Int: OK, so that should be recording now. erm, so, can I just begin by sort of asking about your experience in care? Sort of how did you end up in care and how long have you worked in care?  
Dorothy: erm, I been in care for 2 years now  
Int: yeah  
Dorothy: I started care because of my granddad going into a care home, erm, and I was in childcare beforehand, and of course him being in a care home he was like “oh you should be a carer, you’d love it” I was like “granddad I’d love to be a carer, let’s try it and see what they say” and then obviously he passed away so I started my care job, at his care home  
Int: oh wow  
Dorothy: erm, I stayed there for a year and then I’ve moved onto my new care home   
Int: that must have been quite difficult, working where your, where your granddad had been?  
Dorothy: it was, because you remember the room as their room, not anybody else’s room  
Int: yeah  
Dorothy: it obviously used to get quite upsetting seeing that it wasn’t his room no more, it was somebody else’s  
Int: yeah, did you find that quite hard?  
Dorothy: I did  
Int: I can imagine that must have been quite upsetting.  
  
Int: erm, so can you tell me a little bit about where you’re currently working? Like, what sort of people do you look after and what sort of shifts do you work?  
Dorothy: erm, I’m currently working at [name of home], erm we are closing down unfortunately  
Int: oh OK?  
Dorothy: we work with people for palliative care, dementia care, respite care and of course end of life care. And I work a 13 hour day, but it’s classed as a 12 because of my break, it’s taken off.  
Int: oh wow, OK, so what do you do, like 7AM til 8PM or something?  
Dorothy: yeah  
Int: Christ that’s a long day  
Dorothy: it’s a VERY long day  
Int: is it quite a big home you work in?  
Dorothy: we’re a 58 bed care home, split into two units. So one all dementia, one a bit of everything, and I’m in both  
Int: do you have like one unit you work on more or are you just split equally between the two?  
Dorothy: I go between the two  
  
Int: brilliant thank you. So can you tell me about an incident of incontinence you’ve dealt with recently? Or one that just sticks in your head?  
Dorothy: what, with a dementia patient?  
Int: yeah if that’s one that comes to mind  
Dorothy: yeah, erm, we have a little gentleman, erm, I’m gonna call him Bob ‘cause I can’t use his real name  
Int: yeah of course  
Dorothy: er Bob is, can be quite aggressive.   
Int: OK?  
Dorothy: to carers. ‘cause of his dementia is quite high, and he used to be a boxer. So we think his dementia is going back the other way, and he’s going back to his old days. Erm, he’d only talk to me when he got to know me, and he was like “oh I’m gonna fight everyone, they’re all this they’re all that” and he kept swearing and swearing and swearing at everybody that went near him. And we put a pad on him and I was like “right, I’ll be back in a little while Bob, I’ve just gotta go down and see somebody else and sort them out and get them out of bed and put them in their chair” and he was like “OK”, and then he started buzzing. I went “what’s wrong?” and he said “my pads wet” and I went “OK I’m coming, let me go and get my new gloves because I gotta put some new gloves on and then I’ll come and see you” he went “OK” and then by the time I’ve got round the corner he’s taken the pad off and he’d launched it across the room. And I’ve put the new one on him but then I’ve sat down after with him and I’ve spoke to him about why he took it off. He went because it was so wet he felt so uncomfortable, he went “so it was my initial reaction to throw it”  
Int: yeah, just to get rid of it  
Dorothy: yeah, to get rid of it because he didn’t want it near him. So I was like “oh right next time, can you place it in the bin for me? Because it’s got the bag and I can literally just take it out the room” he went “oh OK, I’m sorry I’m sorry I’m sorry” and we’ve got a few with dementia that’ll do the same, we’ve got one that comes up to you and goes “my pad, my pad, my pad” and won’t stop til you go in the room with her and change her  
Int: yeah  
Dorothy: erm, we’ve got a few dementia that are bed bound, and have got no communication so they don’t know when it is, but some of them will take it out and throw it across the room or if they’ve had a number 2 they’ll get their hand and they’ll smear it all up the wall so we’ve got to wash the walls and stuff  
Int: does that happen quite a bit?  
