001.005

Speaker key

RE Researcher
ST Staff

[00:00:00]
RE So, as you know, I'm a researcher from xxx and I'm going to be conducting and recording this interview. Everything you say is confidential but can you just introduce yourself for the tape so that the typist recognises your voice?

ST Give my name? I'm XXXX, I'm XXXX and I'm xxx here at XXXX.

RE Thank you, and I'm xxx obviously. So, thanks again for agreeing to take part, as I said, I'm interested in how people working in care homes think about and cope with residents with agitation, so, when talking about agitation, I mean, behaviours like restlessness, pacing, shouting, verbal or physical aggression, and we're asking because we know that this is something you and your colleagues manage a lot, and we want to make use of your expertise. So, I'll be asking about your experiences of working with people with agitation, about what works and what doesn't work and what helps and what hinders, and we'll use the information to help us build an intervention to reduce agitation in people with dementia living in care homes, so, we're interested in how to make the agitation, the intervention something which is practical and which fits into a busy care home, day to day, you know, life.

So, obviously, I'm recording the interview. Whatever you tell me will be anonymised for the purposes of the study. If you do disclose any information that you or someone else was being harmed, I'll ask your permission to share that information to my, with my supervisors. We respect confidentiality but we can't keep it a secret if anyone is being seriously harmed. If at any point during our interview you feel you want to stop or leave the room, just let me know, that's fine, obviously. Okay, so, can you, first of all, just think of a resident you know well who's been agitated, you don't need tot ell me their name but you can, that's fine, can you just tell me a bit about the person and describe their behaviour and what happens?

[00:02:19]
ST All right, well, this lady, she has been here probably about four years, so, I was on nights, I started on nights over on xxx Unit and I remember seeing this lady walking up and down, so, from the time I've known her, she has been, had her behaviours, agitation and just pacing, restless, some nights didn't sleep at all, so, now that I've come on days, it's two years now, on the unit where she is, it's difficult to say if her behaviours have changed because, thinking about it, it seems as though recently there's been an escalation in anger, aggression, both verbal and physical, but it's difficult to actually pinpoint if this is any different from how she used to be. She gets very agitated, you can say, agitated, distressed, anxious, and she flips, she walks along and she'll come to you, she'll hold your hand, she'll be stroking, oh, you're

lovely, I love you, you know that I really love you, you're my best friend here, and she can turn around from saying that and give you the fingers, call you a name and then just look at you with anger and just accuse you of something. Then she'll turn around and she might walk back, you're her best friend, she loves you, can she give you a kiss? And this is what we find, I think, most difficult, because sometimes you're standing there or another resident is standing there, she walks by, everything is fine and then out, the hand goes, really quickly.

[00:04:23]
RE Yes, and that to staff and residents?

ST Staff and residents, yes, she doesn't like to be stopped from doing anything or told, no, once you say, no, to her, that's it, she gets very angry. At the moment, I think, there's an escalation in, with her being accusatory, because if she's done something and you're saying, you don't do this, she then turns it around, it's the other person who's been doing something to her, so, dealing with it has been challenging because you don't know which one you're going to get at any moment.

RE So, it's very unpredictable?

ST Very unpredictable, and it's so quick.

RE Yes, and what do you think may cause that agitation?

ST It's very difficult because her sleep pattern is just her sleep pattern, really, she may got to bed very late, she's a lot better now than she used to be, managing to get her to bed at decent time when before, it would be going to bed in the morning, sleeping all day, get up at night. They've tried medication, which didn't work, so, now, the girls try and take her to her room at least, at a good time. She doesn't always sleep right away, she might just wander around her room, and she likes to do what the staff call cuckooing, she'll be in her room, she'll close her door, she'll probably lock it and then she'll open her door and she'll open it and she'll look up and down the corridor, she'll close the door, go back in, then you look again, she's back there, then she's looking up and down. Why? We don't know, but she can do that for hours, then she'll settle.

[00:06:24]
RE Yes, and do you have any ideas of why she might behave like that?

ST We can't find any reason why she does it, although she's not doing it so much now, but she's still doing it at night apparently, and with the sleep pattern, she will, like, today, she got up around about half past one, she went to bed about half past one last night, and she does lie on her bed very quietly, and you'll go in, her eyes will be open, she'll be looking at, towards the window, but as soon as your come in and she hear, her eyes are close, and it does not matter what you say or do, she's not moving, she's not opening her eyes, it's just as though she's asleep. And we're thinking, probably, she's comfortable, so, therefore she stays on the bed until she feels like getting up. She doesn't always eat, like, breakfast, we take her breakfast in, wake her up, tell her breakfast is there, then she may not get up to eat it, and the same may happen again at lunch, but then when she gets up, she can be very distressed, very

agitated, and we have had a psychiatric team involved, of course, they got to a stage where they did discharge her because they said, you know, we really can't do any more, but we've got them involved again, and the psychiatrist actually saw her after she'd just woken up on one occasion, and she referred to it like being hung-over, because, wondering if the medication she's on gives her this hung-over feeling because she's really miserable when she gets up, she doesn't get up in a good mood, she's really grisly, miserable and walking around sounding like she's crying all the time, and that can take hours before she comes out of that mood.

