

002.003

Speaker key

RE Researcher
SM Staff member

RE It is confidential but as I said I'm a researcher fromxxx and I'll be the interview today, it is confidential but can you introduce yourself just for the purposes of the tape just so that the transcriber knows who it is.

SM Yes, my name's xxx and I've been xx.

RE So again thanks for agreeing to take part and ask I said I'm interested in particularly how people working in care homes manage agitation. And when I'm talking about agitation we're talking about behaviours like restlessness, pacing, shouting, maybe verbal or physical aggression and we're asking because we know it is something that you will know something about and probably have expertise in managing in your day to day work. We're particularly interested in what works and what doesn't work and what hinders and we'll use the information to develop an intervention in people with dementia.

The interview is audio recorded and whatever you tell me will be confidential and anonymised for purposes of the study so anything you say won't be identifiable to you or if you mention any residents or staff members we won't be able to identify them either. If you get any caveat, that is you disclose any information that you or someone else is being harmed I'll ask your permission to disclose that information and talk to you about that. Because obviously although we respect confidentiality we can't keep a secret if we think there's someone being harmed. If you want to stop at any point just tell me. If it gets a bit hot - it's not too back in here actually, some of the rooms I've been in have been...

RE Oh stifflingly hot. Funny that we had a sort of a... in this room we had a sort of course on hydration and they said you've got to make sure you've got plenty of water.

SM And it's funny actually because you think it's more for the residents than yourselves.

RE No, the staff could be running around sweating a lot as well. So first of all can you just think of a resident who you know well who has been agitated, you don't need to tell me their name, you can use it if you want. But can you just tell me a bit about the person, tell me about their behaviour and what happens when they get agitated.

00:02:45

SM Yes, I can think of one individuals, it's a she, it's just that she gets up a lot and you try and engage in conversation with her but there's no way that, whatever answer you give her doesn't satisfy her. She's perpetually worried, she just worries, worries, worries all the time really, and

whatever is the response, you can do whatever technique it doesn't seem to work, so it's very frustrating. Probably a more extreme case this lady.

IV So how does that worry show, what does she do?

SM She paces and she wants to get up and leave the room, she will start talking but the conversation is very, very rambled and confused, so even though you might try and participate you will get lost somewhere so that's not an effective strategy. You are meant to go a little bit along with what they want and what they respond but in this case it doesn't really, as I say, it doesn't really seem to work.

00:03:55

IV And does it happen all the times or are there sometimes when it's better or worse?

SM It has been happening more frequently, definitely, I think it was manageable, I think, there was obviously, medication was used, but it's become more difficult really, I think. I think the dementia kicks in with this particular lady. You can see the degradation process. And whatever technique literally you do employ it's...

IV And when you say technique what do you mean, what kind of things have you tried?

SM Well you try and calm her down or talk to her or reassure her, that's all you're doing, you're not officering miracle cures but it's whatever sort of thing that will appease the situation but it doesn't unfortunately in this case, it.... So it's obviously very trying, it's hard for her because she's getting worried and agitated and on the other side it's hard for the staff because whatever you do doesn't seem to work really.

IV What kind of things is she saying when she's...

SM Oh, she's saying, you get confused for a relative, it's very very confused and rambling, she will talk about her relatives, about her daughters coming in to see her. It's the usual stuff and then she might want to leave, she's waiting for a taxi but obviously the taxi is never going to come. So it's all those sort of situations there really. There are scenarios there which are of her own making. Obviously the daughter we don't know, the daughters sometimes do visit but I don't know about the other relatives, they might be dead, I don't know.

IV And what do you think may be causing her to behave in this way or be agitated in this way?

00:05:54

SM Well obviously it's the degradation of the dementia, it progresses or regresses in a worse stage really. Probably she was very anxious as a person anyway so the combination, there were various factors and they make quite a toxic situation really.

IV And do you think there are any other factors that make it better or worse that come into play?