Dorothy: we’ve only got one lady that does that  
Int: OK  
Dorothy: and you ask her and she goes oh I’m just doing a painting job  
Int: OK so she doesn’t seem to understand what it is that she’s doing?  
Dorothy: she just thinks it’s brown paint and it’s really not brown paint  
Int: so what do you do, if you come across a situation like that? Where she’s smeared paint – sorry, I mean smeared poo on the walls, what do you do?  
Int: of course we change her first but of course we make sure the carer doesn’t go near that wall, and then after we’ll go in and we’ll clean the wall and we’ll talk to her, about what she’s done. Sometimes she’ll understand that she shouldn’t have done that, and she will go “oh I’m sorry I’m sorry it won’t happen again” but of course it will happen again, because she will forget 5 minutes later and then she’ll do it all over again. Er but of course her background isn’t the best of backgrounds, because she was abused. Her dementia is onset because of the abuse that she’s suffered, and she just thinks that everything should be like that but it shouldn’t be like that of course.   
Int: oh gosh, bless her  
Dorothy: so of course some days you’ll be sitting in the lounge and she’ll be screaming at him [abuser], and then she’ll start swearing at him, even though he’s not in the room. But of course you can hear her, and it’s not fair on other people to hear that.   
Int: so going back to the smearing, when you’re sortof helping her and tidying up and things, how do you feel about it?  
Dorothy: it doesn’t really bother me, I know I’m going to help them. It’s the helping them. I know that once I’ve helped them I know they’re clean, and that they can’t get no sores, like if we haven’t changed them.   
Int: yeah. And do you have to wear lots of PPE? Like gloves and aprons  
Dorothy: yeah. And the red bags on hand as well. For the laundry.   
Int: have you ever erm, been in a situation like that where you haven’t had access to gloves or aprons or red bags? And you have to sort of deal with it there and then  
Dorothy: only once  
Int: what happened then?  
Dorothy: erm of course it was a weekend so our maintenance man didn’t – ‘cause he doesn’t work weekends, and we’ve gone “oh we need to go and change her” and I was like “OK lets go and get some gloves, get some aprons” and we didn’t have no aprons, erm, or we had one, what was the food ones so we went and asked the manager quickly can we use the food ones because we’ve got no aprons, and she’s [resident] a bit, she’s got it [faeces] everywhere on her hands and we don’t want to get it on our uniforms because we’ve got a couple of hours left to go and we’ve got no clean uniform, she [manager] was like OK use one of the blue ones [food aprons] so we used one of the blue ones but we didn’t have no gloves  
Int: oh gosh  
Dorothy: and we checked on both units going is there any gloves, have you got any gloves, literally like one pair of gloves and they said no, so obviously we’ve had to use our hands and then just scrub our hands after like six million times just to – get it off. Luckily enough it was only a little bit  
Int: did that sort of worry you for the rest of the shift?  
Dorothy: yeah, ‘cause we thought in case she does it again we’ve got to do it all over again  
Int: so when erm, it may seem like a silly question but when you’re in that situation where you’re dealing with faeces and you’ve got no gloves or aprons, what is it that worries you about that?  
Dorothy: of course not having the right PPE that we’re meant to have, erm, and of course infection control on us if it gets – if we’ve got a cut on our hands and it goes into that then we’ve gotta go through the whole process of that. But normally we do have quite a lot  
Int: it just happens sometimes  
Dorothy: yeah  
Int: when you’re helping someone who’s been incontinent, what’s your – what’s sort of the main thing you’re trying to do? Is it getting that person clean and comfortable and tidy  
Dorothy: yeah  
Int: yeah. And how do you, erm, do you ever find – you mentioned the first man and said he could be a bit aggressive, do you ever find that people are quite uncomfortable while you’re assisting them?  
Dorothy: normally yeah. ‘cause we haven’t got no male carers but we had an agency male carer and I went to a lady and said “OK my partner is gonna come in with me is that OK” because of him being a male carer I was like I don’t know if the male being in there… so I went and asked her first if it was gonna be OK, and it was like, I knew she had a bit of dementia, but we still had to ask them just in case they don’t want that male in the room, and she was like “no no no no I can’t have a male in the room, I can’t have a male” so I was like OK and went to [male carer’s name] and asked him to wait outside because we’ve gotta respect her rights, if she don’t want a male in the room. And of course she did become a bit aggressive and was like “that hurts that hurts” but I’m not doing nothing to her to hurt her, it’s just the way they think you are hurting them  
Int: do you mean like, it’s an uncomfortable experience for them so that’s how they perceive it?  