[00:08:35]
RE And is that the same every day?

ST Almost every day, once she wakes up.

RE I mean, that sounds very difficult, have you noticed other things in other residents, when they become agitated, is there anything else that you can?

ST Well, we've got another chap who hasn't been with us all that long, and he has got left-sided weakness because he's had a stroke, and at first we weren't sure if his behaviours were just behavioural form the stroke, but he's been diagnosed with dementia now as well, and with his, his agitation, it's like wanting attention, if you walk past in the corridor and he sees you, then he starts shouting, banging, and when he shouts, he just goes on and on and on and get louder and louder, and sometimes you'll go in, do what he wants or give him a drink or whatever, and as soon as you walk out the door, he starts again for you to come back. So, with him, the agitation is quite different, it is like he wants company sometimes, sometimes he wants a drink, so, his is quite different.

RE And, so, when you think about that first, that lady you were talking about, how, what has helped to manage the situation?

[00:10:04]
ST Well, some days, if she hasn't eaten her breakfast and lunch, we try to give her a cup of tea. If you can get her to take the first cup of tea and a handful of biscuits, a handful of biscuits, and you get her to sit down and start those biscuits and then have that cup of tea, you're okay, and her mood might change completely for the rest of the afternoon and evening. Sometimes it doesn't work because sometimes she will not sit down to have the tea, and she will just take the biscuits and wrap them in tissue, and just go with them, and then continue the behaviour, but we find that getting her to have a drink and something to eat, because sometimes, we think she's hungry and thirsty, but in her mind she's agitated and distressed for whatever reason, even anxious, so that she doesn't settle down to have the tea.

RE And what helps to get her to settle down to have the tea? Like, what do you do, what do you try?

ST Mostly, you have to be very careful because if you go in, come on now, have your cup of tea, it'll be, oh, shut up, or, go away, or, she might even try to hit you, so, you have to really gauge how you might, most times you just take it to the table, put them on the table and just once or so say, we've put some tea and biscuits for you.

She might look at them and say, no, walk away, but then you might see her come back and she might just take the biscuits and go, and then she may come back and drink the tea as well, or, once she sees you've put them there, she go and have them. So, you just have to go with her, what's working on the day, but she can't take it if you keep on and on and on or, come on, here's your tea and biscuits, here's your tea and biscuits, doesn't work at all.

[00:12:04]
RE And are there other things that have worked with her?

ST Not when she's really, really in that mood, it is much better to just leave her for a bit, put the tea and biscuits there and just leave it. Sometimes she'll go into residents' rooms and if she find things like crisps she'll take those and she'll go and sit and eat those and you think, okay, we might get her to have the tea and biscuits now, or she may take sweets and things like that, but she wouldn't have what you were giving her, she seems to prefer to go and take it.

RE Take from other people?

ST Yes.

RE And is there anything that doesn't work with her that really, either makes it worse or just hasn't been helpful?

ST Constantly telling her to do something, or constantly asking her something, too much talking really does get her more agitated.

RE And what's your understanding of that? What, what do you think about why that is?

[00:13:06]
ST I think she gets frustrated hearing the noise and probably not processing what you're saying , and it probably feel like you're getting at her because you keep saying, do this, do this, do this or don't do that, and then, because we've got another chap like that who gets really frustrated if you're talking to him, and if you say more than a few words, then he's aaaah, and he gets quite frustrated, so, we can see the same behaviour in this lady, so, you keep talking to a minimum.

RE And, it sounds like other people have been involved with this lady, like, the psychiatric team, you know, what else have they tried? What's been suggested or?

ST Well, for the second, now, this time that we've got them again, they've looked at her medication again and they're trying to see if they can alter some of the medication, and one medication they hadn't tried was Memantin so, now, she has started on Memantin, but we haven't seen any difference yet because it's such a small dose. She's very difficult with taking medication, we've had to have all her medication changed to the evening because once it's morning you cannot get her to take anything. The Memantin is in the evening now and it normally can take up to an hour or longer, just trying to persuade her to take it, you try every trick, you sit next to her, you befriend her, you're her friend, you give her a cup or tea, you give her her

supper and then she might just turn around and say, no, I don't want it. So, it's very difficult, but they're going to increase the dose soon, hopefully, and then we can try.