SM I'm a great believer in environment, I think a positive environment, so if the environment is very agitated around her, somebody else might be giving off, it possibly could be a trigger for her as well. But if it's sort of a calmer more steady environment I think you might have a better chance.

00:06:48

IV And is that something you've noticed with her that when things are really kind of hectic or there are other people kind of shouting she kind of becomes a little bit?

SM Yes, she'll join in, yes, I have heard her a little bit, yes. It's not always, it's not cast in stone, it's not always, but sometimes it can help.

IV And are there any other patterns to the behaviour that happen at particular times or anything like that?

SM It could happen at any time, she could be restless in the morning when you first get there, it can be during meal times, it can be any time really.

IV And what about other people, can you think about other residents who get agitated maybe in certain different ways?

SM I think there is one lady there, I think she has had mental health issues, but she just keeps standing up all the time. She's not particularly difficult although she can get aggressive at times as well. Especially when you want to come and change her, which does get a bit awkward really, she can kind of push you away. Agitated, yes, she just mumbles a lot to herself.

IV What understandings have you got for her sort of behaviour then?

SM It's very much offering reassurance, because when they do become very aggressive you don't engage, you just back off really. Which is I think standard procedure. It seems to work anyway, there's no point really, if she's agitated and lashing out it's not good for her if you are sort of hanging around. And it's not good for us because we always afraid we're going to cop it, get hit or something.

00:08:38

IV What else has been tried with the ladies you've mentioned or other people to kind of reduce agitations?

SM Well I think medication is a bit factor I think. That lady, that second case, seems a bit calmer today but I don't know what that is. So it might just be a good day really.

IV And do you know what kind of medications or how that comes about or is that from the GP or specialist?

SM Yes, they get whatever, your team leader if there is any cause, patterns of behaviour they are referred onto the GP or the specialist really. So if it's a mental health issue the mental team will become involved. It goes deeper. But it is obviously up to the team leader who will spot it and the staff will give the feedback and it works quite well generally.

00:09:32

IV And apart from medication are there any other specialist medication that are being used here or brought in or...?

SM Well I think it's just general activities as well, if you're taking that, we do have an activities coordinator so if they get involved in things and not feel isolated and have a sort of focus for their...which they can sort of concentrate rather than be frustrated. I think that's beneficial as well, yes.

IV And have you, what effects does that activity have do you think?

SM Well it takes their mind off things a bit, they're in a sort of social setting with others. They might not necessarily always be participating but at least they're in watching, observing, and that does sort of have a calming effect. It's also very beneficial is the visit of relatives as well, sometimes you notice a big change in behaviour.

IV I was going to say have you noticed a difference when relatives are there?

SM Very much so, yes, there's another lady who wanders about a lot but when her husband comes, very nice guy, she's a lot calmer, more manageable. I do think the families have a big role to play.

IV What is it that you notice families doing differently do you think or is it just that they're there?

SM Well I think it's the familiarity, isn't it, that sort of comfort. Sometimes it's almost like, because they are regressing a little bit to the state of childhood as well so maybe it's sort of dual husband father role, wife mother type of role.

00:11:14

IV And is there anything else you've seen other people doing, either families or other visitors that seems to help?

SM I think if they take the relative out, if they change the environment, I think that's good to be positive. I wouldn't, we'd never keep someone in the same environment 24/7 so that's got to be good.

IV And have you seen things that don't work so well? What doesn't work?

SM If you get in their face or you start being patronising to them, that doesn't work, the tone of your voice sometimes. You might say make, you might want to defuse the situation, you might make a joke or something. Sometimes that goes like a lead balloon sometimes though. It all depends on the individual, some will react to it, some won't really.

00:12:12

IV And so it depends on the individual.

SM But I wouldn't want to be in their face when they're getting agitated, you keep your distance a little bit.

IV And is there anything you've seen other members of staff doing that you've thought that's a good thing to do, I'm going to try that?

