Int: there we are, so that should be recording now hopefully. So, erm, just a quick introduction – my name’s Leah, erm, thank you for agreeing to take part. I’m doing my PhD in continence, COVID and dementia and what I’m looking into is how the pandemic has affected continence care for people with a dementia. Erm, I’m particularly interested in your experiences and your opinions or anything you have to add on this topic, whether you think it’s relevant or not, just anything you think is interesting or related or anything you’ve experienced or gone through. When the interview’s over I will transcribe it and any identifiers will be removed – you won’t be identified in the transcript, if you say anything about the home you work in or anything I will take that out so anyone reading this won’t know who you are or where you work. Does that all sound OK?  
Caitlin: yeah that’s fine  
Int: this is my first visual interview, all the others have been by telephone so this is a bit different!  
Caitlin: ah sorry [laughs]  
Int: No no no it’s good!

Int: erm, so, just to begin, can you just tell me a little bit about your experience in care?  
Caitlin: as in how long I’ve been here or?  
Int: yep, how long you’ve worked in care and  
Caitlin: erm so around five years, erm, I’ve been in care, before that I trained and qualified as a physiotherapist   
Int: oh wow  
Caitlin: erm and then I came into care and sort of worked my way up to be, so now I’m a unit manager so over those sort of five years, it sort of flew by  
Int: wow, you’ve done pretty well then to work your way up  
Caitlin: yeah, so very fortunate  
Int: and where, where you’re working now, you’re at [redacted] is that right?  
Caitlin: yeah that’s right  
Int: can you just tell me a little bit about [redacted]?  
Caitlin: erm as in?  
Int: what sort of people do you look after and   
Caitlin: oh OK, so we have three floors, so we have residential care, we have dementia care then we have nursing, more palliative end of life care as well. We have erm, 83 beds erm split across those so two units are one thirty and one thirty one, and one of twenty one.   
Int: and you are the dementia unit manager?  
Caitlin: yes  
Int: brilliant

Int: and what sort of hours do you work, do you work shift work or do you sort of do nine to five?  
Caitlin: no so I do two 12 hour shifts a week and then I do two 8 hour shifts a week  
Int: OK so you do a bit of everything  
Caitlin: yeah [laughs]  
Int: [laughs] is that the best of both worlds or is that a pain  
Caitlin: [laughs] well it’s not too bad, I suppose it’s better than doing five days a week I only do four so  
Int: true, true

Int: OK erm, just going to talk a little bit about continence. Sorry if you see me looking down a lot it’s because I’ve got a list of questions here   
Caitlin: no no no that’s fine  
Int: Have you had any specific training relating to continence?  
Caitlin: [looks around] no, no I wouldn’t say so, just stuff that I’ve learnt really in the job  
Int: just sort of experience and  
Caitlin: yeah yeah, not any sort of formal training or anything like that no  
Int: and have you had any sort of formal dementia training?  
Caitlin: erm [pauses, seems unsure] yes we do a version within the home, erm, which is mandatory  
Int: right  
Caitlin: so yeah  
Int: how did you find that?  
Caitlin: really useful, really useful. It was a lot of practical in it as well so we learnt quite a lot and you do quite a lot of things where your memories are taken away from you so it makes you understand quite well how it would feel  
Int: that’s brilliant. And when I talk about continence training, just out of interest, did you – would you relate infection control to continence training?  
Caitlin: [pauses, thinks] ermm, I don’t [laughs] it’s a trick question! I don’t know, I don’t know, I suppose well it depends, if we were looking at infection control around somebody that’s catheterised but something like that [pauses, thinks] and the increased risk of UTIs and things, so yeah I suppose so yeah  
Int: how about erm, this is going a bit abstract now, infection control for people who are incontinent and have a dementia?  
Caitlin: [pauses, thinks]  
Int: in that some people can go to the toilet in different places, and spread things   
Caitlin: yeah! Yeah, so it would all come in together really as well  
Int: yeah?  
Caitlin: yeah  
Int: do you think erm, any infection control training you’ve ever had has ever covered anything like that?  
Caitlin: no  
Int: cool, quite interesting really isn’t it, when you think about it  
Caitlin: yeah! [laughs] I was a bit nervous before because I wasn’t really sure what to expect and I was thinking do I need to look into anything before I do this [laughs]  
Int: no no no, it’s erm, it’s just to see what’s going on really, because we can – there’s all these articles and literature and things like that but it’s never really truly reflective of what’s actually happening in care homes  
Caitlin: yeah  
Int: because it’s written by people like me that sit in an office  
Caitlin: [laughs]  
Int: [laughs]

