

## **004.002**

### **Speaker Key**

RE     Researcher  
SM     Staff Member

RE     Okay, there you go, make sure you talk... you don't have to shout but just, you know. So as you know I'm a researcher and psychologist from xxx and I'll be conducting the interview today. Everything you say is confidential but could you just introduce yourself for the tape so that when I am transcribing it I know it's you?

SM     My name is xxx, I'm a nurse here at xxx.

00:00:31

RE     So thanks again for agreeing to take part, I obviously explained about why we're doing this but we're particularly interested in how staff manage when people with dementia become agitated. By agitation, what I mean is where people get restless or they're pacing up and down, whether they're shouting or becoming verbally aggressive, that sort of thing. And we want to know, because we know that you have lots of experience in dealing with this. It's going to be recorded and what you tell me will be anonymised, so we'll take out your name or anyone else's name and it will be confidential. But if you do tell me something about someone being harmed, say, in some way we can't keep that a secret we have to share that but I will talk to you about that first.

First of all, and if you want to leave at any point just tell me, hopefully you won't need to leave. The first thing, really, is I want you to think of a resident that you work with here that you maybe know quite well who has been agitated. Can you just tell me a bit about the person and describe their behaviour when they get agitated?

SM     I don't have to say their name?

RE     If it's easier I can just take the name out.

SM     There's quite a number of them, I'm afraid.

RE     You can tell me about a few but do one at a time.

00:02:18

SM     Okay, we've got one lady here, Room No. , xxx she often wanders around pacing up and down the corridors of the suite. Like, when we try to help her, maybe just to get her something to drink she might shout and threaten with physical violence although she doesn't really... we haven't had any incident where she has tried to hurt anyone.

RE     So she doesn't actually, kind of, hit you but she'll...

SM Yes but she'll threaten.

RE And when does that happen?

00:03:06

SM It happens now and again, it's hard to say when really it's unpredictable. But what we usually do when she's very agitated, we leave her for a while or ask somebody else to try, because sometimes it helps her, just changing, just a different face really and it does sometimes work. Or we just leave her for a while and then go back again and find she smiles when you go there after five minutes or so.

RE So she'll, kind of, have forgotten.

SM Yes she quickly forget.

RE And the pacing up and down does that happen at a particular time or is that all the time that she does that?

SM When she's out of bed she does, most of the time she'll be, or when she's not having anything to eat. She just walks up and down really.

RE And will she sit down and have a meal?

SM She will sit after some effort, she will just sit like that. She just get agitated and not wanting anything, just leave me alone, just leave me alone. In which case, we leave her alone but we try to explain, but we go back again until she agrees and then sit down and have her meal.

RE I think I've seen her wandering.

SM Yes you must have seen her, she's a tall lady.

00:04:33

RE And what do you think might cause her to be agitated in this way?

SM I think it's her condition more than anything else. She's got dementia so we understand she may not understand what we are trying to do at times.

RE Has she been here a long time?

SM No not a long time, maybe about six months or so.

RE And what do you think, when she gets annoyed when you try and do things what do you think that means, like, how do you understand her behaviour?

SM We understand her behaviour because they have cognitive impairment, they don't see things the way we see them. She might have something else that we didn't know. When I'm trying to

offer something to drink she might not see that as something to drink, something else, I don't know it's hard to read someone else's mind really.

00:05:45

RE It's always hard to read someone's mind. And you said you had a few people in mind so is there anyone else on the unit who gets agitated, maybe in a different way?

SM Yes quite a few really. It's which one to pick when there's so many.

RE Are there lots of people who do that?

SM Yes there's one gentleman, xxx he's quite a friendly guy. He's a smoker so if he doesn't get his cigarette maybe at that time when he wants it he can get agitated. Or if he doesn't want to get up from bed and we're trying to give him his medication or his food he'll get very agitated he can even lash out.

RE So physically he might...?

