if they don't feel for the resident then my opinion is that they shouldn't have this job, they shouldn't work in this field.

00:31:38

R Do you think that it's something that you can teach people or help people to develop?

S Yes, if they want to learn, yes, but what I've seen until now, most of the them, they don't want to work, they just want to see off their job, they just want to finish the day to go home.

R And how do you understand that, like, how do you, you know, why is that? I mean, apart from just because people need money, but do you think there's something about working with people with dementia or is there, you know... ?

S No, it's their way, it's just how they are.

R And is there anything about, I suppose, the families and their relationship with how you get on with the residents' families when they come in that can make it harder or easier, or, is that ever... ?

S Oh, definitely sometimes it can make it very hard because we had, now we don't have any more, but we had families who thought that this is a five star hotel and each resident should have their own carer and all the time when they are coming, everything has to be perfect, but it's not possible because every day incidents happen, or somebody's very agitated and you have to deal with him, or somebody had a small accident, you have to deal with him, and you can't do, and definitely you can't be 24 hours a day only for that person.

00:33:27

Sometimes the relatives have to understand that you're not here only for one person, you're here for 15, because we are having 15 on a floor, you know, and you can't always be there. If they are having a problem, of course, they have the call bell, they can call, we are going to attend, we are going to help them as much as possible, but we've had residents and we've had relatives every two minutes, every five minutes, without any reason they were just calling, they just wanted attention. So sometimes it's very hard to be with the relatives, harder with the relatives than with the resident.

R And what helps with that, what works?

S You try to do your best and you try to help the most, you do whatever you can, but not all the time are they happy.

R No. And are your managers and the team leaders, do they help you with that here?

S Yes, definitely.

R So they would talk to families and... ?

00:34:47

S Whenever we are having an issue with one of the family members we always send them to the office and in the office they will clear up everything. But what I can say is that we have the family members who are helping us very much and who appreciate the job we are doing and the help we are giving to their relatives, and that's very, very, very helpful for us.

R Yes. Because I was going to say, you know, what effect does it have when you do feel that you're being valued?

S It helps very, very much. Even, for example, I've been on holiday and when I came back, where have you been, we've missed you, it gives you a very, very good feeling, you know? Even the residents, it happened that we had a resident, he's passed away now, but we had a resident who always, when I was working only three days, always after four days I was coming back, where have you been, why didn't you come in, I was missing you, so it's a very, very good feeling, and me personally, it helps me a lot.

R And is that something you get from other people in the team or from managers or team leaders as well, or... ?

S Mostly from the residents and from the relatives, or some of the staff, yes, we have it from them as well, but not really.

R No. And another thing that some people have spoken about in other places has been about the effect that stories in the newspapers or on TV programmes about care homes and staff in care homes has, is that something that impacts on how you manage agitation, or, you know... ?

00:36:42

S No, not really.

R No? Good.

S No. For example, many of the staff from here when we saw it, it was on, I think, the xxx, it was that big problem with that care home with abuse and everything, and most of them were talking about what we would do if they put cameras, hidden cameras, and you would do your job exactly as you did it until now. If you haven't done anything wrong then you don't have anything to be afraid of, you know, that's my opinion.

R Yes. But do you notice an effect of things like that on, say, the families and stuff, do you think it affects... ?

S No.

R No? It doesn't make a difference?

S No.

00:37:29

R Good, okay. And is there anything else that either makes it harder or easier for you to... ?

S Not really, no.

R To you manage the agitation, or... ?

S For example, again, with the gentleman from the fourth floor, if somebody attends him and, giving him a shower, for example, and, of course, if you're not communicating he will become agitated and one of the team leaders asked me, can you please come and help us with the certain person because we are having a very hard time with him, and I noticed that sometimes it helps to see your face, to see another face, but sometimes it doesn't help at all.

R So it helps the resident to see a different person and sometimes it doesn't?

S Yes.

R Do you think it helps the staff to see another face, as well?

S It depends on the staff, because if some of us, even I get punched or fingernails in the flesh and scratches all over, it happens, but some of the staff become agitated as well, and that doesn't help the resident, and, of course, if the resident will see on your face and won't see that face all agitated, then it will help, definitely.

00:39:05

R And is there anything else that your managers or the organisation or, you know, the company could be doing to support you with it, or... ?

R No? You think they're already doing quite a... ?

S Yes, they are doing excellently.

R Okay, that's unusual, you know, it's good to hear. It's not the same everywhere, well, you know it's not the same everywhere, is it, so... ?

S Yes.

R What is it about this company then that's different, that makes it excellent?

