Int: Thank you for agreeing to take part. So, what I’m doing basically is trying to find out how [cough] how the COVID pandemic has affected continence care   
Sadie: mmhmm  
Int: in residential c-care homes for people with a dementia   
Sadie: Sure  
Int: and, erm, I’m particularly interested in your experiences. So, I’ve been working in care since I was 18   
Sadie: yeah  
Int: in various roles like carer, senior carer, domestic, unit manager, a bit of everything really and it’s just sort of research based on my experiences and now I want to see if those experiences transcend into everyone else’s lives as well [laughs]  
Sadie: sure  
Int: erm, in any research you’ll be given a pseudonym, so your name won’t have anything to do with the research and you won’t be identified at all.  
Sadie: OK  
Int: and if there’s anything you don’t want to answer, let me know. If you want to take a break, if you change your mind, that’s fine.   
Sadie: sure

Int: erm, so, to start, so if you could just tell me about your experience in care?  
Sadie: erm, I’ve worked in care, again, probably since I was – well, I started as a dental nurse,  
Int: yeah  
Sadie: erm, that sort of lead me into the care work, I went to work at The Oaks Hospital as a healthcare assistant there, erm, and sort of just went up from then really. Again, I went to then a residential home, become a care team manager there, moved on to see what sort of dom care was all about, erm, did my level 5 in leadership and management which has now lead me to be – well, I’m just about to start as a registered manager for supported living and dom care.  
Int: well congratulations  
Sadie: thank you  
Int: [laughs]  
Sadie: [laughs]  
Int: sounds stressful  
Sadie: Yes! I’m sure it will be, I haven’t got my teeth into it yet but I’m sure it will be   
Int: so what’s.. if you tell me about your current role what’s that like? What’re you doing?  
Sadie: I – erm, so currently, this is a new company that have just started out, I’m a care manager in a large home and we have four units, a dementia unit and then there’s the people that have, like, capacity. There’s some people with trackies (?sp) or stomas and then again there’s elderly some with dementia.  
Int: OK, brilliant, so is your area of expertise more sort of older adults and  
Sadie: definitely, older adults and elderly is what I’ve always worked with, yeah  
Int: so I will focus on the older adults experience you’ve had  
Sadie: yep  
Int: if that’s alright?  
Sadie: good

Int: so can you tell me about any training you’ve had relating to continence or dementia, if you’ve had any – it’s fine if you’ve not  
Sadie: yeah so obviously you have your general training when you’re working as a care assistant or a manager, especially when I worked in a residential home we had trainers come in  
Int: yeah  
Sadie: erm, and I did do a really good training session on dementia care, it was one that’ll probably stick in my mind for the rest of my career  
Int: yeah?  
Sadie: erm, where the trainer brought in props, erm, do you know those glasses that make your eyesight go funny?  
Int: oh yes, yeah  
Sadie: and then they put pebbles into our shoes, erm, put the glasses on, erm, then put a pair of gardening gloves on our hands and then told us to pick out the 1p’s out of a big bowl of all different, erm, pennies, erm, and things like that just to sort of give you an insight to potentially what a dementia patient may feel Int: yeah  
Sadie: or see, erm, they got up all in your face kindof thing and said “come on! Come get a cup of tea! Come get a cup of tea!” erm, to sort of make you feel how they feel if you was to do that to them as a carer. It was really good, it was really really good  
Int: so is, is that what sticks in your head about it, that be -it it sounds like you’re being put in that persons position   
Sadie: absolutely, yeah  
Int: yeah, yeah. That’s fascinating  
Sadie: because I think, dementia is obviously, cause it’s an umbrella of loads of different things, so no two people are the same with their dementia  
Int: yeah  
Sadie: so for them to sort of do that really I think gave the carers and myself a great insight to what they potentially could be seeing or feeling or that kind of thing I don’t it was just a really good training session   
Int: do you know erm what organisation it was that did the training?  
Sadie: erm that was [Redacted] Homes, I don’t know if they’d called someone else in to do that  
Int: yeah  
Sadie: erm or not because [Redacted] Homes have their obviously their own trainer  
Int: yeah  
Sadie: erm, but that particular training session I don’t know if that was an out-outside body I’m not sure   
Int: yeah, so di-  
Sadie: but it was good