Int: erm, I want, just the next thing I want to do is think about, if you can, a specific incident of incontinence you’ve recently dealt with, so someone you’ve assisted recently or one that just sticks in your head in particular when they’ve had an accident and you’ve helped them do whatever they need to do  
Caitlin: mmhmm  
Int: can you just sort of talk me through what happened? If you can think of anything specific?  
Caitlin: yeah, yeah so erm we’ve got a resident that has dementia and she’s previously had a stroke as well, erm and she is regularly incontinent, she is unable to, she’s bed bound really so she requires two carers for all of her care but when she’s incontinent she becomes very distressed. And due to her stroke she’s unable to talk  
Int: right  
Caitlin: erm, and communicate that so she cries [emphasis] and makes sort of like a scream, screaming noise so we know that she’s been incontinent and obviously helping her, erm with that, she does suffer with loose bowels as well so she’s very sore, very painful when you’re trying to assist and sort of clean that, so that’s probably the most recent one I can think of. That was yesterday [laughs]  
Int: yeah [laughs] just shows erm, how often it happens I suppose. So, it sounds like this person was quite upset?  
Caitlin: yeah and that is I think with the dementia she’s very confused and upset, and the stroke doesn’t help because she can’t communicate how she’s feeling as well so  
Int: yeah, and how does that, how do you feel?  
Caitlin: I just, I just want to cry for her [laughs] I’ll be honest it’s awful, it’s really awful because you can see the frustration and the fact that she’s really upset by it and whether that is due to understanding or the fact that she’s been incontinent, you know you’ll never know really   
Int: yeah, OK, and [pause] is that sort of – the way you talk about that, the main thing that seems to stick in your mind is her emotional reaction  
Caitlin: yeah definitely, definitely  
Int: and that’s, it seems to be that’s the focus of the interaction really, how upset she was and  
Caitlin: yeah  
Int: so when you’re actually dealing with the the the mess, for lack of a better word, what are you doing there, do you try and hide it from her, do you   
Caitlin: reassuring her, I think because she’s bed bound there, there is no hiding that from somebody because you’re having to move them out of that situation so, but it’s just reassuring her and talking and trying to be calm and act like everything is OK and this is alright, it’s OK, there’s no need to get upset. You know, we’re here   
Int: yeah. And when you’re – when you become aware that she’s had an accident, is it sort of, immediately we’re gonna go in and everything’s there ready, everything you need so you don’t need to get any pads, you don’t need to get any bags or aprons or gloves it’s all there   
Caitlin: yeah, yeah  
Int: brilliant, so you’re not running around trying to find things  
Caitlin: no no [laughs]  
Int: erm, and then just afterwards, after you’ve helped that lady, do you think that impacts on you for the rest of the day? Do you think it, does it stay in your head, do you just sort of move on and   
Caitlin: no I tend to go back, and check on her. I always do that. We have quite a few residents down here that have sort of continence issues and are incontinent quite frequently but I think with her, because she becomes so distressed I always go back to her because otherwise it isn’t – it’s not nice, it’s not nice and I always worry thinking oh even before I go home I’ll go and check she’s alright and to her she’s probably forgotten all about it and doesn’t remember but I just think oh, it’s such a shame, it’s awful, you just want to help  
Int: so is it, because it seems like quite upsetting for you, is it the feeling of – it sounds a bit like it’s not being able to make it better   
Caitlin: yeah [nods]  
Int: yeah. Erm, one of the things that I used to find when I was working in care was that if someone had had a particularly messy accident or loose accident, I’d find myself getting paranoid almost that I’d got faeces on me or urine on me for the rest of the day and I’d think I can smell that and things like that  
Caitlin: [laughs] definitely!  
Int: do you ever experience that?  
Caitlin: yeah, definitely I think more so when I’m on the dementia floor as well, perhaps when I go into a room because sometimes there can be odours can’t there and then you sort of think [inaudible] oh my god have I trodden in something, is it still on me, have I sat on a chair perhaps? But yeah definitely I can totally relate to that  
Int: is that sitting on a chair that someone’s had an accident in?  
Caitlin: [smiles, nods] and then it’s perhaps dried and just been left there or something like that, yeah definitely [nods emphatically]  
Int: and have you ever had it where you have stepped in something or you have got  
Caitlin: no, thank god [laughs] thank god [laughs]  
Int: [laughs] is that just because you’re very, very on it with gloves and aprons and things or  
Caitlin: yeah, I must admit everybody here is really good with their PPE and stuff like that and our housekeeping department are amazing with cleaning stuff up. We did have a resident who would, sorry I’m going off  
Int: no, it’s great  
Caitlin: we did have a resident who used to be here who would actually [laughs] it’s awful, but would bring you her faeces and hand them to you, hand it to you and you’d kind of, and then you’d find, in sort of her drawers and that’s quite difficult to handle but also you think then like where’s? You could smell it, but you’d never be able to quite locate where it all was   
Int: so what did you do in that situation? If a lady walks up to you and hands you some faeces, what do you do?  
Caitlin: take it off her. we’ve had, we’ve had it before where she’s tried to eat it as well so yeah definitely take it off her and sometimes that has been a situation where you’ve kindof got no gloves on and somebody comes walking up to you and you kindof have no choice but to be like oh OK, I’ll take that away for you, I’ll get rid of that [laughing]  
Int: so has that happened to you?  
Caitlin: no, it’s happened to one of my colleagues that has [laughing] not so long ago actually, yeah so but you just deal with it in the moment don’t you I think. You have to, and you sort of, you just have to act, it’s OK. You have to act like it’s OK. You can’t make them feel like they’ve done something wrong just because they have dementia, they can’t help that   
Int: so when you say, when you say act like it’s OK, does that sort of mean that in your head you’re kindof going ahhhhh  
Caitlin: [smiles, nods] yeah it was a little bit of a scream inside [inaudible] [laughs]  
Int: but it’s, you don’t want to upset that person  
Caitlin: [shakes head] exactly, with dementia they don’t understand you know there is that damage there where they don’t understand right from wrong at times and those inhibitions have gone with knowing what’s acceptable and what isn’t so you just sort of manage the situation the best you can  
Int: erm, that’s brilliant, it definitely brings back memories