Dorothy: yeah, they think you’re hurting them  
Int: and there’s nothing that could be hurting them?  
Dorothy: no, it’s just like how they tell you it’s not nice  
Int: OK. So like, in an ideal world, how would that interaction go?  
Dorothy: erm, I’d say good morning and good afternoon to them, and then say their name and see how they are. Erm, that I’m coming – like I’d introduce myself over and over again and they know my name already, like “good morning, it’s Dorothy, I’ve come to change you is that OK?” but some of them say no at that time so I’m like “OK, I’ll be back in like half an hour then, I’ll just go next door or down the corridor and change somebody else then I’ll be back, is that OK?” and then they’ll say yes or no and some of them will be like “change me after breakfast because I’m not wet yet” and it’s like “OK after breakfast I’m gonna come back” and of course they might not be wet they might be wet depending on them  
Int: so do you have sort of like set erm, sort of rounds when you go round and help people or assist people?  
Dorothy: erm, of course night staff will do one at like half 5, 6 and then we go in at 7. So by the time my handover is finished with it’s about half 7, so we’ll go round. The people that get out of bed first, we get them out of bed first and the ones that are bed bound we leave til last because there’s no point in doing them when there’s somebody waiting to get out of bed and they get quite annoyed that they’re not out of bed by a certain time, they’ll go like “oh you know I’m meant to get out of bed by half 8 and it’s breakfast time now” so it’s like we’ll make sure that they’re out of bed first and they’re comfortable and then if we’ve got time before breakfast we’ll go and do the bedbounds. But of course at the moment we haven’t got a lot of residents so it’s literally you do that person, I’ll do that person, we’ll meet in the middle and then we’ll do that person  
Int: is it quite nice at the moment having fewer residents?  
Dorothy: it is but then it’s to quiet [laughs]  
Int: is it a bit boring?  
Dorothy: ‘cause you wanna go and talk to somebody but they’re asleep, and you can’t wake them up just because you wanna have a chat with them, so it’s a bit – I’ll sit in the lounge, have a break, have a walk round and see what’s going on and they’re all still asleep so I’ll sit back down and go and fill out their notes but we’re always up and down the corridors checking to make sure what’s going on  
Int: looking for something to do  
Dorothy: yep, looking busy.  
  
Int: OK so last question on that sort of topic, if you were incontinent, if you had an accident, how would you want someone to assist you?  
Dorothy: erm, of course introduce themselves to me, and telling me what they’re gonna do to me, because I think a lot of our residents see – ‘cause where we’ve got more African workers with us, they see them as a bit rough, and they go like “oh what are you gonna do to me”, if they don’t say it to them it scares them. And they’ll go like “why are you screaming at me?” and I’m like “it’s not them screaming, it’s just them talking and it’s the way their culture is” and of course some of the time when we’re there we have to reassure them that it’s their culture that they speak really loudly and say things like that but they’re not there to scare you, they’re there to help you so half the time it’s just reassuring them that we are there to help them and make them comfortable  
Int: so do you find that’s quite a common problem then? Residents feeling a bit scared?  
Dorothy: yeah.   
Int: and is that – like you said with particular members of staff or is that a general thing?  
Dorothy: particular members of staff. They have their favourites and then they have their least favourites that they don’t want to touch them. They’ll be like “can you go and get so-and-so to change me because I don’t want you” but if we’re not there then it has to be somebody else  
Int: that must cause problems?  
Dorothy: it does.   
Int: so what happens if a resident wants a particular member of staff to help them but that person isn’t there and the resident doesn’t want anyone else, what happens then?  
Dorothy: erm, of course if someone is like I want this person I don’t want you, then we’ll go and try and find out if that person is there, if they’re not there then we’ll have to go back and explain to them that this person is not there and we’ll say staff members names that’re there and if they’d like any of them to come and change them, or we’ll come and ask the nurse if they can assist. That’s normally the case, we’ll come and ask the nurse to come and assist with us, like can you just stand there and look pretty while I change her  
Int: stand there and look pretty?  