SM I'm a great believer in team work, sometimes if it's just more than one person, if that person isn't getting anywhere just a reassuring, sometimes you just put an arm round their shoulder, just calm them. Something to reassure them really. Sometimes it's a bit spontaneous really, I can't sometimes put a...you see a staff member, you might just become a little bit like an auxiliary. So sometimes that can work.

IV So offering that support.

SM I think there is a social thing here as well, we're talking about post war generation, elderly, sort of 1940. My grandparents generation we're talking about predominately, white Anglo-Saxons. And I think it's your ability to relate to that generation as well. I don't think all, all cultures can relate because they wouldn't have lived through that. But maybe sometimes if somebody who has had a more Anglo-Saxon British background would understand. Sometimes because it's just your grandparents generation you understand a bit better.

IV And those other particular things that you're thinking of that can give you an example so that, of the sort of thing that might help you to relate or...

00:14:01

SM Yes, well they might talk about a subject or something and you can identify with it, the war or something like that. Probably somebody from a different culture wouldn't always relate to that.

IV And is that something you see here?

SM Yes, sometimes. I'm not saying it's cast in stone but I mean I think that is important, there is a connection between that. Sometimes they connect, you can feel they're probably connecting more with you because you are white or you are British or perceived, because they're more comfortable with that really. Rather than with somebody who is a little bit more ethnic and doesn't quite understand them, or they could see as a little bit more alien as well.

00:14:44

IV And I suppose if they're connected, what do you think works well in terms of communicating with people when they're agitated?

SM There's no hard and fast rules, it's just really sort of trying to read the situation really. If they're really bad you have to just back off completely. It's just calming them down really.

IV And do you think there are particularly things that work well with communicating with someone down when they've got advanced dementia?

SM There again, it's not easy always to put into words. Just calming the whole situation down, your tone of voice, what you say, things like that, all those things there really. Some people will react to it some people won't. If your thing doesn't work you try something else really. The whole thing is not to antagonise the situation.

IV And are there other things, just general things that you know can cause agitation?

SM It's all sorts of things really. Perhaps the person has perceived they're getting overlooked. We have a very famous case, as you know, a lady who is very very impatient on our floor and she wants everything done in ten seconds, that sort of thing. And then she wants this, and it's a whole pattern of behaviour, it sort of takes off really. Yes, it's...they can get pretty impatient at times

IV Do you think that there may be some physical things that may cause someone to get agitated?

SM Yes, there again, I'm quite tactile being xxx, sometimes if you touch somebody then they can, you have to understand everybody's different really. So they might say don't touch me or things like that. But you know which ones, at the same time it's only just reassurance really.

00:17:05

IV And so there's a number of those interventions and things that we know do make a difference, things like music therapy, activities, different types of communication or managing people's pain. Are those things that you've seen being used here?

SM Yes, I mean they're all part of the calm environment, we use all that, we have all our activities we get involved in ourselves. Sometimes the one to one is quite beneficial I've found

with certain residents. So you just talk to them or you might ask somebody just to do a bit of reading with you. Otherwise you might discuss something. For me it doesn't really matter what you talk about as long as they're talking and they're happy basically. So yes.

IV And so you said you can get involved in the activities but also there's one to one. Is there anything, is it hard to sort of find the time to be with people one to one or...?

00:18:06

SM Yes.

IV What gets in the way?

SM Well just the floor gets very rushed, that's the problem, where you've got a sort of myriad of activities. And you might be doing an activity with someone, the guy in one of the rooms pressed the emergency, we have a guy who presses the.. he is almost like needs one to one care so you might be rushed off to attend to him really. It really is, the activities really does demand an extra carer I think, to be honest.

IV And is that something that's available or...?

SM It's a bit overlooked, a bit of a political hot potato that one. I think the idea is there is a coordinator and some member of staff get involved. But sometimes the staff might be diverted.

IV So the idea is that it's not just the activities coordinator that does the activities, it gets kind of...

SM I think the activities coordinator goes up between the various floors, one day she'll be on floor one, two or three, and they're very good, and you might get...It just depends what happens, if you've got a lot of challenging behaviour going on or you need to clean a resident, it becomes sort of a conflict, it all comes into time management issues and priority issues really. So really they should, I think these activities are important and time and make sure you've got all the necessary personnel in place to cater for that.