Int: did you ever do any sortof specific continence training?  
Sadie: erm, only really on the e-learning,   
Int: yeah  
Sadie: erm, so when you start and obviously you have to update that yearly   
Int: yeah  
Sadie: er, and then as I went into, erm, the care team manager role we had the continence team come in not that they, I wouldn’t call it training session to be honest  
Int: [laughs]  
Sadie: erm, yeah, they kindof just come in and had a little chat on how their system works and you know what we need to do if to send a referral that kind of thing  
Int: so their their sort of advice was more about how to use their service rather than how to is that  
Sadie: yeah, yeah, it was actually,   
Int: that’s interesting  
Sadie: mmm!  
Int: [laughs]  
Sadie: mm, now you say it like that it definitely was more about the service really   
Int: yeah. Do you and was that sort of in a more management role you said   
Sadie: Yes

Int: OK, fantastic, erm, OK, erm, I’m gonna ask, can you think about or remember an incident of incontinence you’ve sort of dealt with er recently  
Sadie: yeah, quite a few  
Int: yeah [laughs] is there any that sort of stick in your mind?  
Sadie: erm, to be honest, this happened quite a few times, sorry there’s a train going past  
Int: that’s fine  
Sadie: erm, there, when we had to sort of, I don’t like to use the word prove but it was kindof that, to prove that someone had an incontinence issue we used to have to save the pads  
Int: really?  
Sadie: and then they’d come in, yeah they’d come in and weigh them  
Int: OK  
Sadie: so for a 24 hour period erm we’d have to sort of save the pads etc and then based on the weight of them erm it gave an indication to whoever it was the continence team come in of what pads they’ve used and how many they were allowed   
Int: so that was for their continence assessment?  
Sadie: yes  
Int: yeah  
Sadie: now the issue was 9 times out of 10 they’d never give us enough pads for that person and a lot of the time they’d say well you know if it’s a little bit wet it can go back on  
Int: yeah  
Sadie: which, in my eyes, you wouldn’t put a pad back on that yourself that you had even if you’d done a little bit   
Int: yeah  
Sadie: so we had quite a lot of issues like that   
Int: so it was more sort of, lots of issues of not having enough equipment  
Sadie: correct  
Int: yeah. So when you’ve dealt with incontinence so if have you done sort of like hands on helping someone clean up afterwards or   
Sadie: oh yeah yeah yeah  
Int: yeah, when, can you think about an incident where you’ve done that, whether its urine or faeces or anything  
Sadie: oh yeah, all, a lot of people  
Int: [laughs]  
Sadie: erm, I had one particular person who was bed bound  
Int: yep  
Sadie: so it was always a case sortof having to change him, erm, he also was on laxido   
Int: yeah  
Sadie: so that was always [sigh] a lovely job to do   
Int: [laughs]  
Sadie: [laughs]  
Int: so when you’re, when you’re doing that what’s your sort of, internal reactions, what’re you thinking and feeling  
Sadie: [sigh] well I guess you kindof become immune to it, after you’ve done it for so long  
Int: yeah  
Sadie: erm, but I think, y’know, it, when you’re first time doing it it’s, you feel sad for the patient or the client because of the, what has happened and that they don’t want to be in that situation [pause] but you’ve just gotta stay obviously professional and   
Int: yeah  
Sadie: keep the, yeah, calm and make sure their dignity is maintained that kinda thing and just get on with it really  
Int: and how do you, how i- sorry I can’t speak  
Sadie: that’s OK  
Int: [laughs] the the person youre supporting what were how – how did they seem  
Sadie: erm, I guess it depends from person to person but a lot of them uh they get kindof used to it which is kind of sad   
Int: yeah  
Sadie: erm definitely obviously when it’s happened for the first time they’re quite embarrassed   
Int: yeah, it can be quite upsetting can’t it   
Sadie: absolutely

Int: erm, and when you’re, when you deal with incontinence do you think it has an impact on you for the rest of the shift?  
Sadie: umm, no. I don’t think so  
Int: OK, do you think it’s just sort of part of the job and you just  
Sadie: I do yeah  
Int: deal with it and move on  
Sadie: absolutely  
Int: have you ever had it where erm, you know your your uniform becomes soiled or or or things like that  
Sadie: uhh, with catheters I’ve had it where it’s spilled and gone on my trousers but 9 times out of 10 you’ve got the correct PPE in place so it shouldn’t happen  
Int: yeah so the  
Sadie: so aprons, gloves,   
Int: yeah, so that’s quite important to have that  
Sadie: yes