[0:14:56]
RE And have they tried, other than the medication, were there other things that they've suggested?

ST Well, we had a complex behaviour team which was for a short period of time, and they came and they've given us some suggestions and things of how to handle it, but.

RE Yes, what kind of things were they suggesting?

ST Well, it's, like, not saying no to her and, there's not an awful lot, I think, came to the end that, you know, we could, that they could really suggest, but it's mainly for us to be aware of, when we got to her, and like I said, don't do this and that makes it a lot worse, so, she's quite a challenge.

RE So, it there anything else that the complex behaviour service suggested that has made a difference, or that you've been able to put into practice?

ST Putting it into practice has been the difficulty, because we had two residents who were with the complex behaviour team, and our main thing, we liked it and we love all the helpful hints and things they've given us, but when it comes down to actually having the time to do it or the instant that something is happening, you know, you haven't got time to go back and look and think, oh, how do I approach this? Because it's happening so quickly.

[00:16:19]
RE So, what, so, you're saying that putting it into practice is the difficult thing, so, what, what in particular has been difficult about putting it into practice then? Just tell me more about that.

ST Most of the time you have to react so quickly and, you know, you can't just walk around with the instructions or, even if you look at, say, like, today, we will do this or we'll do that, you can guarantee that you're going to be doing something else because with the resident that we've got, we've got about four or five who are mobile, so you're actually chasing after at least two of them sometimes because they're at risk of falls, so, when you see they're up, you're after them to make sure they are safe, and then you get the lady who's agitated and distressed, and she's liable to hit somebody, push them over, so, you're keeping an eye on her and you're just, you know, following her or just keeping an eye on her and making sure she's not hitting somebody else, and then you've got another resident who walks with her, and one minute the two of them are best friends, they're holding hands and they're walking up and down the corridor, chatting away, and then the next minute is, why are you following me? Get away. And that can turn so quickly into a hitting or pushing, so, you're just on high alert.

RE So, you're having to focus on lots of different things?
[00:17:46]

ST Yes.

RE Okay, and that means that it's harder to, kind of, focus on what you've been told?

ST Yes, because by the time you look over, this is happening, that is happening, you haven't got time to start thinking, well, what did complex behaviour say, how do I handle this? And, you know, you react to what's happening most of the time.

RE And what were the sorts of things that they were suggesting, in terms of managing agitation generally?

ST I can't think of any off the top of my head, but mainly with this lady, it was not saying no to her, and trying to, sort of, be where she is because they've worked out that she was quite disorientated to time, place, people, because she sees other residents as her relatives, so, when you go to give care to another resident, she comes in and interferes, because she thinks that we are doing something to her relative, and she'll come and hit us, leave my sister alone, or, you know, leave my mother, or something like that, so, that causes a lot of agitation, when she sees them as her relatives, because we can't intervene and do anything really. So, it was being aware a lot with her, that she's misplacing, you know, people and things like that, she's not.

RE And did having that awareness, is, just, has that helped in itself or not, I mean?

[00:19:16]
ST If it's just her you're dealing with, it is easy to put these things in place, when it's just her, but as soon as anyone else comes in, you're then thinking, looking at two different issues there.

RE And, in terms of managing someone who's difficult like that, how do decisions get made about what to do in your unit?

ST Normally, it's quite spontaneous, yes, because you haven't got a lot of time to think when her behaviours are changing. When it's just her, we just let her go, because we know that eventually she will come out of it. Sometimes she don't, she may become more angry, more aggressive, she has got an issue with pain, which we know, but because of her reluctance to take medication, you cannot give her regular pain medication because she says, no, she will come and say, oh, my, it really hurts down here, and as soon as you mention, oh, I'll just give you something, no, I don't want anything, and she's gone, and sometimes you just follow her around with the medication, and you end up throwing it away because she will not take it.

We tried Butrans patches, but she could pull them off, or you couldn't get to put it on, so, normally when she's asleep at night was t he time you had to put it on and somewhere where she couldn't get to it, but then you had a job to get it off to put the next one on, and we didn't find any improvement in her pain. I think, what she needs is, like, paracetamol because when we do get her to take some paracetamol, you can see that it's helped, but we just can't get her to take it, yes.

[00:21:14]

RE So, you know, in terms of, sort of, different interventions that help managing agitation, you've talked about pain control, what about other things like having more time to talk to people or sensory stimulation, music, activities, those sorts of things?