IV And what, if anything, do you think makes it easier to manage agitation in residents, what factors would make it easier?

00:19:55

SM A really calm environment, the way you approach it. It's just very much reading the situation. Sometimes discretion is the better part of valour sometimes, just backing off, letting them calm down. But I think if they do have a stimulating environment and I think that can help a lot. Just the whole idea of them sitting in a chair is no good. I don't like that. The brain must be stimulated, even if it is a small amount it must be stimulated as much as...even a small amount, it must be stimulated.

IV I suppose what could be done to prevent that, to stop people just sitting around in their chairs. I mean what kind of, what needs to happen?

SM Well you've got activities, you've got the day centre here obviously. Someone will go to the cinema now and then, so that's good really. But some obviously can't always manage that, it would be beyond them really. But there again you've a variety of activities within the orbit of the home really. So there will always be like music or a film or a discussion or something like that.

00:21:19

IV And when you have things like music or a film or a discussion what effect do you see that having, how do you...?

SM Well somehow it's sort of quite strange, people just sort of relax and they just sort of doze off as well. That's not necessarily a bad thing, at least they're relaxing. Some get involved in the film, some, in fact they're next to each other so they start talking to each other as well. So there's a bit of social interaction going on as well.

IV I was going to ask you is there something happening between the residents, especially if someone's agitated, what other residents do, what effect it has on the other residents.

SM Well some obviously get very shirty as well and that's I guess - they get quite indignant! They sort of almost would like that person thrown out. I always take a more sympathetic view, I think you've got a broad range of views really, depending on how they, what sort of state the resident is in really.

IV Do you ever see residents doing anything that helps to calm down a situation or...?

SM Yes, there is an old lady there who is very good, I think she's got all her faculties, she's very good, she's always offering words of encouragement. Sometimes it goes the opposite way and they fuel it as well. That can antagonise it as well.

IV And what is it about you, do you think, that can make it easier to manage agitated people?

00:23:04

SM Well I suppose like anything it's just that you've got the experience, isn't it?

IV Have you been doing this a long time?

SM I've done it for two years, I'm going it part time at the moment. You just have to read the situations, you work with your staff. I'm not hard and fast, probably when I first came here I probably would have panicked. Actually the first day I was in here somebody did go for me, which was very eye opening, on another floor. But you learn to...you become more accepting of it.

IV I was going to say if you think there are particular qualities that you or other staff need to have or that are useful.

00:23:47

SM Oh patience, infinite, oodles of patience I think. Understanding, managing the aggressive - also I've been a sportsman as well.

IV What do you mean?

SM A sportsman, I played sport, and if it gets quite physical your football and rugby, there are situations where you've been in those sort of situations. You are, I wouldn't say used to it, but you know...dealing with it. Like when you get older as well you manage aggressive situations.

IV And do you think there are particular things about your role here, your position, that kind of help you, that can sometimes make it harder to manage agitation?

SM Sorry, I've not quite understood.

IV I was just wondering whether there was anything in particular about being say a care assistant rather than a unit manager that makes it harder or easier to do your job basically?

SM I think it just depends on the days, some days go very smoothly but I think when the sort of tasks mount up and when the stress mounts up then it becomes hard. You don't want the residents to be stressed and you to be stressed. So it's all got to be...I mean there are days like that as well.

IV And is there anything about the team maybe or the teams here that make it harder or easier when someone gets agitated?

SM Undoubtedly, your care worker, the quality of the care and the quality of your team and the quality of your team leader, as I say here they're very good. Like the team I'm working with at the moment is very good so we know we all interchange our roles a little bit as well, like this morning.

00:25:52

Although we're assigned all different tasks the ability to sort of just flit in and out. There's almost an understanding of we read each other and if somebody can't do this you will step in. I think that's very very important but not all teams work like that. And that makes it a lot harder.