Int: erm, so, when you are talking about your job,   
Sadie: yep  
Int: so when you meet people or or whatever and they ask what you do, what do you tend to say and how do they, how does the conversation tend to go   
Sadie: what if I’m going into someone that I need to change?  
Int: just, no like friends or family or anyone you meet  
Sadie: oh, erm, I guess, I just say that I’m in the care industry really   
Int: do you think people sort of do people ask questions about that, do they   
Sadie: umm, [pause] not anymore, I gu- no, not really, I think everyone kindof understands what a carers role is   
Int: yeah?  
Sadie: yeah  
Int: does erm, when you were working as a care assistant did you ever sort of come home and talk to your partner or anything about your shift and what had happened  
Sadie: yeah, I think if I had a bad day obviously you can’t  
Int: yeah  
Sadie: go into detail of patients names  
Int: yeah  
Sadie: and you have to [pause] keep confidential in all of that respect but I do, if I’ve had a bad shift and stuff I’ll definitely sortof speak about it   
Int: and what would you say a bad shift is?  
Sadie: ooh  
Int: [laughs]  
Sadie: when I haven’t stopped all day [laughs]  
Int: [laughs] when you haven’t had a chance to rest   
Sadie: yeah  
Int: and you’ve been holding in your wee for 12 hours because you didn’t get a chance to go   
Sadie: oh yeah, yeah  
Int: to the toilet  
Sadie: [laughs]  
Int: does erm, how is your partner when you’re talking about it, are they sort of, happy to   
Sadie: yeah, he’s very understanding   
Int: and do you ever talk about dealing with incontinence   
Sadie: erm, not really no, I think I’ve got so used to that that that kindof [pause] that kindof aspect of the job is just second nature now  
Int: yeah  
[pause]

Int: erm, when, throughout the pandemic, there’s um, well, in general really, there’s been research that suggests that there’s a bit of stigma for people who deal with continence and sort of bodily functions  
Sadie: right  
Int: and, I was just sortof wondering if you, well if you had any thoughts on that, do you think that’s true or not really relevant or like do you feel that you experience stigma because you deal with bodily functions?  
Sadie: I feel that, when the pandemic started that care homes, in relation to all aspects of the care whether it be continence or not, that they were sort of [sigh] not put on the top of the list   
Int: yeah  
Sadie: care homes   
Int: so were you, um, sort of in a managerial position when the pandemic started?  
Sadie: yes  
Int: and did you – there was a massive change was there?  
Sadie: erm, to begin with no, and I think that was what the issue was.   
Int: right  
Sadie: erm, that, you know this pandemic started and places went into lockdown and yet we were still expected to go to work and carry on as though nothing was happening   
Int: yeah  
Sadie: and I think that, for not only myself but care staff as well, everyone was a bit scared, you know  
Int: yeah  
Sadie: of what was happening. And the fact that I mean in, I don’t know how many care homes this happened to but we wasn’t given masks for a long time  
Int: yeah  
Sadie: erm, we was always told that you know masks don’t do anything, there’s not a need to wear them yet, erm, and that happened for quite a long time I kn- I know that there was a lot of issues in my care home regarding that and staff didn’t feel protected against, which is a shame because now obviously masks are compulsory  
Int: yeah  
Sadie: and yet we were told at the beginning when the pandemic hit and everything was really bad that they don’t do anything anyway   
Int: so was that, when, when you were sort of being told that, was that something you were having to pass on to your staff  
Sadie: yeah! Yeah  
Int: yeah, how did that feel?  
Sadie: that was really – it was awful because I sort of had to go along with what head office was saying and the guidelines that the government were giving, yeah, you know that everyone just expected well the care staff were still expected just to come in and do their normal shift but they’ve got family at home too,   
Int: yeah  
Sadie: and that was really, yeah it was really, really difficult