ST Activities used to be a good thing for her because we used to have a ball and we'd play with the ball and she loved that, but now, she's not interested. She's lost a lot of interest in activity, she used to be lovely at dancing and when we had musicians, she's be going around, especially the men, and she'd be pinching their bottoms and going up to them and things like that, dancing with them, now, the music is on, she just goes. We always have music on in the lounge, sometimes she will sit and she will sing along, tap her feet and things, but to actually get her to participate like she used to, she doesn't, and other activities, she doesn't either, and she used to leave the unit and go to other units for entertainment, but now she doesn't come out at all, and we don't know why it's happened, so.

RE And what about with other residents? What interventions do you think do make a difference to people when they're agitated?

ST A lot of time, just sitting with them, that's what most of them want, is just someone to sit and chat with them or just spend time with them, because we have got some residents there who sit and chat with them, you know, they're quite happy. There's one other lady who does get agitated, and she gets agitated when she's being moved, quite a lot, because she's got a fear of falling, we think, so, when you've got her in the hoist and then once you put her in a wheelchair and move her it will take her quite a while before she settles, and she will just sit, making little noises like she's crying. With her, normally, once she's had her meal at the table and things and you transfer her to the armchair and put some music on that she knows, she can snap out of it, but if you haven't done that, she will keep on being agitated.

[00:23:41]
RE And are there other things, so, talking is one thing that, kind of, helps, are there other more, sort of, formal things that make a difference, do you think? Like, I don't know, sensory activities or other things?

ST With the residents that we have got, I would say there's not much of that. Music, as soon as we put music on, it changes everything because there're quite a few of them who sing along because it's all the, like, 19.., probably, like, the war songs and things, so, that changes the atmosphere right away on our unit, so, we tend to put a lot of music on to keep them calm.

RE And things, like, you know, I suppose, more activities or meaningful or activities with people or, stimulation, that sort of thing, what do you think stops that from working with the sorts of residents that you've got on your unit?

ST I think, most of them don't really enjoy it as such because sometimes in our garden room we have exercises to music and things like that. When they go, they're okay, some of them, but some don't want to know at all, and they find it frustrating sometimes for you to be trying to involve them in anything that's games or anything like that, so.
[00:25:12]

RE And is there anything that helps to, kind of, engage people or involve them when they don't want to do it?

ST I'm just thinking of the residents we've got and, it's funny because there is not an awful lot other than sitting and chatting with them in the lounge, they love to be just chatting and laughing and I can't think of anything, like, some, some of the ladies might like their nails being done, so, if someone comes along and painting their nails for them, go to the hairdressers and that might help, because they can then talk about it, but it's difficult.

RE It is difficult. I was just thinking, you know, is there anything that makes it easier for you to manage agitation in residents?

ST Looking at all residents.

RE Yes, no, so, talking generally, not just about that lady.

ST I think, it probably depends on the type, why are they agitated, and if we could find out why they're agitated, I think, we could help them better because, looking at this lady again, if we could find out why she wakes up in such a distressed, agitated, anxious, sometimes angry mood, I think we will have our answer, but this is what we don't know, why she's waking up like it. Other residents, you can see there's a reason, sometimes it's too noisy or something external is causing the agitation, then that's much easier to deal with because we can remove what's causing it, but it's when you don't know what is actually causing it.

[00:27:11]
RE So, if it's something that's maybe internal as well?

ST Yes, this is what we don't know, how much of it is internal.

RE Is there anything, do you think, I mean, about your role, or you, that makes it easier to manage agitation, that helps you to do that?

ST I think, having more time would really help, if you actually had time to spend with the residents when they're agitated and if they're accepting to your presence and you can probably just sit and talk, because sometimes, this is what we do when the lady's really agitated, you know, you just sit next to her, let her do the talking and what, and you're just there going, yes, yes, or she's showing you lots of rolled up toilet paper, and you're very interested in this piece of paper and she unrolls it, so, just sitting there and letting her do all of this, sometimes seems to calm her a bit, so, it's, sometimes it's just time.

RE And is there anything, do you think, about your manner or the staff around you, like, about how you approach things that helps?

ST Yes, although sometimes it doesn't, it doesn't matter how you approach it.

RE What is it, yes?
[00:28:29]

ST I think, just calmly, most times you need to be calm and even if they're really agitated and you can just get through enough, sometimes it does help.

RE And is there anything else that helps, that makes it a bit easier for you to do your?