Dorothy: yeah.  
  
Int: erm, so backtracking again a little bit. If you were being assisted and you had been incontinent, how do you think that would feel for you? If you’d had an accident and someone was helping you  
Dorothy: Erm, of course I’d know it was part of their job and they had to do it. But of course I’d feel ashamed that I had done it, and that I can no longer go to the toilet and sit on the toilet and do it for myself.   
Int: yeah, that sortof, feeling ashamed, again there’s no right or wrong answers but where do you think that comes from?  
Dorothy: of course them feeling that they should be doing it themselves, we shouldn’t be doing it for them  
Int: and do you see that in any of the residents you support? Do you think any of them feel ashamed or embarrassed?  
Dorothy: a lot of them do say it, and I’ll go “it’s OK, we know you can’t do it no more, you’d love to go and do it but you can’t” so of course we do explain it to them that they might not be able to do it no more, or if some of them have got no dementia we’ll say “do you wanna help us then?” and a lot of them will help with doing it  
Int: but if that person’s got dementia then it’s quite difficult…?  
Dorothy: yeah, to assist them.   
Int: do you find people are quite resistant?  
Dorothy: some of the time. They’ll go “oh I don’t wanna get changed yet, I don’t wanna get changed” so of course we keep going back every hour like “can we change you now? Can we change you now?” and some of them are like “come back in 2 hours” so we’re like “OK, we’ll come back in 2 hours and then we’ll change you”  
Int: what do you do if someone is sort of erm, visibly wet or soiled and they really don’t want to get changed?  
Dorothy: erm, we’d get members of staff to go and speak to them and say why they need to get changed, because a lot of them see it as just like we wanna change them but of course like we go in there and we tell them “can we change you because you’re soiled and we need to change you to make sure you don’t get no pressure sores” and some of them go “oh OK” and some of them go “no” so we go and get the nurse and the nurse has to explain it in more detail that us, and of course it does work, by the end of having 6 different carers going in there and going “this that this that” and they go “yeah OK then”  
Int: do you think people just give in out of frustration, just sort of “leave me alone, fine I’ll do it”  
Dorothy: yeah [laughs]  
  
Int: do you find that sort of other carers have different ways or methods of helping people or assisting people to you, and like, do people you work with do things differently?  
Dorothy: erm, I think we’ve all got our own set ways of how we do things, I mean some of them don’t have a clue what they’re doing.   
Int: what do you mean by that?  
Dorothy: well like some of them haven’t done care before, erm, we had a new carer and she was only young as well, she’d never ever done care before and of course we all explained to her that you’re gonna see things that you might not like, she was like “oh like what” and I was like “dementia”. I went “have you ever seen dementia?” and she was like “no” and I was like “well they scream, they shout, they cry” I went “some of them just lay there and don’t speak ‘cause they’re bed bound and they can’t speak and they use their hands and they can get angry, and if they’re non-verbal you don’t know why they’re getting angry” of course it’s not fair they don’t know why, I went “but you just need to make sure you can reassure them” and of course we might see the death of them, it’s an unpleasant part of the job that you see them passed away so I went “but you’ve just gotta remember all the memories that you made with them, speaking to them, talking to them” I went “even if you’re sitting there having a conversation with yourself with them” I went “you’re still sitting there talking to them” it’s like with bob I’ll sit there and go “how was the boxing match today? Was it good? Did you win?” and I knew in the back of my head that I was talking to myself, I wasn’t actually talking to him and then he’d go off on a different subject about his daughter and he’ll come back like half an hour later to that conversation. So I just went “you’ve gotta remember it’s the way they are, it might throw different things at you, you just need to talk to them” it might make you laugh because you’re saying things that you don’t know what the hell you’re saying or talking about other than it’s part of them, it’s their little way of saying things to you. One of them calls me Dottie. And she screams down the corridor “DOTTIE!” I’m like “yes, what do you want?” she went “nothing” so I went “why did you call me?” she went “I don’t know, who called you? I didn’t call you! I was asleep” I was like “oh OK I’ll see you