IV So what is it in particular that works well in your team?

SM The ability, I would say, to just be very adaptable, to work hard, to get everything done. But just to sort of flit in and out of roles, not just say oh I've just got to do this and I've got to do that. If you see somebody else is doing something else you can actually start doing their task as

well. So you're adaptable and movable at the same time. I suppose the word is flexible really. But not everybody is of the same mindset.

00:26:48

IV Tell me more about that.

SM Well some of the more experienced people might just see it as a job, you're on a completely different wavelength to that person.

IV And how, because a few people have said that to me actually, interestingly, and I suppose what I'm interested in, what do you mean by just seeing it as a job, what do you think they're doing it for?

SM Well obviously you're here to do the work and you've got to do the work to the best of your ability as well. So you've got to, very simply, you've got to know your task, you're got your list of tasks whatever it is. And you've got to know what that entails, you've got to manage your time. So you do need sort of a like minded workforce in a way if you've going to function effectively in this sort of environment. Otherwise it's like everything, you imagine if you've got three people and they're pulling together you're getting something harmonious, if the three people are all pulling that way there is a bit of like fracture I think. And when the fracture equals a bit of stress...

IV Because I think what is it that you go as a team that makes it harmonious or how do decisions get made about what you're going to do or...?

SM Well the team leader will assign your tasks, the lady I work with today is very good and we just seem to help each other, we will perhaps clean the residents together, which is actually a very good way to do it. It's all team work. Or she will get diverted somewhere else and you will step in at the same time. Because the main stuff, the stuff doesn't build up, because what happens here is the stuff will build up and then you'll find yourself chasing time at the end of the day.

00:29:01

IV And what do you think happens that makes it build up, how come it builds up?

SM You might just wait for somebody else to do something. It can...you might just say well that person is not there, I'll just get on but that means that task has to be filled, if that's making any sense really.

IV And is it that you notice that other people may be waiting, that some people will leave things more than other people.

SM Oh undoubtedly, yes, undoubtedly. It's all to do with harmony at the end of the day. How mature is your team? Because it can be very stressful, that stress can be reduced with a good

team. And it's good for everybody, it's good for the residents, it's good for us and I think it's good for the industry.

00:29:58

IV And what about management, do you think that how the care home is managed impacts on the kind of day to day care that you're able to deliver?

SM I think that can impact massively, yes.

IV In what way?

SM Well decisions can be made but decisions have to be made sometimes without consultation. A decision can be imposed and if it's a very big decision I expect there will be some form of consultation. So if you are coming to make a major decision and there's sort of no consultation and it's just imposed that can have a very very bad effect on moral.

IV Can you, have you an example of that or...?

SM I can...is this all confidential?

IV Yes.

SM Well they've just recently just changed our times.

IV Just don't whisper because of the...

SM Just changing the times of the shifts for example, just imposing them, just taking a decision and we're just literally herded into one room and just told it's all going to change to us starting, to come in an hour earlier.

IV Not practically but what effect have you noticed that sort of thing has on staff morale or stress levels?

00:31:35

SM Well I think in a situation like that, I mean it should really have been managed, they're not pleased, you're telling staff what to do, some people do have to travel from long distances and people come all the way from xxx. So to start at seven o'clock rather than eight is going to cause a big problem. And to just literally tell them is not what I think is best practice. What you need to do is consult people.

IV Yes. And do you feel that in relation to say managing some of the more difficult residents, or residents whose behaviour is difficult, that you get support from the management or not?

00:32:24

SM Well I think the onus really is...I think people have...it's a difficult one this. The people who are predominantly dealing with the difficult residents is the team leader and the, from where I stand, and the staff really. So are we supported, em, I don't feel like I am supported no.

IV You don't.

SM No.

IV I'm going to ask you some more about support in a minute, I'm going to come back to that because obviously that is very important. Do you think there is anything about the organisation, this is xxx, isn't it, I don't know how much you feel that your day to day kind of management, say of agitation, is affected by the organisation, basically, by being xxx rather than something else.