SM Yes physically. Or sometimes he would want to go out, just outside to xxx Street because he used to live there he wants to go to xxx Street, so when we try to explain no you can't go on your own, no, no I can go and he can get very bad.

RE And again, you know, what do you think... you've, sort of said but what do you think causes him to behave in that way?

SM Like his cigarette is one problem. Wanting to go out again, it was dark and we tried to... Because he knows, I mean, xxx Street is not very far but what he doesn't realise that he is not as fit and capable as he used to be. Because when you say okay we could arrange transport to take you there he says no why, I could easily walk. He doesn't realise that he cannot... he's not as strong as he used to be.

00:07:51

RE So there's things that he wants to do but he doesn't realise...

SM He thinks he can still do most of the things that he used to do in the past. They don't realise that their capabilities...

RE Are there any other patterns that you've noticed or triggers that you've noticed in other residents who are becoming agitated?

SM It's hard to... Most of their behaviours, like I said, they are unpredictable it's hard to say at this particular point.

RE And do you notice the difference between...? I mean, are you here during the day you don't work here at night?

SM Yes during the day.

RE And do you think there's particular things that happen at night or at particular times of day?

00:08:43

SM The times of the day that tend to be... evening time tend to be... they tend to be more agitated in the evening I don't know why but evening time tend to be very...

RE Go on what were you going to say?

SM I mean, you'll find that a person who has been settled all day and then come certain evening time then... Sometimes we think maybe they're hungry but it happens after they've had their meal or before.

RE And how do you make sense of that that actually they're fine all day they're settled, they've eaten and then they, you know...?

SM When you're in this kind of setting you, kind of, get used. I mean, we didn't worry if somebody... someone who has been, like, wanders, and suddenly they're not. There must be something wrong for how they are.

RE So actually if they're not wandering about...

SM We would worry it would be unusual for them.

RE So when you think about, say, the man you were talking about or the lady who, you know, paces up and down and gets annoyed sometimes, what have you tried to, kind of, help manage that behaviour?

SM There's nothing that I would say, it's just understanding their behaviour. Giving them time, give them space. If a resident is agitated you'd better give them their space, their personal space.

00:10:31

RE And have you seen other things that doesn't work or, you know, can make it worse?

SM Trying to explain why somebody is agitated sometimes doesn't work. That tends to exacerbate the situation.

RE So if you try talking to them and say, look...

SM Yes it's better to just leave them and come later; you will find that a person is changed.

RE So actually if you leave them and come back...

SM Yes come back later you may find that would be like a totally different person.

RE And have you noticed anyone else, any other staff or any relatives, have you noticed anyone else doing anything that you think that's a good thing to do, that works?

00:11:20

SM Yes I've noticed some of my staff, like, they would give a resident a hug and find the person who was agitated is suddenly smiling.

RE So what is it about giving someone a hug, do you think that works?

SM I don't know actually but, like, a cup tea offering someone a cup tea tends to work, but why or how I don't know.

RE I don't think anyone knows it's just trying to work it out.

SM We just try and do the basic really.

RE And what works well in terms of communicating with people when they're agitated?

SM I think just when you explain things, try to be at that person's level, I think it helps things. Or talking, just talking in simple terms, be brief to the point rather than trying to make the person...

RE When you have new carers coming in what do you tell them, you know, how do you try and, kind of, teach them to be with people?

SM We show them around, we allocate them with more experienced members of staff who would show them around. Show them around, how our residents behave here and if they have questions of course we are available to help but we always make sure they work with people who are more experienced who know the residents.

RE And what do you think's the most important thing for them to know about working with people with dementia who are agitated?

00:13:09

SM To understand their behaviours mainly, that their behaviours can be unpredictable at times. It's like if a person wants to... is trying to get out let the person go rather than trying to block the door. They're not going to go that far. They would go as far as maybe the reception and then walk with the resident, most of them are not strong physically so they wouldn't go that far, you can walk with the person and then take a turn and come back.