Int: other people I’ve spoken to have highlighted problems with pads and continence aids, and I know it may not be an issue at [redacted] but other homes it can be an issue with people running out and having a mad scramble for pads and things like that, have you ever experienced that?  
Caitlin: I haven’t you know, we’re really lucky here. Really lucky.   
Int: that’s brilliant. Do you ever, like when someone’s incontinent, is it always pads that are the go to?  
Caitlin: no sometimes I think it’s timing, sometimes it can be timing, and we’ve had issues in the past not so much recently, but especially I’d say towards the start of sort of the COVID-19 pandemic where staffing was the issue, people were scared   
Int: yeah  
Caitlin: people weren’t here, and I’d say then more people were probably incontinent due to timing, due to lack of staff  
Int: just because there just wasn’t enough  
Caitlin: yeah definitely, definitely, definitely, whereas now everybody’s sortof accepted that it’s here for a bit, it’s not going anywhere, better go back to work  
Int: yeah, was that a quite a big problem at the start of the pandemic then?  
Caitlin: yeah, yeah, people were frightened and people didn’t know what to expect. You know, and people want to protect themselves which is understandable, but also these residents need somebody to look after them  
Int: so as a manager, or a unit manager in that context was it quite difficult to weigh up people wanting to protect themselves and then also the duty to  
Caitlin: oh yeah definitely, definitely. And you know we’ve got some amazing staff here that have been here throughout, and throughout the whole entire thing but it was definitely difficult in the beginning, sort of the first three months where people just wanted to run and I can understand that, you know people have got vulnerable people in their own families you know and that’s understandable, they might have been vulnerable themselves, but yeah it definitely made it more difficult  
Int: yeah, I can’t imagine what it must have been like

