Int: so if it’s okay I’d just like to ask you some questions  
Bella: of course you can  
Int: it shouldn’t take more than sortof half an hour or so but if you need to go at any point then that’s fine  
Bella: no no no [unintelligible] that’s absolutely fine Leah  
Int: [laughs] erm so what I’d like to start with is just your experience, if you could just summarise quickly your experience in dementia care and and what experience you have?  
Bella: OK so erm I was a deputy hospital director at a Priory where we had 30 beds of old adults with dementia and severe enduring mental health problems  
Int: OK  
Bella: erm, in particular we specialised in erm, older men who had acute behavioural challenges  
Int: right  
Bella: erm and then obviously I now am a registered manager of a care home that has a dedicated dementia suite  
Int: yes, fantastic  
Bella: coupled with a lot of early onset that haven’t got diagnoses yet  
Int: OK, yeah. So, I know I already know this but could you just describe the home you’re working in at the moment, how many people do you have and what sort of demographic do you have in the home?  
Bella: yep OK so we’re 83 beds, we currently have 65 residents living here. Erm, we have a 30 bed nursing suite  
Int: yeah  
Bella: so that specialises in end of life, erm and acute nursing needs, usually people that can’t be nursed at home. We have a 31 bed, er, dementia suite – very much at the sharp end of dementia so it’s sortof late stages of dementia  
int: yep  
Bella: erm, and brain injury – we have a couple of people with brain injury  
Int: OK  
Bella: and we also have a 21 bed suite with, which is, it’s classed as residential but I would say that 85% of the population have early onset   
Int: yeah, yeah, so the residential suite is more sort of people who are early in their journey vu haven’t necessarily been diagnosed yet?  
Bella: yeah absolutely, or they’ve got a diagnosis but they’re – the way that we explain it in – the difference between the residential suite and the dementia suite it it’s when you become conspicuous in your peer group  
Int: right OK  
Bella: so when you are wandering out at night with no knickers on or when you are going into other peoples rooms and taking things  
Int: yeah  
Bella: erm, you know it’s not about if you can converse, it, you know, it’s about if you are conspicuous or you are demonstrating behaviours that are causing concern  
Int: that’s a really good way of describing it  
Bella: thank you!  
Int: [laughs]

Int: so erm, I’ll just move on quickly to continence  
Bella: yep  
Int: so have you had any specific training or awareness or anything in regards to continence and dementia?  
Bella: no  
Int: no. So is that sort of like, at any point, you’ve not have anything  
Bella: no, to be fair, no, I don’t, I I I I I I I have never come across any specific training, apart from anecdotal and experiential   
Int: so when you say anecdotal and experiential, what do you, what do you mean by that?  
Bella: so it’s like, you know, you learn what other people experience, what other people’s stories   
Int: yeah  
Bella: trial and error  
Int: yeah  
Bella: but no, actual sit down, classroom teaching no none  
Int: OK, and have you, when you’ve done, ‘cause obviously you’ve had a lot of dementia experience, and have you done any sortof like specific dementia only training?  
Bella: yep, so we have here we have a full one day course which is delivered to all staff   
Int: yes  
Bella: which is about living with dementia, living WELL with dementia. Erm, it’s based on on the – in partnership with Worcester, Worcester University  
Int: oh fantastic yes  
Bella: erm, I have also done a two day course to be a trainer for that training. Erm, yeah, I think that’s probably – oh and also we were, before COVID, involved in a piece of research with Worcester University  
Int: oh OK!  
Bella: looking at how we can pull apart Jackie Poole’s tool  
Int: what tool sorry?  
Bella: Jackie Poole  
int: oh the erm, is that the Poole Activity Level?  
Bella: yes  
Int: yes  
Bella: yes. And we were trying to see how we could make it more bespoke and for specific people  
Int: ah fantastic  
Bella: but unfortunately since COVID that’s stopped  
Int: yeah   
Bella: so  
Int: that’s a really interesting tool as well, I used to use that a lot. Erm, on your dementia training, is is is there anything discussed about incontinence or continence or maintaining continence  
Bella: no  
Int: ok