RE So, kind of, just to go with the person.

SM Yes just go with them or take them out in the garden and just have...

RE And what activities do you think can help people to become less agitated, you know, what can you do with people who've got dementia who are agitated?

SM Knowing what they used to like, or the house, you could take them back, the kind of music or what TV programmes they like, those little things would work. If they like reading get them something to read.

00:14:34

RE And do you notice that that makes a difference?

SM Yes it does.

RE And what helps you to, kind of, get to know the people?

SM You've got to be in touch with the relatives and we get more information from them.

RE And are there things that you notice the relatives doing as well which, you know, you can, sort of, see works well in terms of agitation?

SM It's usually asking them mainly, I mean, what the person likes, what the person dislikes. It could happen that we are doing the opposite, doing what the person never liked before and we're, kind of, imposing something. So you have to communicate with the relatives and what used to work.

RE And what about any, kind of, different approaches or interventions for managing agitation, are you aware of any or do you use any particular interventions or approaches here?

SM Yes there are many approaches even the one I was referring to, leaving the person alone that's one of the approaches and you get some help from another person and that also helps. Also we've got activities coordinator, xxx who does activities also she focuses on what the person likes and those that like to read, those who like a certain thing. So it helps also get them involved in group therapy.

00:16:29

RE And do you have different things going on on the unit that, is it xxx that, sort of, organises things?

SM It's her that organises things yes. Sometimes there will be activities in other floor in which case we take some of our residents to the other floors to attend.

RE And do your staff, do the staff on the floor and the carers and things do they get involved in...?

SM Activities?

RE Yes.

SM They do, whether directly or indirectly we do get involved because the activities coordinator is not here every day, like, over the weekend they are not here we're the one that's doing this.

RE And do you ever people, like, from external teams coming in or anything like that when residents are very agitated?

SM Coming especially for that?

00:17:30

RE Yes.

SM When people are very agitated we refer them to the mental health team, the GP.

RE And what kind of things do they do?

SM They will come and see the person, sit there and review their medication and advise us whether... It could be that they need their medication reviewed and make some difference, whether to add more or take some medication out.

RE And do you ever have people like psychologists coming in or anything like that as part of the mental health teams?

SM Yes they do come, psychologists, psychiatrists, yes they do when we refer them.

RE And is that helpful, I mean, do you find that it makes a difference?

SM Yes it is helpful, although changes are not immediate. You won't see changes immediately over a period of time yes.

RE And apart from medication what else do they, kind of, offer or recommend?

SM They would recommend activities, involving a person in activities, things that would stimulate them.

00:18:52

RE So that sort of thing.

SM Yes.

RE And I suppose whose job is it, do you think, to manage agitation, to help, kind of, reduce agitation? Whose responsibility do you see that?

SM It's all, it's all, it's the responsibility of all the members of the multidisciplinary team. It's our responsibility, it's the GP's responsibility, the psychiatrist, the community...

RE Everybody.

SM Yes.

RE Because you're a nurse, aren't you and I was wondering do you think that the carers see it as something that they're able to do?

00:19:29

SM Yes, I mean, maybe without knowing, because they are the ones who are dealing with those behaviours on a daily basis. They are the ones who are there all the time.

RE Yes absolutely.

SM Sometimes if you ignore the carers, because we get a lot of information from the carers because they are the ones who are there all the time. It's very helpful to work very closely with them.

RE Not to ignore the carers?

SM Yes not to ignore it's better to work with them.

RE And are there any other, sort of, main causes of agitation that you're aware of?

SM They can be many really, like if a person didn't like something and you are trying to do something.

RE People don't like it.

SM Yes even myself, if you want to get out now and you want me to get out of the way and I didn't, so I think that's human nature.

RE And do you think that, you know, are there things like you mentioned medication, but things like whether someone's in pain or physically unwell, have you noticed that that can affect how people are?

00:20:57

SM Yes that's another because some of our residents may not be able to say they are in pain, it could be one of the causes of the agitation. A person could be in pain or could be hungry or something.