SM Well they set their own particular standards and everything and an organisation either looks after you or it doesn't really. There are a lot of words and intentions and propaganda but when you start stripping, going beneath the veneer on that propaganda it's a bit disappointing to me really. I think it's all about profit, that sort of thing.

IV And how do you see that playing out?

SM I just feel staff with be, well staff all need to feel better looked after really, that's the thing. Better pay and conditions, general environment here. Yes, I think there's a...I think the organisation needs to make a huge improvement really, dare I say it's one of the worst I've ever come across. All right, I'm allowed to be honest.

IV It's important because it's about whether that has a knock on effect on actually how people deliver care day to day. The other thing that some people have mentioned as a kind of potential barrier is kind of how care is portrayed in the media, say in the TV and the newspapers, I don't know if that's something you feel has made how you do your work...

00:34:53

SM Yes, I suppose like anything it's just highlighting the worst aspects of care, isn't it? But I suppose the vast majority of care is very very good. Unfortunately the worst cases will be, will always come from the...

IV And what effect does that have when staff see that or...?

SM What effect, me personally, it just washes over my head. I just really feel that they should be...we've got to get together, the whole industry has got to get together and thrash out a proper deal for carers as well. Because they're central to the whole issue of care really. Looking after - the thing is you always look after your staff, that's fundamental really. I've been very lucky

because I've done a lot of work in good organisations which really do look after their staff and when you come from an organisation which doesn't then you notice a huge difference.

00:35:56

IV When you think about the ones which did, where it's gone well, what was different, what was it that was being done there?

SM Oh just things like pensions, sickness care, perks. But there was a general feeling they would look after you, some even gave you shares in the company. But they did, I must say they look after you very, very well. But it's obviously the antithesis of what happens here sadly.

IV And is there anything else do you think that kind of...any other sort of barriers to managing agitation in residents that makes it harder to do that?

SM I don't know really, it just depends on the cases, on the expectation really. Some people are pretty, it's difficult to manage them because they're so far down the line anyway.

IV And what about, you mentioned relatives before, do you think there are ever times when it makes things more complicated, the relationship with relatives, between the relatives and staff?

SM Yes, undoubtedly, I have seen patients a little bit agitated after...but there might have been sort of a quarrel between the partners or something like that. So yes, domestic issues sometimes can have an impact.

IV And what about the relationship between the staff and relatives?

SM Very important. Again some relatives are very nice, the vast majority are nice, I think some just see you as a bit of a skivvy or a slave sort of, just to do their bidding really. But most of the relationships, I mean they're so important families, there is a good relationship with the family. And I believe in that passionately. So where possible you have a good relationship with the family. Where possible I always try and foster that view.

00:38:12

IV And so, I mean you've sort of touched on it earlier but I was thinking what impact does residents agitated behaviour have upon staff do you think?

SM Well staff...I think the experienced staff have got a great capacity to deal with it. Again it's not very nice, I mean if you're having a bad day, for example, it depends what sort of day you're having really. If you're having a good day you might be able to cope with it that much easier but if there's a sort of overload of stress and you have a resident give you a hard time it's...And sometimes you can take it away with you as well, your stress level might not - you might wake up in the night or something. Sometimes you will play it back.

00:39:11

IV So you might think about what a particular episode or something that's happened.

SM Yes, sometimes, I'm not saying that happens always but sometimes occasionally that might happen.

IV And when are the times that that, I mean are there particular things that might get to you more or generally get to staff more, what types of episodes?

SM I just think it's ingratitude really a lot of the time, you know, you're bending over backwards to help a resident but somehow they can never be satisfied, or just over demanding, overbearing, I think you've gone from carer to sort of butler or waiter.

IV So feeling that you're not, that people aren't, that sort of lack of gratitude really can get to you.

SM That can definitely, yes, I mean there again you have to manage that within yourself as well. You've got to laugh it off really.

IV And what effect does it have on what you feel able to do at work, how you feel at work when someone's very agitated?