S The management is very good, and the team leading is very good. For example, if I'm coming and reporting something about one of the residents who has a pressure sore or fell down and has a bruise, or whatever, all the time all the team leaders are helping you, or communicate back to you or explain to you what happened, or how it happened.

00:40:09

If it's something new then they will come with you and they will assess the resident, so it helps you a lot, and this is very important because if they would say, okay, can you please note it down and that's it, then you will say, wait, I'm doing all the job and they're not doing anything, or they are not interested, they don't care, you know, and then you will see it differently.

R Yes. And do you feel here that they show that they care?

S Yes.

R How do they show that they care?

S For example, we had a resident who fell down or had a very bad injury on the head, bleeding, a very big pool of blood on the floor and stuff like this, and all the team leaders who were working that day came up, everybody tried to help, everybody tried to do something for that resident and for the staff to be easier, and that's making the difference.

R Yes, absolutely. And, I just thought of something else, no, I was just thinking, because I was thinking, you know, one of the things we're interested is kind of how the culture of care, really, in care homes differs, you know, and it feels like here there's a very positive culture...

00:41:45

S It is.

R ... and so I'm just very interested in kind of what makes it work, you know, what works, what makes it work compared to other organisations that you maybe have worked in?

S I think everywhere it would involve the same but my problem is I can't stand lazy people.

R Fair enough.

S For example, if I'm working with somebody I don't expect that somebody to do more than I do but because we are paid the same I expect them to do the same job as I do. I don't say sometimes if he or she is busy with one of the residents and I will do two of the residents, I don't care, this is the job, but when you're doing five residents and the other staff doesn't do

anybody then of course you're going to get upset, so my opinion is it's not the cultural side that's the problem, but the person themselves.

R So for you it's not the organisation, it's about the individuals?

S Yes.

00:42:55

R Okay. And, you know, it's when people aren't working, maybe, it's not that you expect them to work harder than you but that you expect them to work as you work?

S Yes, and sometimes, for example, even when you are having agency staff and maybe that agency staff, it's a new person, and you can't expect them to do the same job as you're doing, and of course I will do maybe one or two residents more, then, or maybe you have to go with that person and explain, you have to deal with the resident like this, like this and like this, then I don't mind doing almost all the work because it's a new person, doesn't know the routine, doesn't know the residents, doesn't know how it's working here, but when the staff is working here for, let's say, eight years, and you're working for one and a half years and you expect that that person will help you, you expect that that person will do the job that she's paid for, and when you see that she's sitting and not doing anything then, of course, it won't help at all.

R Yes. So, it sounds like, you know, at times there's people who get quite agitated here, what effect does that, what impact does that have on the staff team generally?

S We usually, we are trying to calm them down, if you can't calm them down then normally almost everybody wants to get involved, as I told you, certain people have certain care staff who they like, so we try to bring those people to talk with the resident, to try to calm him or her down, and this helps most of the time.

00:44:59

R But what, are there times where it gets to the staff, you know, where it's stressful or, you know?

S Yes, it happens. Usually when it's involved the physical aggression then it happens the staff will become agitated, the staff will become nervous and usually it's better for the staff to go away from there and to try to calm down, to try to... I got punched a few days ago attending that gentleman; in the morning I gave him a shower, he doesn't like, well, not that he doesn't like the shower but you have to tell him, look, is the water too hot, is the water too cold, is it all right? Okay, if it's all right I will start with your back, I will start with your front, with the head, whatever, you have to explain to him and he will accept it, and I gave him a shower, everything was all right, but in the afternoon when I tried to toilet him he just, and I explained to him, he agreed, take off his pants and the underpants, but when I tried to take it he just punched me without any reason, without any, you know, so it happens. But I've got so many punches and slaps and spits and kicks and everything, I'm used to it.

R But does it ever get to you?

00:46:20

S When I see the lack of teamwork and I'm trying to do my best and the person is agitated and, of course, he's physically aggressive, then sometimes, yes, sometimes yes. And then I just ask my colleague, can you please come and take over or can you please come and help me enough that I can just go and sit somewhere quietly and try to calm down. It happens, and it will happen, I'm sure.

R Yes. And do other people, do you think, because it sounds like you know how to sort of manage that, do you see your colleagues finding it difficult to cope sometimes?

S It's not about difficult to cope, it's about doing what they should do, the communication, because, I told you, for them it's easier just to pull it down, wipe it, change it or whatever and pull it back up instead of taking five minutes to try to explain to them what they're doing, you know, and that doesn't help.

R So the way they deal with it actually doesn't help.

S The way they approach the resident, the way they deal with the problem, yes.

R And when it is difficult it sounds like, you know, you've sort of already said, but do you feel that you get the support that you need?