RE And how do you know? How do you find out? What helps what works?

SM It's asking them, are you in pain or if the person has pain killers in place just try to give them to see if that helps. Because most of our residents have medication that are given as needed.

RE And do you find that talking to people can help with their agitation?

SM Yes it helps a lot. That's why activities like group therapy and others where people are engaged it does help; it does help.

RE And do staff have lots of opportunities to talk to the residents, sort of, one-to-one as well or is that difficult?

00:22:05



SM It's difficult.

RE What makes it hard?

SM Because of the workload, if we had time. But we do have time to talk residents but not as much as we would like. Sometimes it's not that easy.

RE What do you think makes it harder, what stops you from having more time?

SM It's the workload it can get so busy. While you are trying to have one-to-ones, there's a bell ringing or your colleague is calling something, there's something you need to...

RE And what's the solution then, what can be done about that, in an ideal world?

SM In an ideal world it would be to increase the staffing levels.

RE Do you notice the difference when there's more staff around?

SM It depends again on... When you have people who have been here for a while who know the residents better it makes a difference, not only the numbers.

RE How does that make a difference?

SM I mean, people who know the residents well, who know how they are, how they behave they are more able to manage than the new staff who are still learning their way around.

00:23:38

RE So they, kind of, know what to do.

SM Yes they know.

RE And are there other things that you've noticed work well, like obviously we're sitting in a sensory room, is that something that you have found helps with agitation or does it not really get used as much?

SM It does, the activities coordinator does take people in here at times. It's shared by the whole building. Although unfortunately it is some of our residents here who didn't stay that long they would just want to get out

RE And would the care staff bring people in or would you bring people in or is it mainly just the activities coordinator?

SM No we also do bring people in, we don't need to go via the activities, no.

RE Do you think that...? What do you think stops it getting used more?

00:24:48

SM I don't know. We do use but we don't use it a lot.

RE But I suppose I'm interested, you know, is it because actually it doesn't really help or is it just because it's hard to find the time or is it that people don't like it?

SM It's not for everyone; it's not for everyone. There are a few who enjoy being here and it makes them settle but others would not.

RE So it can make people more...

SM Yes they may not find it...

RE What's in there, that black thing do you know what that is?

SM I don't know what's inside.

RE I won't touch that. And what about things like music, do you notice that that makes a difference?

SM Yes music does make a lot of difference.

RE In what way?

SM Recently we had, in fact we hold parties now and again and I noticed one of the residents was actually in tears, very agitated but during the party, throughout the party he was dancing.

00:26:05

RE And is that something that always...? Did you know that about him that he liked to dance?

SM Yes he likes to dance, yes the gentleman he always dance, when he's in a good mood he's dancing and singing.

RE And did you have music, do you use music with people to, kind of, help them calm them down?

SM We use music, we use it a lot in the lounge, in their rooms, yes.

RE And is there anything else that you've noticed really helps to calm people when they're agitated?

SM Simple cup of tea, walking a person around, taking them out to the garden.

RE Have you got a garden here?

SM Yes we've got gardens, both wings. Walking them around actually makes some difference.

00:26:57

RE Can people go outside on their own or do they have to...?

SM Depending on their mobility level. Those who can, like the lady I was referring to she goes out in the garden you'll see her around here. Those who can, those who can't we take them out.

RE I've noticed lots of people walking around actually, you've got a few people who are quite mobile.

SM Yes there's quite a few.

RE So I'm just going to move on to, you know, what do you think makes it easier, what helps, you know, what helps you to manage agitation in residents? So what is it, say, about you that makes it easier?

SM Well I wouldn't say it's easier.

RE Or harder.

SM Because if was that easy we just wouldn't have it.

RE But is there anything that makes your job easier?

SM No there are no shortcuts but it's more about understanding the people, understanding their behaviour.

00:28:04

RE And do you think there's anything that actually makes your job harder when it comes to managing agitation?