Int: ok, so moving on ever so slightly, do you, I know you’re home manager and everything but do you ever work “on the floor”?  
Bella: erm I don’t as in I don’t do shifts, but do I help out, yes, I will help out yeah  
Int: so have you, erm recently dealt with an episode of incontinence?   
Bella: yes  
Int: so if you could just think about that, erm, could you, you know obviously not giving too many details just sortof tell me what happened?  
Bella: ok so one of the routine things that I find it that I will maybe note that somebody has got a heavy pad on  
Int: OK?  
Bella: so I’ll be behind somebody maybe and I can smell them, erm or I note that maybe – how the pad sortof might hang down one side when they’re quite full of urine  
Int: yeah  
Bella: erm, so, I’ll tell you a very specific example so there’s this lady called K, she’s a very private lady and she’s actually quite resistant to personal care so erm approaching her so she can see me properly, making sure that she is receptive to me being near her   
Int: yeah  
Bella: erm being very respectful, so not engaging in a conversation about incontinence to start off with but engaging in a conversation about something else. So K was walking down the corridor and I just started walking with her, we were talking about her daughter because we both have the same name so that’s often quite a good in road for K, erm and she was laughing ‘cause she told me that I spell my name wrong because there’s so many different spellings, and as we carried on walking I mentioned that she looked like she was a bit uncomfortable and would she allow me to show her where the toilet was?   
Int: yeah  
Bella: she agreed, and then when we got to the toilet I asked her if I had permission to come in with her which she agreed, erm, and then K is actually able to take her own trousers down, she’s able to transfer on and off a toilet so I carefully instructed her – K responds really well to small amounts of words  
Int: yeah  
Bella: erm, with the use of a hand gesture as well so I sortof point at the toilet, and we have red toilet seats in the communal toilets, and red toilet signs, and the door frame – the paint is red. So we’re trying to create an awareness that red equals toilet   
Int: yeah  
Bella: erm, and then she used the toilet, while she’s on the toilet I asked if I could erm change her underwear, which I did and she allowed me, and then when I put the clean incontinence product on I gave her some tissue so she could wipe herself because she used the toilet as well  
Int: yep  
Bella: and then I asked her if she would like me to help her pull her trousers up or would she like to do it and she asked for me to do it, erm, and then we washed her hands   
Int: that sounds like quite a nice experience really  
Bella: K’s lovely as long as you know how to speak to her  
Int: yeah  
Bella: I’ve seen people literally get into fights with her because when she says no, she means no and I always say to people don’t take no as a personal affront. She’s not cross with you, just go and find somebody else who might be at that time the face that fits.   
Int: yeah  
Bellla: if that lady doesn’t want to be interfered with – when we do training on personal care, I’ll often say to the new recruits you know, ‘think about being confused and then I’ll come along and start fiddling with your fanny’   
Int: yeah  
Bella: yeah, and they’re like, ‘oh’ and I’m like ‘well yeah that’s what we do every day to people that have got dementia’. We go, we put our hands down their pants, without explaining what we’re doing, without asking permission, now think about how that must feel  
Int: yeah  
Bella: you know, it’s quite a primitive reaction isn’t it, if someone’s fiddling with your fanny and they haven’t got permission  
Int: exactly, exactly. Can I just ask, when you realised that K needed some help and some assistance, was it sortof a, an instant right here right now I’m going to try and see if K would allow me to help her or do you go off and prepare things and get everything ready, what’s sort of the build up?  
Bella: I was, I was walking down the corridor and K was with me so I, um, I, as I walked past one of the carers I asked for them to go and put a pad in the toilet that I was trying to guide K to  
Int: right, brilliant. And after, after you’d helped K, what sort of do you do then ‘cause are you in uniform are you in  
Bella: no I don’t wear uniform, I put like quite a smart dress on which I think helps, because I think they see it as like oh that’s a nice young lady   
Int: yeah  
Bella: rather than that’s a care staff, erm, I’m a great believer in not wearing uniforms on the dementia suite but we’ve not got there yet,   
Int: yeah  
Bella: I’d much rather us wear like bright colour polo shirts if we had to have some sort of uniform on, I’d like it just to be something quite bright and cheerful. So erm, I think we went and sat, we’ve got a communal lounge outside the lifts so we went and sat and had a cup of tea together afterwards  
Int: oh lovely, so it’s not like- you didn’t make it like so I’ve come to help you do this and then I’m gonna go off and do something else, it was a  
Bella: oh no I love talking to K, any excuse to talk to K  
Int: [laughs]  
Bella: any excuse  
Int: that’s lovely