Int: so did you have a lot of – did you have any infections in your care home?  
Sadie: erm we had one resident that was tested positive erm but she was fine, and we actually had god about 12 staff members that tested positive too  
Int: oh wow  
Sadie: yeah we had quite a few   
Int: that must have put a lot of stress on the home  
Sadie: yeah, it was so, it was, to be honest it was really quite strange because you’d think that with the staff members obviously they’re going in and out of all different rooms and all round the home and then it spread quite quickly between staff but not residents   
Int: yeah  
Sadie: so it was, its, it is strange how this virus works   
Int: that is very strange, do you think, why do you think that is?  
Sadie: I have no idea  
Int: [laughs]  
Sadie: honestly, I have no idea, I still don’t get it, how you know, vulnerable, it was saying vulnerable adults with underlying health conditions are most at risk,   
Int: yeah  
Sadie: yet actually, in that particular situation, they were doing better than what the staff were   
Int: that’s very interesting that is   
Sadie: yeah, and I still don’t get it   
Int: [laughs]  
Sadie: and I probably never will

Int: do you think erm, there was a change for workload when, when sortof during the pandemic   
Sadie: erm  
Int: or during lockdown  
Sadie: there definitely was staff [pause] erm, so the staff that obviously were still coming in they had a erm, larger workload because we were trying to compensate for maybe a few staff that were off sick   
Int: yeah  
Sadie: so [pause]   
Int: and do you think erm, do you think the atmosphere in the home was different, did, did things change?  
Sadie: oh yeah definitely  
Int: what was, wha-what did you think changed  
Sadie: I think because erm, staff were, were scared  
Int: yeah  
Sadie: really, they were scared to come to work, erm, they were worried at how their work might be affected. Again, the schools closed so childcare was an issue for some  
Int: yeah  
Sadie: so yeah, it definitely changed and obviously I work in quite a big home so there was a lot of staff, so everyone was like whispering and talking amongst themselves and you know little white lies and rumours were going round   
Int: so it was like it was, yeah, a rumour mill   
Sadie: yes

Int: do you think erm, the residents understood what was happening?  
Sadie: erm, ah, some.   
Int: yeah?  
Sadie: obviously they’ve all got TVs in their room and watching the news and everything that’s going on, obviously upstairs on the dementia units they, they didn’t really understand   
Int: yeah  
Sadie: but more so on the units where people still had capacity definitely   
Int: do you think erm, there was any, do you think it was extra difficult with the people with dementia who couldn’t understand or do you think it was more difficult with the people that did understand?  
Sadie: more difficult with the people that did ‘cause they were scared too  
Int: yeah  
Sadie: yeah

Int: and was, do you think there was a difference in how staff interacted with residents?  
Sadie: we were told quite a lot to sort of not you know tell them too much. So for instance when the first staff member got it we were told oh yeah don’t tell residents  
Int: OK  
Sadie: erm, we were also told erm [pause] that at the beginning when everyone was asking for masks that we weren’t going to wear them yet because it would scare residents   
Int: right  
Sadie: mm, so that was a bit of a controversial topic as well um because it was all – and I do agree obviously the, the resident is the centre of care and everything you do it does revolve around them  
Int: yeah  
Sadie: but I feel like the staff were sort of just, yeah put pressure on to just come to work and not think about how they feel you know?  
Int: it sounds a bit like the staff weren’t really considered?  
Sadie: exactly   
Int: yeah that must have been horrible   
Sadie: mm

Int: erm, how did you feel about going into work? As the manager, or as a manager like did you feel like you had a degree of separation or was it still quite – because obviously  
Sadie: oh I hated it   
Int: yeah? Was it  
Sadie: yeah  
Int: worrying?  
Sadie: yeah and that’s what lead me well to sort of find a new job  
Int: really?  
Sadie: I didn’t, yeah, I didn’t the way that it all happened, and I don’t know this is what I mean, I don’t know what happened in other care homes, but the way I feel was that we as staff and managers wasn’t supported that well, erm, and it just – it did really just put me off sortof working for that company to be honest   
Int: so what do you think could have been done better?  
Sadie: they should have been more honest with staff, erm, we had a big group whatsapp, erm, messages could have been put out on there just to sortof give staff a bit more clarity and a bit more like, you know, that they’re not alone, that kinda thing   
Int: yeah  
Sadie: and there was nothing, i-it was all just assumptions and expectations from staff instead of you know, working together   
Int: yeah  
Sadie: and I think, had they of, you know, supported staff more, we would’ve – staff would’ve been more inclined to you know, not worry  
Int: yeah, so there was a lack of support   
Sadie: Yeah  
Int: yeah that seems, erm, I think that seems quite common looking at the news  
Sadie: mm