SM I can't think of anything that would make it harder, I mean, it's only the person who didn't really... you try this, you try that and they don't seem to work.

RE Do you think there's anything about, I suppose, your role or your job or what you need to get done that means that it's harder to, kind of, try some of the things that you know work?

SM I wouldn't say it's hard, I mean, that's part of our roles really to manage the agitation. But we know very well that it doesn't always work. What works on a person wouldn't work on another so there's no one size fits all.

RE But I think some of the things like being with someone one-to-one or music or activities that we know work, what gets in the way of doing more of those things?

00:29:20

SM It's the workloads, like I said, that's the main thing. You may find that, like, now you have time to sit with them but then it's lunchtime we need to serve lunch and the other people they need to go, take their own lunch breaks that means there'd be less or fewer people on the floor which it makes it hard now to be on their own, to conduct those one-to-ones.

RE So there's, like, times of day when it...

SM Yes also play a part.

RE And is there anything, do you think, about how the team works that makes it easier or harder?

SM A good team work will make our work easier.

RE And is that the case here?

SM That's the case here I think we have a very good team led by a very capable manager.

RE And do you generally work with... is it quite a stable team?

SM Yes it is a stable team, people work on a fulltime basis.

RE And they don't move?

SM No they don't move floors or something, no, unless of course you... Somebody can be taken to another floor but no they are only here, those who are on the first floor they are there.

00:30:47

RE But generally you don't... Because some care homes they move people around a lot.

SM No we have our own team here.

RE And what's the benefit of that? What do you think is that a good thing?

SM Yes it's a good thing and it has both, not only for the residents it works both ways. It helps them so you have consistency you know your resident. Also the resident doesn't see a new face every day, it doesn't happen because you're trying to establish some relationship and then in the middle the person has gone and a new one.

RE And how does it help staff because you were saying it's both ways?

SM As a team so you know who works, I mean...

RE And what about the relatives because obviously relatives are coming and going all the time is that something that in itself can be difficult or is that something that really helps with managing agitation?

00:32:04

SM Sometimes it does but it can also be a negative thing because I've noticed, some of the residents, there's one gentleman here who has his wife every day, almost every day but once she's gone he misses her, he gets very agitated calling out for his wife. We have to explain to him that

she'll come the following day. Sometimes it helps if, say, maybe there's one or two days where they don't come because you find that a person is more... maybe causes some confusion because at some point he is always with a relative and then suddenly they are gone.

RE And how do you manage that with relatives? Is that something you talk about with relatives?

SM Yes it something that we talk about if maybe you have certain, not every day or others do well they come every day but there are others who can't come because of commitment, work, can't come on a regular basis. It is something that is hard to balance really.

RE And what about how you communicate or getting on with the relatives is that ever a difficulty or is it generally...? You know, if you think about, say, the relatives' expectations of how you do things?

SM Well relatives, I mean, people they are not the same. There are those who have high expectations. They expect that everything will be perfect when it's not always going to be perfect. But others they do understand that we have our own limitations.

RE And what about your managers and the, sort of, organisation of this place, is there anything about that that either makes it harder or easier to manage when people are agitated?

SM I suppose you are referring to the top management.

00:34:31

RE Yes any level and you can speak honestly because it's going back to them.

SM Managers, top managers are not actively involved, I mean, you can understand that. It's mainly the junior managers or middle management.

RE But do you think they understand how difficult it is?

SM Yes they do because we give a report every day about the conditions. And especially here the ground floor the offices are here so they can hear, now and again our director would come because somebody can hear somebody very loud in the corridor because of the proximity of the offices.

RE And will they come and, sort of...?

SM Find out what's going on or something like that, yes.

00:35:40

RE Is that a good thing when they come in, is that helpful?

SM Yes it is it shows that they care; it's a good thing.