Int: erm, going on to continence aids because I know you said that you helped K change hers, previous interviews have suggested that there can be quite an issue in care homes with continence aids like pads, with them often running out and with staff sometimes like hoarding them and locking them away and things like that  
Bella: yep  
Int: do you erm  
Bella: never  
Int: sorry?  
Bella: never  
Int: never?  
Bella: never, never, never. And if we ran out, I’d buy more.   
Int: so  
Bella: there is no restriction on my budget when it comes to personal care. Erm, we have loads of incontinence products. And we, erm, have never run out.   
Int: have you ever  
Bella: and my staff – they would be in a lot of trouble if they hoarded them. They’d be in a lot of trouble.   
Int: have you ever experienced that problem from elsewhere?  
Bella: no, never  
Int: so do you think – it seems to be that that is a problem in some homes, but obviously you don’t have that  
Bella: what you might find Leah, is erm, I don’t know who else you’ve spoken to but if you are, again anecdotally, the people that I’ve spoken to that have run smaller care homes before   
Int: yeah  
Bella: so sortof single provider, they have much tighter erm, confinements really with their budget  
Int: yeah?  
Bella: so because we come from a really big company and they make quite a lot of money, as a company they pride themselves on knowing that that wouldn’t ever be the case so even if we had somebody that doesn’t get their products on the NHS, I would buy them. I think single providers are a lot more reliant on the NHS provider and if they run out they run out, you have to remember that some people – they only get three products a day. That’s the prescription. And if you think about somebody who’s constantly incontinent – we do erm, we do aids, I mean, we talked about incontinence training, I deliver one piece of incontinence training as part of the induction where we fill pads up with jugs of water  
Int: OK?  
Bella: to try and show them how much fluid they actually hold   
Int: yeah  
Bella: and it’s like a little guess the – guess the pad, guess the mls that it will take  
Int: [laughs]  
Bella: because most people will just change an incontinence pad as soon as it’s just got a little bit of dribble in it  
Int: yeah  
Bella: which I personally think is correct although if you follow the guidelines of three a day you’re gonna run out very quickly  
Int: yes, and I think that’s – from other interviews I’ve done that seems to be the biggest issue, that people aren’t comfortable putting or reusing a pad that’s got a little bit of urine on it  
Bella: yeah, and you know god forbid if it had like a a a a skid on it, rather than poo  
Int: yeah  
Bella: you know, no one’s going to put that back on somebody are they  
Int: exactly, but that’s erm, so you think it is mainly down to budgeting of the company, of the organisation   
Bellla: yeah, yeah I do. Well our deputy, she’s run two single provider care homes and she knows that that is the case  
Int: yeah  
Bella: they always ran out, it was robbing pete to pay paul. Literally. Whereas we’ve never run out here in three and a half years.   
Int: well that’s brilliant

Int: erm, in the home do you have any specific interventions for managing continence in people with dementia? So if someone with a dementia newly presents as incontinent, what would your steps be?  
Bella: erm, checking for like infections and UTIs is the first thing we’re gonna do  
Int: yeah  
Bella: just make sure there’s not something else going on. But the GP’s are very quick just to accept that that’s – that’s, part of their journey. Whereas there could be something physiological going on. Erm, we try and routinely take people to the toilet but we don’t have toileting times, like we don’t have pad checking times either. Erm you now we will all try our best to be a needs lead service rather than a oh it’s 7 o clock lets go and check everybody’s pad, I don’t find that practice acceptable at all.   
Int: yeah, so it’s about when that person needs to go then someone will take them rather than everyone goes at 7pm  
Bella: yeah and if we’re getting somebody up, to maybe get them changed or get them dressed we will always encourage staff to put somebody on the toilet, even if they’re incontinent. You know while theyre in the stand aid, why wouldn’t you pop them on the loo to see if they want to empty their bladder.   
Int: yeah, yep. That’s brilliant thank you.