ST I would say at the moment, not really, because, I think, the more residents you've got who are agitated at the same time does make it really difficult because you just end up stressed, and this is what I'm finding at the moment, because we've got so many residents who are mobile, it becomes very stressful because you are trying to manage so many different behaviours at the same time, so, it does get quite stressful. I think, if we've probably got one person, it's not so bad, but it's when others come in.

RE Is there anything about the families and the relative of people that makes it easier, that helps?

ST Some relatives, I think, they're quite understanding, we've got some lovely relatives who are, you can't do enough, you know, whatever you're doing, they're so grateful for, but then you've got other relatives who do not understand at all what your job involves from day to day. Sometimes they may come in for a short visit, see their relative in one phase, but they don't realise that when they weren't there, you know, how difficult it could have been with different behaviours, and I think the expectations probably have changed a lot recently, with all the publicity and media coverage and things, there seems to be a real change in relatives' outlook.

[00:30:24]
RE Tell me more about that?

ST Well, I think it, it's difficult because you think, you know, all the time that you've worked and if people don't visit very often, they come in and they look, see what you're doing, do their relative look healthy, clean and things like that, and might just go, but now I find that relatives are coming in and they're finding something nearly every time they come in, you know, and all of a sudden it's, oh, they spilt some food on themselves, you know, or, oh, this isn't there, this isn't here, and I don't know, it just seems, I don't know if it's people, sort of, the more recent people coming in, you know, the relatives have got quite a different outlook because of, and I'm sure some of it's because of the media, you know, they're, sort of, picking up, and they don't, sort of, realise it from the wider perspective that there are another 15 people as well. There are only so many staff and with the best will in the world, you can only do one thing at a time.

RE And what effect does that have on you?

ST Well, it's very stressful because you're always thinking, this relative might be coming in today, so, you've got to make sure everything is as it should be, and then you have got other staff, it's not only you and, you know, you can do your bit, but if your staff aren't doing the same, because, for me, standards are very important, and when I'm doing the job, I want it to be a certain standard, but actually finding people who work the same is very difficult, and I find that stressful because then I'm going

around behind you, finishing off your job and I want to know why can't you just do the whole job? And that's.
Well, for instance, you go into a room and you know that you're going to give personal care to the resident in the room. The resident may not come out of the room at all, but when you've done the resident, you just, you lay them down or whatever, you leave them there, you haven't thought, this person is sitting in this bed, why are they lying flat at 10, 11 o'clock in the morning? They've had breakfast, you've washed and dressed them, now why are they looking, flat, looking at the ceiling? Why are they no sitting up so they can see people walking in the corridor, see out their window? Now, for me, I wouldn't think I'm finished until that was done, and then you look around the room, why are there blankets on the chair? Why is this left there, this left there, this left there?

Why haven't you tidied up the room before you've come out? Why haven't you made sure that the side table is within their reach? Why is it on the left-hand side when they're right handed? Things like that, I find that really annoying, very, very annoying, because then I go around and I'm tidying up the room and I'm putting the table on the right side so that, you know, they can reach their drinks and things, because a resident, relative might come in there, oh, my mum couldn't reach her drink.

RE And what do you think, what effect does all of that have on how you or other people feel able to manage the agitation then?

[00:34:09]
ST It's difficult because, I think there might be a difference in how we look at things like agitation and things like that because for me, as a nurse, I probably look at it differently to a care assistant.

[00:32:33]
RE Can you give me an example of that, so that.

ST you look at the whole person, and you look around them, and that's what I find is
RE Right, in what way, what do you think?

ST It's a difficult one because, I think, all the way through my training, you know, you're trained to meet standards, you're trained to think around an issue, you don't just look at the issue and think, this person needs to be washed and dressed, that's it, missing from care assistants, they seem to think that the job is, come in, wash and dress, feed, and that's a circle, we wash them, we dress them, we feed them, but they don't look at the wider, well, are they comfortable? Have I left them sitting comfortably, you know? Can they reach their drinks? Which, for me, just comes as part of the job, but that's what I find really difficult, and it doesn't matter how many times you tell them, they might do it the time that you say, and they might do it now, but then you go again, and it's back to square one, it doesn't seem to stay.

RE And is there anything that helps with that, that helps you to, kind of?

ST Just keep going behind them and doing it yourself, that's, that seems to be the only way, you just keep going around and you see the things and you try to put it right.

[00:35:56]
RE But what effect does that then have on you?

ST You get more stressed because you're not doing your job, you're not completing the tasks that you are supposed to be completing, so, you're forever behind, but then you feel that you're forever following other people and trying to finish off their job because, you know, it feels like you are wasting your breath to keep saying the same thing every day, so, I don't know how you get around that one because we haven't found a solution yet.