SM Well if it's a sort of repeat behaviour you get used to it as well. So the fact that the lady who I think I talked about in the first instance, you're used to it really. It's a bit more disturbing if it's someone who doesn't normally get agitated and they get agitated. There are, as I said a lot of it is repeat behaviour. You get...

IV And what effect do you notice it having on the rest of your team or other teams here?

SM It just, it can get very frustrating, frustration can set in really.

IV And how does that show itself?

00:41:14

SM It's just, well I've got to deal with him or her again. It's just, we have one resident who just presses the bell continually. It's not sometimes to go to the toilet it could be something like to put out his light or something like that. Something which he could quite capably do himself really.

IV So what is your understanding of why he does that then?

SM I think he's, ah, I think there's a family influence, he makes himself, he's playing along a little bit, he's just trying to make himself out that he has less capacity than he really does, really. It's a bit of a game sometimes for him I think. That's my view anyway, I'm not saying, I'm not a

psychologist or anything. There's a lot of play acting getting involved. This guy probably has lot more capacity than he thinks.

00:42:14

IV And what makes you think that?

SM Because he can do a lot more things, he can actually turn on that light himself. So if I'm going to sort of start doing little things for him, oh he says I can't use the spoon, help feed me, but he can quite conceivably feed himself. So I don't know why he's getting the sort of mindset that he can't do basic tasks when he can. And the whole idea of our care is that we are to make them independent. I mean if they're really in a bad state then they would go off to other floors.

IV And is that quiet frustrating them?

SM Yes, it is because if you're very busy or dare I say it you're attending to someone else, you've got to go and attend to someone who wants their light off!

IV And when it is difficult how do staff get support here?

SM I suppose like anything you can support your own colleagues really, your team leader will support you, I don't really see where other structures are really.

IV So what does that look like, what would that, if you're having a bad day or feeling stressed or something's just happened, what would people do to support you around that?

SM Well I think if realise your colleague's having a bad day you usually can pick up on it so it's really you've got to try and help them as well really. It's all to the benefit of the greater good.

00:43:52

IV And is there any more formal support structured in place or...?

SM Yes, I think if we're suffering from stress we're meant to ring a number for example, but I'm not going to go down that route. It's just helping your colleague really, if your colleague's going to get behind you just step in and help them really. It's about helping each other, team work, team methods.

IV So is that on your level, so would that be kind of on your unit, the other care staff, maybe your unit manager that you're talking about, rather than the home managers, the deputies or anything like that.

SM It's at the floor level. I wouldn't look anywhere else, I'm not going to get it anywhere else. It will be within the orbit of my colleagues and my team leader. So I'll tell for example my team leader when I've had a stressful day or something. I'll be quite open about it, but the support I get is from my fellow team members and the team leader. I don't feel supported by other structures,

certainly not by xxx (organisation), which I think it totally - their personnel department is in xxx, it's totally, it's miles away. They're not in any position really to deal with local issues. I think there is a local manager that comes now and again but I don 't know her.

00:45:20

IV So what gets in the way then of you going beyond the floor level to kind of...?

SM Well it's where you can feel comfortable where you can deal with an issue or a problem really. You always feel that perhaps higher up we're towing the company line or you get that sort of impression.

IV And what makes you feel valued in your role?

SM I suppose like anything, if your fellow staff, but it's actually not...you get a lot of sometimes compliments from the residents or the residents relatives and things like that. And you've got a dialogue and communication with them. You know instinctively you're doing things right. So if the resident responds well to you and is receptive to you, I think that sort of level really.

IV And is there anything else that you would, in an ideal world how would it be different in terms of the support that you get?

SM Well I suppose there's got to be a personnel department but they're in xxx somewhere. It's looking at what works well in other companies as well and looking at the good models that are practiced and then transporting those across. Whatever Care agency is crying out for things like that because by the nature of the stress levels that build up.

IV Because I was thinking you've worked in other companies, it sounds like you've felt more supported.

00:47:12

SM Oh undoubtedly, yes.