Int: erm [pause] just going back to continence care  
Sadie: yep  
Int: Do you think COVID changed anything about continence care? Like, erm  
Sadie: erm, [sigh] I feel like that obviously we had to stop sort of visitors and healthcare professionals coming in unless it was absolutely necessary   
Int: yeah  
Sadie: So in terms if people had a problem with their continence it wasn’t as easy to get it dealt with, erm, a lot of, it was all a lot of like telephone conversations or zoom meetings that kinda thing  
Int: yeah  
Sadie: erm, so in that sense, yes. Erm, but as a whole, for people being looked after with continence, no  
Int: yeah? You think it – was – did you have any issues with like PPE or anything?  
Sadie: no, we never had issues with PPE  
Int: oh that’s fantastic  
Sadie: yeah  
Int: that’s brilliant  
Sadie: yeah

Int: did you have any, erm, COVID specific policies introduced in the home you were in?   
Sadie: yes we did  
Int: wh-what did you have?  
Sadie: erm, so it was all about PPE, handwashing, erm, we had the local policies and procedures from the government all written out and set up in reception, obviously the visiting changed so the policy for that changes because we couldn’t have anyone come in  
Int: yeah  
Sadie: erm, yeah, so it was quite a few changes   
Int: and how were they distributed among like how were the staff all made aware   
Sadie: they was all given a written copy and then they had to sign that they’ve read it  
Int: do you think many actually read it?  
Sadie: oh, well  
Int: [laughs]  
Sadie: I think, I think quite a few did because it was a pandemic and you know, it wasn’t just a oh we’ve changed this policy for this reason there was a reason to read it and I think everyone was quite interested in reading it erm, to know the changes because everyone was scared  
Int: yeah. Was there much reaction to the policies? A-amongst staff  
Sadie: mmmmm, I think some people thought that the policies hadn’t changed enough especially regarding the protective equipment and the masks and the visors and that sort of thing

Int: OK, and [pause] and just in general, do you think there’s anything about the care home or the team that you work in that particularly influenced your experiences? For example like the organisation or the people you work with or where you work, is, is there anything about that that helps or doesn’t help particularly?  
Sadie: erm, it’s difficult to say, I mean, before obviously the pandemic happened I did enjoy working there, they put me through my level 5, erm but, I don’t know it’s a difficult question really  
Int: yeah it is, it’s quite a wide one   
Sadie: yeah  
Int: er lets – if you think about, like, is the organisation, before the pandemic, were they generally quite supportive, if they put you through your level 5?  
Sadie: yeah, yeah, I think so  
Int: and do you have a good team around you or do you find that it’s quite  
Sadie: sometimes [laughs]  
Int: [laughs]  
Sadie: it depends who’s on shift  
Int: is it quite variable?  
Sadie: yeah some are better than others and you either have a good day because you’ve got a good team or you have a harder day because you’ got a few people that aren’t as hard working, I’d say   
Int: so when you say there’s, when you have your bad days, obviously not like naming names or anything, but what do you think about those, what is it about those staff that makes it difficult?  
Sadie: oh just a li- a little bit more lazy, you have to keep prompting, you have to check what they’ve done  
Int: yeah  
Sadie: whereas if you’ve got a team on that you know they’re going to do it you don’t need to check, your days already yeah