Int: so going back to after dealing with episodes of incontinence because I got distracted a bit there, how do – do you have anyone at home that you go home to at the end of the shift?  
Caitlin: Do I? Yeah so I’ve got my husband, I’ve got children  
Int: so when – do you ever sort of talk to your husband about your day?  
Caitlin: oh all the time [laughs] I think he gets really sick of hearing me. But I think sometimes it’s how I know I’ve had a good or a bad day, like if I’ve had a good day I’ll talk about my day if I’ve had a bad day I won’t shut up about it [laughs] you know, but yeah definitely  
Int: do you tell your husband about things like the lady handing someone faeces?  
Caitlin: yeah I say certain things, obviously confidentially, don’t mention names and things like that but yeah, I think it’s human nature really isn’t it to sort of offload after you’ve had a day like that  
Int: and what – when you say things like that, what are his sort of reactions?  
Caitlin: he’s just like “I can’t imagine, I could never do your job” he always says that to me, I could never do your job  
Int: yeah?   
Caitlin: yeah  
Int: I found that a lot people would often say to me erm, oh I couldn’t do your job I couldn’t clean up shit  
Caitlin: mm, but it’s so much more than that isn’t it  
Int: yeah, do you ever find that other people react the same when you tell them about your job? Like if you’re meeting someone for the first time  
Caitlin: yeah, some people do yeah, I think it depends on the type of person. If they’ve had any experience with that or they’ve had somebody perhaps in that situation like a grandparent or parent or something  
Int: so it’s empathy that’s important?  
Caitlin: yeah

Int: yeah so following on from that, some of the reading I’ve done suggests that there’s – that some people, care workers who deal with bodily functions and urine and faeces and things like that, feel like they experience stigma as a result of that, so stigma being like people judge you and treat you differently because of your association with something   
Caitlin: “oh you’re just a carer” that sort of thing?  
Int: yeah, do you think you get that?  
Caitlin: yeah, definitely. I think there is that. Especially from, I think it’s other healthcare professionals as well, looking in. Especially because for me the most important part of my team is the carers, because they deal with these people day in day out and work very closely with our residents and they know them better than the rest of us. You know, I could pull – I could pull one of my carers in and they would tell you so much detail about somebody whereas in my role, yes I know them and I help and I’ll do personal care and things like that but I don’t know them to that much detail. And a healthcare professional would rather talk to a nurse or a manager about that person than a carer that actually knows them really really well. ‘cause they’re “just a carer”  
Int: yeah, so why do you think – where do you think that “just a carer” comes from?  
Caitlin: I don’t know, I don’t know, but I think, I think it should be the other way around honestly because carers are so underrated for the job that they do, especially throughout this whole thing  
Int: yeah, does it, does it like, upset you? If someone said that to you would you   
Caitlin: yeah I’m, well I am the sort of person that would say “what do you mean just a carer?” you know it’s, everybody starts somewhere, all these people that are doctors and everything else they all started in the same place to get where they are now. And I think it’s important to remember that [inaudible], we’ve all wiped bums. We’ve all done that, to get where we are.

Int: yeah. And in the same way, going back onto the pandemic and things, there’s evidence that suggests that carers were stigmatised simply because they were associated with like COVID hotspots, so obviously at the beginning of the pandemic it was all about care homes and coronavirus is everywhere in care homes spreading like wildfire, and there’s sort of some early evidence that suggests that care workers were then avoided like the plague because they could be carriers.   
Caitlin: yeah there was, I saw things about that like where, people if they went wearing their uniforms and things like that, people were being quite rude weren’t they in supermarkets and stuff  
Int: did you ever experience anything like that?  
Caitlin: I didn’t purely because here from the beginning we were all told to change in and out of our uniforms so we never wore our uniforms outside of work anyway, but yeah I’ve heard of obviously like where I’ve seen things especially on like facebook and stuff you see stuff like that where it’s like videos of people having a go at people because they’ve for their uniform on and things  
Int: did it worry you or was it just  
Caitlin: I think it’s just, I think the reality of it for me is that actually these people are giving up seeing their own loved ones to look after your loved ones, you know and I think that’s, that for me is what I don’t think people see is that actually we don’t go and visit the rest of our family just in case you know we might have somebody that has it in the home and we don’t want to risk giving that to our loved ones but we’ll come to work to look after your loved ones, do you get what I mean?  
Int: yeah, yeah. It’s incredible really isn’t it. I had a friend who erm who works in care who moved away from her partner and son so she could carry on working throughout the pandemic and it’s just   
Caitlin: but yet care homes have been the worst in all of this haven’t they [sarcasm] [laughs]