IV What kind of structures were in place there or what was different?

SM Oh right I mean here for example when you get, just things like sick pay, if it was a long term sick you would get to be on full salary for six months. I think here it's only SSP or something. So somebody can fall ill, you're on a subsistence level really of wage. And there's always this sort of, they're always looking to make deductions if you're five minutes or ten minutes late they dock you 15 minutes pay or something like that. So it's the culture, a little bit, dare I say it, negativity. And they need to reach a culture of positivity around a better pay structure, better incentives for staff, it's not all about money. But I think if the staff feel valued and I think there would be a huge improvement in the industry but just to put staff on a minimum wage and then just chuck stuff at them and expect them to respond in sometimes very difficult

situations. And then not really support them from the sort of managerial level and I feel for staff it's a bit tough really. And they're in the front line, they're the front line troops delivering the standard of care.

00:48:45

IV Because I was going to say what, part of what you talk about is the kind of culture in the organisation. and how about impacts, how does that then get in the way of the direct care that you are able to deliver?

SM Very simple. Very simple. Most of us will want to do extra work but at the end of the day even if you stay and do extra work, want to go that extra mile, your efforts are not going to be recognised. You know, either say I'm not going to be paid for it or...so people would, you would just start to develop, I'm going to start at this time and I'm going to leave at that time. It's sort of like a nine to five attitude.

IV And what about training then, what training have you had to help you manage when residents become agitated?

SM Oh no, I can't fault them for training, and I belong to another branch, I work for another branch as well so I get the...do their training courses.

IV What kind of things, have you had specific training around managing agitation or...

SM Yes, it is challenging behaviour, behaviour that challenges, yes. They do repeat courses on it every year.

IV And what are they like?

00:50:04

SM They can be all right, it just depends on who does them really. We had some short courses as well here but they seemed a bit of a waste of time, but there are some other courses where you do two or three hours. Some of the training is very good.

IV What do you think has been most useful do you think, about training.

SM Training has like a refresher aspect as well and they might sort of touch areas that you might have forgotten about or sort of like legislation. And they might sort of highlight examples of situations, when I'll go, oh, maybe that's the way I could have reacted in a certain situation.

00:50:46

IV And are there things that maybe haven't been useful, don't work very well in terms of the training you've had.

SM Well if it's just like a short course on something like diabetes and it's only like 15 minutes what you're going to learn in half an hour or 40 minutes you're going to learn a lot on it really. It's best to do it properly, a two or three hour course.

IV And what types of training do you kind of find most useful, so what kind of format or...

SM I suppose like anything if you're doing it more practically. Like fire training, you have to open the fire extinguishers.

IV So they're sort of practical hands on training.

SM And sometimes a discussion is quite good as well.

IV And is there anything else that you feel that, anything in terms of training that maybe would make you feel more able to manage agitation or support your training?

SM I don't really understand, I don't think there is really, you just sort of do refresher courses and experience mainly.

IV And is there anything that, how does it work in terms of if you go on a course then put what you've learnt into practice, do you get the opportunity to do that?

SM Yes, I think what is very useful is you sometimes refer back to it, you think of an example, maybe the course has showed you what's happening in a sense, or shown you a film or something and you can relate to that. Two carers, perhaps doing a perfectly good job but perhaps talking over someone and you relate that to what the course lecturer said. So these things come, although it's not always immediately apparent I think you do actually get stuff out of the courses. And then sometimes you relate it to situations which appear.

00:53:08

IV And if you want to try something different or put something into practice that you've learnt do you get the support that you would need or want to do that?

SM Yes, I would say so.

IV I mean is there anything else you wanted to mention that we've not already talked about?

SM I think we've had a very broad ranging discussion.

IV It is.

SM I think on a whole I must have been pretty frank.

IV Thank you, and as I said you're happy for us to contact you if we've got materials that we want feedback on.

SM Yes.

IV And thank you again. And just to reiterate this will all be anonymised, it's not just names that we take out, anything that identifies people we'll...

SM Yes.