S Most of the time, yes, 99% of the time, yes. And what I want to say is that usually, as I told you, it's from your colleagues, from the care staff, you have the lack of teamwork, usually from the team leaders, from the senior carers you have the support that you need, but from the care staff, sometimes.

00:48:18

R And so with the senior team leaders and stuff, you know, you can ask for help, that you feel that can ask for help if you need it?

S Yes. I even can ask for help for personal hygiene, for toileting, for this kind of stuff, nobody will say, no, I can't, or I won't, or I don't have time, if they are free and nobody's around to ask help from then definitely they will come and help or I've even seen team leaders who went by themselves because nobody was around, they went by themselves to go and took them for the toilet and brought them back. So that's helpful.

R Yes. I was going to say, you know, what else makes you feel valued in your job?

S For me a simple thank you or a simple please, it's very important. Being rude, being arrogant, being, I don't know, that doesn't help at all and definitely I'm not going to like this person.

R Yes. So, just before, I'm going to let you go soon...

S Oh, thank you.

00:49:37

R Yes, but I was thinking about what training you have had here or anywhere to help with managing agitation?

S What I've had is dementia awareness, I had my level NVQ I'm doing my level now; I'm doing, I have the book at home but I didn't start it yet, it's mental health awareness or something like that. What else am I doing? I've started my team leading, but that doesn't really help you.

R Well, you know, it can help indirectly, can't it?

S And what I did, that's I'm answering very much on communication, I did core communication skills.

R Yes. And I was going to say, you know, what has been useful to you, what training has been useful?

S That was excellent, that helped me a lot, and that opened my eyes to see how easy it is when you're communicating.

R So what was that like, did people come here and do the training, or... ?

S No, I was working somewhere else, I was working in xxx and from there they sent us to different courses and we had three day courses, we had one week, it depends on the course.

00:50:57

R And what was particularly helpful about those courses, what have you found that's helpful?

S They tried to make us understand how important is communication, how important is whatever they were teaching, you know, and for me the communication, when I saw, when they explained what you can achieve with the communication, what you can do for that resident, that opened my eyes and I really enjoyed it.

For example, we have a lady here whose husband was in another care home but he passed away and she's always with low mood, but when she sees me and we stop, I usually try to talk to her about totally different things, totally different subjects, you know, I try to distract her from her thoughts, from her husband that he passed away, and usually I succeed, and in the morning she's very grumpy, she doesn't want to shower, she doesn't want breakfast, and they just call me, xxx, can you please go and see what you can do with Mrs xxx. And I'm going

and I stop and talk with her, in half an hour she's coming out and she's okay, she's happy. So, for me, that's why I'm saying communication is very important for me.

R Yes, absolutely, I'm a psychologist, I agree with you. But is there anything training wise that you've had that hasn't been helpful, what kind of training don't you find helpful?

00:52:34

S No, usually all training that I've had, moving, handling, first aid, these are all helpful.

R And what would you like more or, or what do you think would be useful here to have more of in terms of managing agitation?

S Managing agitation? More about dementia.

R More about dementia?

S Definitely more about dementia and how to deal with dementia.

R Yes, okay. And what helps you to put what you learn into practice?

S I don't know how to... Usually whatever, for example, I did an infection control course a few weeks ago and I'm taking more seriously now the wearing of the personal protection equipment and definitely it's written in my mind it has very deeply hand washing, so all the time when we've finished with the resident you have to go and definitely wash your hands, and how to wash your hands is very important and so...

R So you're trying to kind of, you keep it in mind?

00:53:55

S Yes. And everything I learn I'm trying to implement with the residents.

R And do you feel when you do training that you get the support you need to put things into practice, or not?

S Yes, but it depends on the training, because we can have four hour training where you don't learn too much, and, for example, my wife started and I started after her, we have a college from where we are getting courses, I'm doing it at home totally by myself, not with the organisation, and I started with medication administration, health eating, infection control, team leading and everything, and whatever I learn from there I try to implement here, I try to do it here.

R But is it harder when you're doing it on your own and learning on your own?

S It is a little bit harder but, for example, here we didn't have a course for some time and if I saw that no courses, no nothing, no training, then I should do something, so I started by myself to do it.

00:55:22

R Good, okay. So, before we finish, is there anything else that you would like to mention that you've not already said, particularly about agitation or, kind of, how that is managed, what works?

S Not really, I think I said it all.

R No? You've said quite a lot, yes. Good, thank you.

S You're welcome.

R And are you happy to, when we develop our training material, would you be happy for us to show you them and get feedback on what you've said and stuff?

S Definitely, yes.

R Thank you, that's really helpful.