Int: so again, switching topic ever so slightly, erm, some of the research and reading I’ve done suggests that there is a bit of stigma for people who deal directly with bodily functions. So, for carers and care staff who deal with faeces and urine and things like that. Do you think that you or any of your staff experience this?  
Bella: I think people think that carers are really untrained people.   
Int: yeah?  
Bella: I find it incredibly sad. I think that, you know, if you look at every role in a nursing home, from a care perspective, care home managers are seen to be failed nurses. Er, the nurses have, if you did a pecking order of the nurses erm, fraternity, you would have an NHS nurse at the top, then you would have private healthcare after and then residential care home nurses. And I’ve never met such a skilled bunch of people in my life. Erm, my carers are incredible. And they’re deemed to be people that have very very little skill, there is a huge stigma attached to a profession that actually 98% of the population couldn’t do.   
Int: yeah, yeah. One of the things I always noticed when I was working in care is whenever I told someone that I was a carer, everyone’s response was always “oh I couldn’t clean up shit”  
Bella: yeah yeah  
Int: do you find that?   
Bella: I think that, I think that people are, I think people are amazed that people choose to do this job. You know, I’ve got carers here that have done it for 40 years and they’re like well what else would I do, it’s part of my, it’s part of my fabric  
Int: yeah  
Bella: and I think that, you know, one of the things that I hear is “but you’d get paid more working in Lidl” and they’re like well I don’t want to work in Lidl, Lidl’s a shit job. You know, I make people smile, I care for people’s parents. But I think that yeah, there is a huge stigma still, even with the whole clap for carers and all that business, I still think people think care is just an unskilled job that does a really awful set of tasks.  
int: yeah yeah. There was also some, some early research that came out that said that carers might be stigmatised simply because – in the media during the outbreak of the pandemic there was suddenly lots of COVID in care homes wasn’t there  
Bella: oh we have been, I mean we have been obliterated. What they don’t realise is the NHS discharged loads of people to care homes that were covid positive, and they knew they were covid positive and they carried on and did it anyway  
Int: yeah, it’s all coming out now isn’t it that care homes were massively mistreated, but initially it seemed that care workers were being stigmatised simply because they were associated with lots of covid infections   
Bella: yep  
Int: do you think that there’s any sort of, weight to that?  
Bella: erm, I don’t know really I’ve not really heard of anything specific.   
Int: OK no worries. So you say you’ve been absolutely obliterated by COVID, what was it like?  
Bella: we, we haven’t been personally, we have been emotionally. Erm so we have erm, our doors have been locked now since April.   
Int: yeah  
Bella: we had a couple of weeks of having visits outside and then we got our first COVID case about 4 weeks ago  
Int: oh really, so you did quite well to last that long  
Bella: we did really well, to be fair Leah no one’s sick. We have 2 residents who have had COVID and nobody was sick.   
Int: really?  
Bella: so I don’t think they were true positives. I don’t think they were. One of the ladies that had tested positive has got COPD and heart failure, and she didn’t even have a cough or a temperature. She wasn’t even ill. So it was just weird, it doesn’t add up. But emotionally, my care home and my residents have been decimated. You know, we are not, we are surviving, we are putting one foot in front of the other but we are tired of it. The amount of changes, the amount of legislation from a managers point of view that I’ve had to listen to and read. Erm, I have to check my phone every day, probably about 8 times a day, for COVID results now. We have to swab every member of staff, every week, all 127 of them  
Int: oh wow  
Bella: yeah. Erm, no one is seeing their loved ones. So we’ve got the relatives really upset, the residents are withering away without that connection  
Int: yeah  
Bella: it’s really tragic. Its like, probably the tragedy of our generation really.   
Int: yeah, that’s actually quite emotional to hear  
Bella: yeah but it’s okay because they’re old and they’ve had their time [sarcasm], I’ve heard that so many times from people and it’s like you don’t look after these people, you don’t understand  
Int: yeah  
Bella: you know, it’s really sad  
Int: so what, like, when you say that the staff and that have really struggled emotionally, is it just the impact of seeing the residents being so downtrodden?  
Bella: I think that it’s you know, yeah, I think that you know we have no entertainment, we have, floors can’t mix right now so all the lifestyle and activity stuff is done in silo, staff can’t mix so we’re not all using the staff room, we’re all eating separately.   
Int: yeah  
Bella: kitchen staff aren’t allowed out of the kitchen, because they have to be you know, we have to have somebody that can cook so they’ve got their own exit and entrance now. Erm, it’s just not [Home Name] you know, [Home] is full of love and smiles and laughter and dancing and music, and right now it just like it’s like we’re waiting for the doors to be open again. And I don’t think it’s going to be any time soon.  
Int: it sounds like that community’s really been lost   
Bella: yeah, yeah, and the lack of relatives. The lack of relatives has been really awful, for everybody. It’s been really tragic.   
Int: yeah