RE Is there anything about your management, really, that, you know, the managers who, or the management team or, that makes it harder to manage agitation?

ST Yes, I know this is anonymous, so that's all right, and confidential.

RE It's anonymous and it won't be related back to the care home as well, so.

ST Yes, because one of the biggest things here, we feel we've got no support, so, just like on the unit we've got this lady who we've had behavioural problems with for such a long time, but it's just down to us on the unit and, you know, we try to get psychiatric team, the GP, people involved, but when things are happening, she hits somebody or something like that, still nothing, and it's just left, you're on the unit, it's just left there, and when we talk about staffing, we're just told, no, you can't have any more staff while, with me or the nurse who are opposite me, in the evening, we can't do our jobs because the carers are going around together doing personal care, they're behind closed doors, we've got three, four residents in the corridor, they could be hitting, they could be pushing, there could be people falling over, so, we have to leave our jobs and we go into the corridor to make sure people are safe or in the lounge, but nobody listens to that, they just think, oh, you know, you can't have any more staff and that's it. So, it is very stressful, actually.

[00:38:10]
RE And is there something about the, kind of, I suppose, the way, the organisation of the care home or the culture of the care home that has an effect?

ST Just the lack of support, because there's nobody coming up to you and saying, how was it this morning, or how was your day? And I think if you go through the whole building, talking to the nurses, you'll find, you'll hear the same story. They don't seem to think that, you know, just to show themselves and to come and just say, are you managing? And when you're short of staff it's just, get on with it, you know, and especially the times when you're really stretched and you've got lots going on, and then, that's it, nobody even looks to say you've coped, you know.

RE And would that make a difference, do you think, if someone was to say that?

[00:39:17]
ST I think, if they actually came and they could see what you're saying and understand what you're saying, but at the moment there's no point even talking because they're not even listening, you know, you're saying something and you can see them glaze over and you're thinking, what's the point of saying anything, and I think if it was, if they were more involved, and showed that they understood what was happening, you've got challenging behaviours, yes, we understand and we know what's happening. I think staff would be a lot less stressed and more willing as well, but they get to a stage where they're thinking, well, it doesn't matter what I do or not do, it's not being noticed at all, so, I think, a lot with, sort of, the dementia and managing, a lot probably relates to the management as well of the home, how the staff themselves will work and will, sort of, feel involved and, you know, because, I think, if you haven't got any support, there comes a time when you think, I'm just coming to do my job, but that's it really.

RE And do you think that has an effect then on the sort of care that you deliver or, you know, other people?

ST Well, for me it doesn't because I still think, I know why I'm coming to work, so, I've come to work for this reason. It does get to you in other ways because it may make you react at a time in a way that you don't want to react, because you know these resident can't help their behaviours, but then you're stressed and whatever, you know, and you may say something that you know you shouldn't say, or you may raise your voice at a resident, which you know you shouldn't do, but at that moment, you're thinking, oh, no, again.

[00:41:24]
RE And do you see the effect when you do that, when you say no to someone or you, you know, do you see the effect it has on their behaviour, say, or?

ST Some, but looking at the residents that we've got, it doesn't really, if you say, no, to the resident who's really agitated or you just raise your voice slightly, then she turns it back on you and it's you who've got the problem, not her, and then there's another lady, when she's agitated and if you say something to her she'll, no, I didn't, it wasn't me, so, you get two different reactions there, nothing, it's never, ever her, so, but she will come over very calm.

RE And I was just going to move on actually to, you know, what impact does, does residents agitated behaviour have upon staff, do you think?

ST Again, depending on the amount of work you've got, if you're not terribly busy with other people, so, you can sit with them or walk with them, talk with them, and then you're helping them or you're trying to help them. It's a different matter when there's other things going on and you're torn between being with the person who's agitated, if they will allow you to be, and being, doing the other jobs you've got to do as well.

RE And how does it affect you personally, when, you know, managing, that's very…

[00:43:04]
ST You get very stressed. I was never a stressed person before, I didn't even recognise it when I first realised that I was stressed because I had never, ever been a stressed person, but now I find that, as things have gone on, sort of, the past two years, it's just build up, yes.

RE And do you think that, how does it affect your team?

ST I think the whole team, there's probably one or two who, I don't know, probably not affected so deeply because, I don't know if it's their makeup, or is it more that, it's just as though you're not here 100%, you know, because, like, one lady, she's got her children and, you know, all day it's, like, when she's at work, her brain is still with her children, they're at school and I find, for me, that's not a connect with your work, you're just doing what you've got to do because your brain is elsewhere, and another one as well, she's young and this is, like, her first caring job, so, coming in and, I think, a lot has to do with the way you're introduced to the job because, come in, being introduced to dementia, you know, if she was showing, shown, we do personal care, we feed them, we do personal care, we feed them, so, for her, that's what the job is, so, a lot, I think, needs to be done with, when people come in to the care home, they need to learn about caring, and that's one thing that I do see a lot here, you get people coming who have never done caring before and unfortunately their induction day, their shadow day is just following a carer who's just doing this routine.