Int: so has [Redacted] been quite affected by COVID or has it been not too bad?  
Caitlin: we’ve been very lucky, so we were COVID free until a month ago and we and we have only had 5 cases, 3 of which were staff, 2 residents, all asymptomatic   
Int: oh that’s brilliant  
Caitlin: yeah and we haven’t had any more since so very lucky, very very lucky, touch wood  
Int: so you all have, do you all have to be tested regularly and   
Caitlin: yeah so staff are all tested weekly and residents monthly and then obviously if we think somebody might have it in between then we will test them in between, but yeah  
Int: have you had any problems getting tests?  
Caitlin: it took ages to start in the beginning  
Int: yeah?  
Caitlin: erm yeah, I can’t remember when they first came in but it took a long time from us doing like the initial order to say how many we would need for the month, it took a long period of time til they actually came   
Int: and did you have any problems with PPE or anything  
Caitlin: yeah  
Int: yeah?  
Caitlin: yeah yeah definitely, we had erm, an example with one resident who actually went into hospital and was coming back to us on like a CPAP machine, now with that you need to change your PPE if somebody was to get COVID because it’s aerosol producing and trying to get hold of long sleeved aprons [laughs] was like trying, asking people for gold, really really difficult. Erm, we couldn’t get the correct masks that we needed to be fit tested for the staff, erm generally they weren’t letting us order. All our orders got put on hold in the very beginning, erm,   
Int: what, everything?  
Caitlin: yeah  
Int: so aprons, gloves  
Caitlin: yeah everything, erm, at the moment, now, our orders are pretty regular. Masks are coming in, they get, so we don’t actually order the masks now they automatically come to us   
Int: oh that’s good! Do you get enough?  
Caitlin: yeah, yeah definitely, we’ve got loads now. It was just in the beginning there was just no [pause] I mean we were very fortunate because we’ve always had enough, but there was still that sense of panic that actually what are we gonna do if we run out? And because obviously masks weren’t used all the time prior to COVID, so we always have a supply of masks and when we couldn’t get any, then it was like well at what point do we say right OK we need to start using these now?  
Int: yeah, yeah. Did you erm – you said there was panic about running out  
Caitlin: yeah  
Int: so did you find people were sort of [pause] I don’t really know how to put this into words, trying to get as much use out of things as they could?  
Caitlin: erm, I’d say it was more [pause] as a management team it was following the governments guideline to the letter. Erm, and using what we needed to when we needed to. Like, absolutely needed to, erm, until we started to get regular deliveries   
Int: yeah, and was there any problems with – did you ever worry that if you ran out of gloves, then what would you do for continence care?  
Caitlin: I don’t know, I don’t think that really crossed my mind to be honest  
Int: it was just to, too much going on  
Caitlin: yeah, yeah. We were assured by the company that there is a stock and everybody will get what they need but at the moment they just needed to wait and see and we were constantly reassured [laughs] but obviously there’s still that underlying panic because you don’t know, isn’t there  
Int: yeah, it was in the media everywhere that everyone was begging and things like  
Caitlin: yeah. And also we had issues in the beginning where erm masks would go missing  
Int: missing?  
Caitlin: so where the, yeah, so where the staff were panicking  
Int: oh and stockpiling?  
Caitlin: and they were taking, yeah, so  
Int: yeah, that’s erm tough, did you have to do anything about that? Did you have to   
Caitlin: we spoke to the home as a whole. And sort of said stop panicking, you know, if you need masks come and see us, come and see us, that’s not a problem, erm but please don’t take and then to be honest I think now, especially now we’ve got regular people that commute to work and things like that you know we’ll provide them with masks for that now. It’s just the unknown in the beginning I think  
Int: yeah, yeah. You said you were following like the government guidelines, how was that?  
Caitlin: In the beginning [pause] erm [pause] well it wasn’t really much to go off  
Int: no?  
Caitlin: In the beginning. It was sort of like well you’ll all be alright. You’ll be fine. There’s plenty for everyone [laughs]  
Int: did you get like an immediate sense of what is this  
Caitlin: yeah what’s going on, what’re we meant to be doing then, what’s going on, yeah. [stutters] it was difficult because a lot of decisions were sort of left, it felt as if it was like well you’ll make your own decision then, but we’re saying that you’re all gonna be alright. You know our manager was really good and she stopped visiting, stopped all visiting and shut us down really early you know which I think her acting so quickly is why 7 months into a pandemic we’ve done really really well.  
Int: it’s incredible to have only had 5 cases  
Caitlin: yeah, fingers crossed we stay like that. Especially being next door to the hospital, you’d think  
Int: yeah