Int: sorry, just going off on a tangent again, in regards to continence care during covid - do you think anything in that respect has changed?  
Bella: no, no care has been amazing with that as well  
Int: good, good. Do you think there’s been any, so if you know, if you’ve had staff that have been ill and like they’ve been off, has there been any difficulties managing the care of the people you’re supporting?  
Bella: no, no. Everyone’s come to work. Sickness has gone down.   
Int: really?  
Bella: yeah, I think that everyone just, just knows this is their job now. Their task. Their task is to get our residents through this.   
Int: that’s really lovely  
Bella: it’s been a bit like, when we were in the peak of it, in erm, April, it felt like we were like, back in the war. It had that real sort of like all of us in it together sort of mentality, it was quite powerful really. But now, we’re tired. Now we’re exhausted. We’re a bit exhausted by it all.   
Int: yeah, you’re just sort of, ready for a good rest.  
Bella: yeah, yeah.   
  
Int: erm, you said lots about lots of legislation and policies and everything, what sort of things are being changed?  
Bella: oh I mean everything, cleaning regimes, visiting, reporting, infection control practices, staffing ladders, everything. There’s not one thing that hasn’t been touched by COVID. Not one thing. It’s really, it’s, it’s – at the peak it was really hard to keep on top of it. Literally every day there would be something new that’d we’d have to read and digest  
Int: and did you have to sort of share those with all the staff and everything?   
Bella: yeah where appropriate, where appropriate.   
Int: that must have been a lot as well, when everyone’s already quite stressed and exhausted, having to go through all of that  
Bella: yeah

Int: erm, just to sort of finish up and close, do you think there’s anything about the team or organisation you work for that impacted your experience?  
Bella: from a team perspective, I think it’s one of pride and it keeps me going to know that they’ve been behind me from day one, and they look to me to lead and to guide so erm, yeah, from a team perspective I’m very very proud of what we are achieving, even though it feels like we’re not achieving a lot I know that we really are because we’re keeping everybody safe. Organisationally they’ve been really good, I think that they could, everyone sitting at home working from home for head office I think they could be a little bit more mindful of what they expect from the managers right now, you know we’re probably all pushing a 60/70 hour week right now, trying to keep on top of stuff and we, we work more than our hours anyway but yeah, it’s tiring now, it’s erm, yeah we’re all a bit knackered.   
Int: I can imagine  
  
Int: and just thinking about everything we’ve discussed, sort of continence and dementia care and covid and everything, do you think there’s anything that you would like to see changed?  
Bella: I just want the doors open Leah  
Int: yeah  
Bella: that’s all I want  
Int: that’s the main focus?  
Bella: I think we could, we could do it safely. I just want the doors open. I just want the relatives back, and I never thought I’d say that  
Int:[laughs]  
Bella: they are the bane of my life but I just want the relatives back. I want people to see their children again, if it was my mum, I’d want to see her  
Int: erm, I suppose all that decision comes from head office and local authority  
Bella: yeah Worcester county council now, cause we’ve had a spike in Worcester they’ve closed the doors to all care homes  
Int: have they contacted or whoever’s making these decisions, if they contacted care homes at all and said like what do you think  
Bella: no, never  
Int: do you think that would help?  
Bella: erm, it would only help if we knew that what we said would actually make a difference. There’s no point asking the question if it’s just lip service.   
Int: that’s very true. You say you think you could do it safely, if you could sort of inform them of that and then… well maybe that would, I don’t know  
Bella: Well I think the only problem with that is would my company be willing to take that risk, there’s a big thing around reputation and a company that need to stay in business.   
Int: yeah  
Bella: you don’t want to be the company that brings COVID into a home  
Int: do you think the risk would be worth it?  
Bella: yeah, I do. I do. Not when we were in April when it was absolutely crazy but from what I understand about what the virus is like now and how it’s behaving, yeah I do think it would be worth it. In some sort of controlled way.   
Int: yeah.

Int: well thank you very much, is there anything you’d like to add or anything you feel is important that hasn’t been covered or talked about?  
Bella: no no no that’s fine, thank you  
Int: brilliant thank you so much  
Bella: OK  
Int: that’s been really interesting and really lovely to speak to you