[00:45:12]
RE Yes, so, you see the same thing. So, for you, what is caring, you know, what should caring be?

ST Well, I think they should be able to come in, yes, do the personal care, but while you're doing the personal care, look at the rest of the person, not only the bit you're washing and dressing, remember that they're a human being, remember that they've lived a life. They may not be in the here and now, but let's go back to where they are, it's very interesting when you go back to where they are, and I like to think that, I would like to treat them where they are, if they feel they're a teenage girl, well, okay, we talk like a teenage girl. Why do we want to try to bring them into the 21st century when they don't know what's going on? I think, you know, take them back, go back with them and then that makes their life, as far as I'm concerned, that is helping them to live a good life, because if they're happy, they're happy where they are. If we try to bring them into the 21st century where they don't know what's going on, they're not happy, so, caring, for me, is just looking at all of those things, look at the person and see them as a person and then you treat them as that person.

RE And, so, it sounds like, you were saying that, for you, you don't always feel you get the support that you…

ST No, no, we don't.

RE You know, how do you get support then? What support do you get?

ST Oh, normally, talking to colleagues and things like that, we just have a little moment and whatever.

[00:47:01]
RE Within your unit?

ST Sometimes within the unit, or I go out and talk to nurses across the way and things like that, but normally it's a matter of sharing, you know, things that we are not very happy with or something like that, but with me, for myself, personally, I'm quite okay with handling what I feel and sorting myself out.

RE Yes, so, sort of, looking after yourself, yes. How do you do that?

ST I don't know, I think, I've always been able to just think about things and then, sort of, work out what I want to do, unless something's bothering me, I just think, oh, find an answer and move on.

RE And if you do need help, or, you know, staff need help, how would you go about getting it, more support?

ST I think I've, sort of, given up, anyways, trying, I will still do what I've got to do, if I need to find out some answers, I'd probably go and look it up, do a bit of research and things like that.

RE And how do you support your staff, because you're a unit manager, aren't you?

[00:48:16]
ST Yes, well, we try to chat a lot and normally, oh, so, normally I would, sort of, try to boost them and things like that, but it's, I think it's becoming more difficult because, again, like I say, they're not working to the standards that would like, so, I find that quite negative in a way because then you feel, you know, you're not doing it, I'd like you to give more, but they are disillusioned as well and, you know.

RE What do you think, you've said a couple of things about, like, the training and how they've come into it, but, you know, is there anything else that you think gets in the way of them giving more or getting it?

ST Being aware, I think, that the job is important. Your family life is important, but when you're at work, surely work should be the thing on your mind at that time?

RE And where do you think that idea had come from that work isn't important, that this work isn't important?

ST I don't know, I don't know because, looking at, you know, new carers and things who've come in, I just can't understand sometimes why they've chosen to do the job because they don't show any inclination towards caring or getting to know the person so that you can then treat them in the best way. It's very difficult to explain, but, you know, it's something that I've been going on to my daughter and things about because she did a bit of caring and I, you know, listening to her talk, she was very

conscientious, and then, you know, I look at some of the carers that come in now, and you can't see that connect, and I don't know how we get them to that connect.

[00:50:28]
RE Well, I was just going to ask you actually, how do you, you know, what, what would help to, kind of, get that? What ideas have you got?

ST I think, training, because I say, I would prefer, when we've got a new member of staff, they work with the nurse, rather than put with the carers to start, I think they should be put with the nurse and then the nurse can show them the right way to do personal care, remembering the dignity, the privacy, which, they say it, but they don't do it, you know, people just hear the words, we'll treat you with dignity, but then when you see them practicing, there's no dignity and, I think, if they were given to work with a nurse for a day or two, but then, when you get carers come into the job, they may come with good ideals and they may come with the best will, but then sometimes, once they start working with the team, they're not brave enough to say, I know this is not the right way, and then they fall into the patterns, because I've seen that, you know, I've spoken to new members of staff and I've said, look, you do it the right way, you know the right way, do it the right way. But then, you'll find they don't want to upset the people who've been there before them, so, they'll just go along with, you know, the negatives, and this is something that needs to change.

RE And what training have you had to help you manage when residents become agitated?