RE And what about, because I know, you know, there's been lots of stuff in the newspapers and on TV about care homes, some of it's been quite negative, hasn't it, about, you know, these, kind of, Panorama and things like that? And some of the staff I've spoken to have said that they've noticed that that has an effect on the staff in the care homes, you know, it can be upsetting? Have you noticed an effect here of, kind of, hearing things in the media?

SM Yes it does affect us, I mean, because people take that all the care workers are like that if they saw a programme on xxx we're all grouped in the same... This is how we treat people when it's sometimes just isolated cases.

RE And do you think relatives pick up on that as well?

SM They do especially if there was a programme on the TV, it does, they would be very much concerned could this be happening here.

RE So they come in and say things?

SM Yes they will say to us, they do. But others have trust in us and say no they don't do this here.

RE And what effect does that have then on, kind of, how you do your job or how other people do their jobs?

00:37:29

SM It depends which side you are, it can have a positive effect. When you see people ill-treating people like that, no never do that.

RE Is there anything else, do you think, that either makes it easier or harder to manage agitation in residents? Anything about you or about the staff or about the place, anything?

SM I can't think of anything other than the ones that we've touched on. I suppose there are some but it's that I can't...

RE And what effect, what impact does residents' agitated behaviour have on the staff?

SM It does affect us if we are not able to manage certain behaviours it would appear that maybe we are not doing our job well.

RE Appear to who?

SM To the relatives or even to our managers if we were not able to control the behaviours.

00:39:01

RE How would that then affect you?

SM Because the family might come and say is there anything that can be done, like as if it can be done now.

RE Yes right now.

SM Yes maybe we're not caring enough, it does have a negative effect that we're not caring enough. It's not that easy.

RE And if you or one of the carers was to feel that people were saying that you're not caring enough how would that make you feel?

SM It would make me improve, inspection or something, I don't know.

RE It might but...

SM But it would depend really on people obviously not take kindly to it.

RE Do you think...? Do you ever see people getting upset because of, you know, when residents are agitated?

SM Yes I've seen my staff when they are not able to manage something. You could tell, even if they tried to hide but you could tell, you know. You would ask are you all right? No it's so and so and I'm not able to handler her or him.

00:40:33

RE And how do you tell; how can you tell when they're not all right?

SM We know each other you can see if somebody is not their usual self.

RE And what is it you think that people find most upsetting or most difficult when people are agitated?

SM I think lack of support mainly from the manager, not properly supported I think that would make things worse because you need support. You need support from our manager.

RE So it's about getting support from managers.

SM Yes it's getting support from our managers as well. Like if a carer comes and reports something that I need to attend, sorry I'm busy with paperwork that doesn't help. You could always come back to the piece of paper, go and help the carer out.

00:41:41

RE So if someone comes and is struggling with something if you go I'm busy.

SM Yes I am busy in the office that doesn't help. It's like we're not supporting we don't understand because it can be tough.

RE And is that how it is for everybody; do you think everyone sees it like you that they would, kind of, stop what they were doing and...?

SM Yes my experience is they do.

RE And when people do get upset, when people are stressed or upset about, you know, someone's difficult behaviour what effect does that have on what they feel that they can do? Do you think it affects how they do their job?

SM Yes I think that it can have a negative effect. I mean, if you are upset because you couldn't do something that you are supposed to do that will put you off a little bit. It may not be something that is sustained but for a short while it might.

RE So it can put you off. And so when it is difficult how does that get support?

SM We support them and we support each other in many ways, like the point I made earlier on if you're in the office you leave the office and go and lend your hand. That means a lot. I try to be there where the problem is rather than bringing obstructive things you just go there and try and solve the problem.

00:43:34

RE And do you yourself feel that you can ask for help when you need it?

SM I do, I do ask for help when I need it.

RE So who do you go to for support; who would you get support from?

SM I would go to my manager if I need help.

RE And do you find that your manager would stop?

SM Yes they do it's not a question if, they do.

RE And have you worked in other care homes?

SM Yes I have.