Int: erm, so, during the pandemic obviously you’ve said a lot about in the beginning things changed, can you just sort of talk me through what happened really in the home? From when the pandemic started, just anything you remember or  
Caitlin: it seems so long ago now [laughs] erm so we had a lot of management meetings, we have management meetings every morning anyway [break in audio] COVID and the news, and quite closely watching it but I think in the, in the beginning as well [pause] in the area we were OK, I think as far as I can remember I think our area was OK, then it was the sort of panic for PPE and making sure we’ve got everything we needed if we were to get a case. Erm, and then obviously we had erm, the situation where erm, continuing healthcare purchased some of our empty beds so that was quite scary   
Int: OK so what, what do you mean by that? What happened there?  
Caitlin: so we had, erm, where we had empty beds within the home continuing healthcare which is part of the NHS erm, paid for some of those empty beds so they could use them to discharge residents from hospital. Now we did get input into what residents we could take, so it was almost like erm, a lot of it goes through sort of higher up than me but from what I can gather a lot of it is like we could look at this is this person, they’ve had that and they’ve got this, sort of, and then sort of say bid to take those people, looking at if they’ve got COVID if they haven’t stuff like that but ultimately CHC had control over those beds if that makes sense   
Int: yeah  
Caitlin: so that was obviously quite worrying in the beginning, whereas now, sorry, whereas now it’s obviously not the case and things are a bit different now. But yeah a lot of meetings, a lot of panic amongst the staff, I remember being at a quite a few meetings with the whole staff team where we just sat and talked and the staff – it was just that ultimate panic and shock in the staff, and people that didn’t want to be here because they didn’t feel that they could, they needed to be at home to keep their own loved ones safe and the uncertainty around well if I go home am I gonna get paid, if I don’t want to come in, and things like that. I remember a lot of that at the beginning, the residents as well they were really, really worried, erm, about what was gonna happen, erm and then obviously the biggest change was when we all started to wear masks permanently. Through the home. And actually that was quite difficult, for the residents as well. It’s just understanding, because a lot- hard of hearing, people with dementia, they sort of watch your face and you smile and things like that when you communicate and that mask just takes all of that away. It’s really difficult then.  
Int: so do you think there’s been, because of the masks, sort of difficulty in those relationships between staff and residents?  
Caitlin: I think yes, when it first started and we all wore masks all the time yes, I think now with residents that have capacity and understand not so much. But definitely those with dementia, it’s really difficult because you would just smile you know, and when you’re talking and it’s difficult, it’s really difficult now. To communicate with people with dementia when you wear – they can’t tell what you’re doing underneath that mask.   
Int: erm, in regards to continence care, do you think wearing the masks makes a difference? Like you say there’s difficulties with communication, if you’re trying to explain to someone with dementia what you’re doing   
Caitlin: I’d say so yeah. Because they can’t, again they can’t see you trying to reassure them. When you try to reassure somebody that’s upset and distressed by this you know you smile, and you know the expressions that you make on your face say a lot to somebody that has dementia whereas wearing that mask takes all that away   
Int: yeah  
Caitlin: there’s only so much you can do with your eyes [laughs]  
Int: yeah, your eyes only say so much don’t they

Int: so you said, again, about the difficulties at the beginning with short, with staff and timings for continence care and things like that. Was that – how did you tackle that issue? Was it – was it just a sort of suck it and see and  
Caitlin: all pull together yeah, everybody pulled together to try and do this. I mean we are fortunate in the sense that we do have a really big staff team and bank staff, but there was still – there is still shortages, you know, there is still people that are frightened, especially again when we had confirmed cases as you can imagine, exactly the same happened again. You know but everybody pulled together to work and do the best that they can for the residents.