Int: yeah. And then, just, in general, thinking about continence or the pandemic or anything do you think there’s anything that needs to be changed?  
Sadie: erm [pause] well [sigh] again that’s a difficult question  
Int: yeah  
Sadie: I do feel like some things need to be changed in the sense of supporting staff, in terms of continence I do think this whole weighing pads is ridiculous   
Int: yeah  
Sadie: and to be told that, to put on a pad that has got urine in because it’s only one or two urines instead of a whole wet pad is disgusting  
Int: yeah  
Sadie: you wouldn’t put a sanitary towel back on if there’s only a little bit on there would you  
Int: true  
Sadie: you know, so why should you put a dirty sanitary towel or pad back onto a person that it’s dirty, I just, to me that’s disgusting. And the fact that you know they, they can limit the pads to say like three in the day, two at night but what happens if that particular day that person has diarrhoea   
Int: yeah  
Sadie: and you need to change the pad five times in the day, five times in the night then their monthly supply is run out before the end of the month but yet you don’t get the next supply in  
Int: so what – what happens in that, in that scenario?  
Sadie: well you use other peoples, which you’re not meant to do   
Int: yeah  
Sadie: but what are you supposed to do  
Int: do erm, does it ever cause difficulty with sort of family members and things?  
Sadie: I wouldn’t say so family members but staff, we had issues where people would hide pads  
Int: oh really?  
Sadie: yeah, cause they knew that you know at the end, when the end of the month comes it would, they’d start to run out and where we was a big home we had like four erm, four different units, so people would hide pads in their units so that other people from other units wouldn’t know where they are   
Int: wow  
Sadie: mm  
Int: and that’s just, so that when residents run out you have some kind of stock  
Sadie: yep [pause] and it makes their shift easier not having to look for pads  
Int: yeah  
Sadie: they know where they’ve got some, hidden  
Int: do you think that takes a lot of time when, like, looking for pads? When people have run out  
Sadie: Yeah, I mean, I mean it’s the- the- to be fair it did change erm, when I was there because it did become a bit of an issue so in the end we used to keep the pads in the residents rooms  
Int: yep  
Sadie: erm because obviously everyone gets their allocated pads and we did change that and when the pads come in we’d write the room number on and then they all got put into a cupboard and then I only had the key   
Int: oh so it was, you literally had to keep them under lock and key  
Sadie: yeah  
Int: wow  
Sadie: so then when staff wanted more pads I would go and collect them   
Int: did that cause any, like, was there any negative sides to that, did you ever find that  
Sadie: not that I was aware of  
Int: cause  
Sadie: not that anything come to light from [pause] obviously you have to prior plan sort of, you know there’d be a few times where you’d go into the room, there isn’t any then you’ve got to come and find me, get the key  
Int: yeah, yeah  
Sadie: erm, so that is a time frame for other carers but no, it it it it, it had to be like that  
Int: and did it help in the long term to sort of, I don’t know what the right   
Sadie: yeah  
Int: I don’t know what the right word is – to  
Sadie: I know what you mean  
Int: [laughs]  
Sadie: erm  
Int: to sort of, to stop the, the   
Sadie: it did sort of help, a bit   
Int: was it mainly to stop the, the stock piling or taking other peoples or what was the main purpose with that  
Sadie: to stop people hiding them really  
Int: to stop people hiding them  
Sadie: mm  
Int: and when they were – sorry I’m going off on a tangent here, I’ve got really interested in this. When they were hiding them, were they taking them from other people erm, who didn’t need them as much  
Sadie: erm, yeah I’d say so

Int: and [pause] can I just ask you to talk me through the process for erm applying for continence aids or getting someone assessed, I know you weigh the pads but what, what happens after that?  
Sadie: erm well they make their initial assess- they make their assessment after- so we send a referral via fax or email, erm, we then get a phone call from the continence team who say so and so’s coming on this date save the pads 24 hours before   
Int: right  
Sadie: so all the pads get put into separate nappy bags and kept and then when they come in, they will then do an assessment on that person, weigh the pads, have a chat with myself and the resident, they’ll go off and do their assessment and then they will make the decision on how many pads they get, what type of pads what absorbency, that kind of thing  
Int: do you ever have any, sort of, erm, leg to appeal their decision or question it  
Sadie: uhh not really  
Int: and when it’s erm, is there any sort of special assessment for people with dementia or is it just blanket  
Sadie: I can’t really answer that one, I never did an assessment for someone with dementia   
Int: OK  
Sadie: so, but I wouldn’t, I would’ve thought it would’ve been the same process if I’m truly honest  
Int: that’s fine, that’s brilliant, thank you so much  
Sadie: you’re welcome

Int: is there anything you’d like to add or anything you feel is important that hasn’t really been covered?  
Sadie: erm no, it’s all good  
Int: [laughs] well brilliant, thank you so much and thank you for taking part  
Sadie: I hope I’ve been helpful  
Int: you have been very helpful thank you so much  
Sadie: cool, you’re welcome  
Int: right, I’ll speak to you soon  
Sadie: right, take care  
Int: and you  
Sadie: bye  
Int: bye