RE Have you worked in other places where it's not been as supportive as this?

SM Maybe I've been lucky, no all the places I've worked I think it was many, it's been good. Where I worked before I was only doing nightshift.

00:44:36

RE When you're doing nightshift, because I've not interviewed any night staff, mainly I've interviewed day staff, do you think that managing agitation is different when you're doing nightshift? Do you think it's harder or is it the same?



SM During the night is different, I mean, they're all... many of them, most of the residents are in bed. So most behaviour, most people with those challenging behaviours they might be in bed, completely different.

RE So if people are not in bed, if people...?

SM Yes those who won't be in bed, of course yes. Or even if they are in bed they may want to be attended to, like have their pads changed if they are wet.

RE But is it easier at night because there's, I suppose, not as much to do?

SM It's not as easy because also the number of staff is also not as many as day but it's less busier than the day.

RE Is there anything that you think would stop or does stop staff from asking for support?

SM I think some maybe would think that if I go and ask for help, ask for support it's like I'm not coping.

00:46:19

RE And do you think that staff worry about being seen to not be doing their job properly?

SM Some might view it in that way that if they keep asking for help, support it's like they're not managing; they're not doing their job as they're expected.

RE And what training have you or the staff here had to help you to manage when residents get agitated?

SM We do have regular training on managing challenging behaviour.

RE And what's that like?

SM It's really getting external help on how we should be with challenging behaviour. How to deal with people who are physically aggressive.

RE And what do you find most useful about that training?

SM It usually reinforces the work we already do. Most of the things they seem to be things that I knew really. Not very different really, maybe one or two but most of them as a team that we already do.

00:47:45

RE So most of the things that are suggested are things that you're already doing?

SM Yes it's usually that we already have in place.

RE And is there anything that you don't find helpful in that sort of training? What don't you like?

SM What I don't like?

RE Yes, like in training what gets on your nerves?

SM It's like when people conduct a training, when they have not been to the actual situation for a long time everything is based on books and it can be very different what is in the book and is very different from what's happening on the floor level.

RE So when people, kind of, don't... when it's not based...

SM The trainers who you could tell that when they conduct this training they actually know what they're talking about. They've been there, seen that. They try to be as realistic as they can be.

RE And how do they do that? How do they show you that actually they know what they're talking about?

00:49:04

SM They would mention that we know that in reality it works this way, this way.

RE And do you generally go to training elsewhere or do people come here and train you?

SM They usually come in here. It's usually arranged and they go in groups.

RE And what else do you think would be helpful in terms of training for managing agitation?

SM I mean, there's ongoing training that's keeping us up-to-date with regard... because if you haven't been... Because training usually it helps with updating new trends that's the main benefit I think.

RE And what makes it easier or harder to put what you learn into practice? Because you do these trainings and then how do you then put it into practice?

SM Up to resources really, whether we have enough human or otherwise, it's down to resources. If, for instance, the suggestion or recommendation that you spend about 20 or 30 minutes doing one-to-ones, in practice it's not... it becomes very difficult. And that's beyond our control.

00:50:37

RE But do you think that there's anything that can be done about that? Who needs to be involved to try and change that?

SM You need to involve the top management, of course, they're the ones who can make things happen.

00:50:59

RE And do you, you know, do you think it's just about money and resources or do you think that there's other things that would help make things happen?

SM I think mainly about money really, everything revolves around money, that's my view.

RE But do you think there's anything else, apart from that?

SM Not that I can think of at this point in time.

RE Nothing about, kind of, I suppose people's attitudes or anything like that?

SM Yes I suppose so.

RE Is there anything else that you wanted to ask or mention before we finish?

SM I think had things but now I've been here an hour now.

RE And if we come up with materials or an intervention would you be happy to look at some of that and give us your feedback on it?

SM Yes I would be happy to.

RE Okay great so we might be in touch at some point, not for a while. Thank you so much that's really helpful.

SM All right, thank you.