Int: brilliant. [pause] and I think the only other thing – sorry I’m aware I’m taking lots of your time!  
Caitlin: it’s fine! Seriously take as long as you need it’s not a problem  
Int: you’re saying very interesting things!  
Caitlin: [laughs]  
Int: erm, I’m jumping around a bit now going back again to continence care and maintaining continence, do you do anything within the home to sort of promote the maintenance of continence and the prevention of incontinence?   
Caitlin: kindof like, we sort of, so if we were talking about residents with dementia that we know are incontinent or we know have issues around timing with continence and stuff we sort of promote that we check sort of 4 hourly.   
Int: OK  
Caitlin: making sure that people are being assisted to the toilet or have had their continence aid checked and things like that, erm, it sort of goes hand in hand as well with people that are bed bound, we sort of do that same sort of thing ‘cause we time that in with repositioning and stuff like that. Erm, yeah we’ll always offer, there’s, especially, we’ve got a lady who will sit and she’ll start tugging at her skirt, she’s got dementia and she’ll tug at her skirt and if you ask her then does she need the toilet she’s like yeah and she’ll go to the toilet, so it’s just getting to know them as well and the little signs that indicate that actually if somebody doesn’t help me now their not necessarily going to communicate it with you but then they would be incontinent   
Int: yeah, and do you have erm, like is there anything within the building that’s sort of specifically to promote continence like dementia friendly design or  
Caitlin: yeah, yeah so on our dementia suite our door frames are painted a different colour, don’t ask me what colour though because I can’t remember, and the toilet seats are red on the dementia floor so they’re easier to see compared to the other floors. Signs, toilet signs on the doors as well especially, so I’m actually sat in one of the bedrooms now but on the bathroom door we will have a toilet sign so you know that that’s the bathroom because quite often as well on dementia you get people coming wandering out into the corridor when they need the toilet.   
Int: yeah, yeah. And do you, if you were to have someone with a dementia who was initially continent and then newly presented as incontinent, how would, what would you do to sort of, what would your first step be?  
Caitlin: erm, so in my head I’d be thinking [laughs] I’m not quite sure what you want as an answer but for me I’d look for a urine infection or if there’s something else going on, erm, and see if that’s what’s causing the incontinence and go down that route. To find and see if there’s something that we have missed  
Int: yeah, and do you think erm, again this is – none of my questions have right or wrong answers, I’m just sort of asking. Do you think continence is, erm incontinence sorry is expected with dementia? Do you think it’s just part of   
Caitlin: not necessarily no, not necessarily at all. You know, that’s like saying does everybody forget to swallow because they’ve got dementia   
Int: yeah, do you think it, if if, do you think if you were explaining dementia to someone, would you associate incontinence with that explanation of dementia? If you were explaining can affect someone,   
Caitlin: mmm, no. ‘Cause it affects everybody differently.   
Int: and how – these are just coming off the top of my head now so there’s no – do you think erm, do you think dementia contributes towards incontinence?  
Caitlin: yeah at times yeah definitely, but I don’t think it defines it.   
Int: brilliant. I think that’s probably everything

Int: oh one more thing, is there anything about the team you work in or the home you work in that you think particularly influences your experiences? Whether it’s a good thing or a bad thing or, even just if it’s close to home or anything like that.  
Caitlin: yeah I just think that we, you know as a team, here, I think we’re really – it’s hard to put it into words really, I think we’re very fortunate in who we have as a team you know, we’ve got a really good manager, and I think the way to look at it is here at [home name] we have, you have sort of, you have people doing and people being don’t you, and rather than just being task orientated and that doing I like to think that here we are more people being, and fulfilling lives, and making the most of what we can for the residents. Especially residents with dementia.   
Int: that’s really lovely to hear! And just thinking about everything we’ve talked about, in all of it’s vague and abstract ways, is there anything that you think that’s relevant that hasn’t come up? Or anything you’d like to add or just anything  
Caitlin: I don’t, I don’t think so no. No I haven’t got anything else to add  
Int: well thank you so much for doing this  
Caitlin: no it’s fine, thank you!  
Int: I’ll let you get back to your work now but thank you so much for talking to me, it’s been really interesting and helpful  
Caitlin: thank you, thanks  
Int: OK, good bye!  
Caitlin: bye!