ST None really, it's only working with the complex behaviour team that we had any real input. You just get those little courses, like, what is dementia, and we watch the DVDs which don't really apply to our level of dementia. Most of the courses we get are really relevant to residentials, you know, challenging behaviour, when they show you how to, sort of, work with someone for challenging behaviour. It's someone who is in a residential home, and we're saying, where are the courses for the advanced dementia? And that is one thing that really, I hope, will come out form this study, because there's nothing for the advanced dementia, so, when they're telling us how to handle challenging behaviours, they said, walk away, you know, we've got people, walk away doesn't mean anything to them and just telling them, stop, doesn't mean anything, so, they need to look at, when they're doing the education, to go into the advanced dementia now.

[00:53:30]
RE So, what, what, has been more useful? You know, what have you found useful in training that you've had or?

ST Mainly, I think that, I can't think of any actual training.

RE Or support, I suppose, or intervention of?

ST My interest in dementia really is the thing, and I just try to treat, treat them as well as I can, and that's what I normally work with and you, sort of, learn what might be a better technique, you think, well that worked all right, let's try that again.
[00:54:13]

RE And what training, you know, what, what training do you think would help people to manage agitation better, or what, sort of, input or support? I suppose not necessarily you, but the people that you manage?

ST Yes, I don't know if psychiatric input would be helpful, because we don't really get any training, because I'm a registered nurse, general nurse, so, you get the mental health nurses who come in, who know the terminology and, you know, and they are better at probably presenting the behaviours, because we've got one nurse on nights who comes to my unit, you know, I love talking to her. Now, when she's handing over in the morning and she's telling me about the behaviours, I think, yes that's right, but I couldn't put it like that.

RE So, you've not got the language?

ST I haven't got the language, and some of the insight, because I'm seeing it from a person's viewpoint, not a mental health nurse, and I think that makes a difference.

RE Good, well, you know, it's probably a good thing as well. What do you think makes it harder for, say, some of the care staff, or other people to put into practice what they learn in training, say?

[00:55:43]
ST So far, the training that we've had, we've all come away and we've all said, well, it's not going to be helpful here because the behaviours are that much further on in the residents that we've got. Again, it's geared towards the residential resident, what we need really is to be able to look at the more advanced, and we need tips and things, like, how to treat the more advanced behaviour, and the resident with the more advanced dementia, so, that's one thing that they need to be looking at seriously.

RE Yes, no, that's helpful, I'll think about it, okay. Is there anything else before we finish that you wanted to mention?

ST No, I think we covered, mainly because the education, that was, that's a very big one with me, very important, let's get some further education. I know, the carers I work with would love to have courses that applied to the residents that we've got as well, you know, because it's disillusioning for them when they got to a course and we all come out and we think, that's just related to residential.

RE When you do things, is it that the examples used are not like the sort of people that you have here?

ST No, they're the ones who are all walking around, that you can sit and have a conversation with and you can tell them to do something or don't do something and they'll do it, you know, and not the ones who are saying, no, I don't want to, and it.

RE So, it's something about it being based on the sort of people you have here?

ST Yes, or, sort of, anywhere with more advanced dementia. Every course we go to, it's the same, you come out, because there was a course on, a day course on in, sort of, just outside xxxx, and a couple of the night girls went and it was, I think, by the

xxxx, and they came back and they said, that was a waste of time, and that was day course.

[00:57:55]
RE Do you think that there's anything about night and day staff or anything that makes it, that impacts on how agitation is managed, because I've only spoken to day staff today, obviously, but, if I was talking to night staff, do you think they would have a different perspective?

ST Yes, I think they would because, again, you'll have the difference between the general nurse and the mental health nurse, because we've got both on our units, and you can see the difference in management when the different nurses are on and, again, you've got, like, the general nurse who hasn't got the training, the terminology and sees the behaviour quite differently from the mental health nurse, it's amazing, you can have, you know, you've got the same residents, but when you hear the general nurse talking about the behaviour, you hear the mental health nurse talking about the behaviour, it's poles apart, and how they react as well is quite different, so.

RE I mean, it's really helpful talking to you because it sounds like, you know, things can be really difficult at times.

ST Yes, yes, can be, yes.

RE And I think we know that and that's why we want to, sort of, talk to people because we start making something which is just like everything else that people have done, and then people are, like, yes, it's a waste of time, we already knew that. Okay, thank you.

[00:59:23]
ST Yes, well, I hope that you will get good answers.

RE Yes, I hope so too.

ST Because I think it's the only way that we're going to actually find out what's the best way to do it.

RE Absolutely, thank you very, very much.

ST Not at all.

RE Okay, let me.