later then” she went “OK. DOTTIE!” “what?” “what’re you saying what for, I didn’t say anything” I went “yes you did” she said “nooo, never!” I’m like “OK” and then the other carers that’re with me are like “are you gonna answer her, she’s calling you” I’m like “yeah I know, I’ll go in there and she’ll go I’m not calling you” but I stood round the door and she’s done it and I went “what do you want?” she went “oh! You scared me!” she went “oh I was actually calling you to say I love you” I went “I love you too, what do you want? Stop calling me” she went “why are you busy” I went “yeah I’m writing my notes” she went “well sit on my chair then and write them” I went “OK then I’ll sit on your chair” and then she called me and went “I love you” I went “and I love you, what do you want?” she went “nothing, carry on writing your notes” I went “I will do thank you very much” and then some of them know when you’re ill, because I didn’t feel well and I did go in and you could see in my face I wasn’t well, she went “excuse me carer” and I’m like “right”, “you see Dottie over here? She doesn’t look well does she” and she [carer] went “no she doesn’t” and she [resident] went “Dottie?” I went “yeah?” she went “you don’t feel well do you?” I went “no I don’t” and she went “do you feel sick? Because you look sick” and I went “I do” and she went “OK, Dottie go sit on my chair, have a sit down while this other person changes me, I dunno her name but you need to go and sit down” I went “OK” I go and sit down, she went “right, no go and get a glass of water and some tablets” I went “OK I’ll have some ibuprofen” she went “no and paracetamol” I went “oh OK” so I went and took them, I took them in her room so she could see me doing it otherwise she’d get really upset that I didn’t take them. I went “look I took them!” she went “OK, Dottie you need a rest so you can write my notes and have a rest” I went “OK” and then of course when I started coming out of her room I came over all faint and she screamed for the nurse, she went “NURSE! Dottie not well! Dottie might need an ambulance soon!” I went “no I’m fine” she went “no, you’re going to faint on my floor and then pass out” I went “I won’t” she went “you will”. She went “Nurse, Dottie needs to get sent home because she’s not well” and she [nurse] went “no she’s fine” and I went “I’m not, I feel really ill” and she went [nurse] “she does look it” and she [resident] went “can you send her home please, she’s not well” and of course she got my manager in and she went “look, Dottie’s not well, Dottie needs to go home” she [manager] went “OK Dottie can go home then.” After I went home I went in like three days after and she went “Dottie are you OK now?” I went “I’m OK now thank you sweetheart” and she went “as long as I look after my Dottie I don’t care, I don’t like it when Dottie’s not well” it’s the knowing that they know when you’re not well and they know when something’s not right with you. Like I changed the way I had my hair and she told me off for having my hair in a different way, she went “you never have your hair in a ponytail you have it in a bun, put it in a bun” but it’s the little things that you think they don’t remember, they do remember. Like I was saying about my dogs and she went “you’ve got two dogs called [dog name] and [dog name] and they’re [dog breed]” it’s like, I had that conversation with you like three months ago and you’ve just remembered that, out of the blue  
Int: it sounds like you develop really lovely relationships with the people you’re looking after   
Dorothy: we do, and it’s the hard part of when, now they’re going to a new care home it’s really worrying that they’re not going to have the same carers.  
Int: yeah  
Dorothy: ‘cause some of our carers aren’t going to their care home, they’re going to different ones. And of course some of them – I’m going to their care home, so they’ll see me all over again so of course it’s hard for them because it’s a different environment, it’s a different people, and they’ve gotta get people to know them again and the way that they say things  
Int: yeah. I’m just wondering, but do you have erm, going back to continence, do you have like continence care plans so that you have introductions for new carers of how to help or assist the person when they’re incontinent?  
Dorothy: erm, yes. It’s in their files with the nurses. If we ever need them it is there and we can see how – what size pad they need, how many carers they might need to do it   
Int: is it quite practical information in there? Like you say what size pad, how many carers, what sort of equipment they might need, is that sort of all that’s in there?  
Dorothy: yeah. If you was an unknown carer and you’d done care before you’d sit down and read it and just know what’s what, it’s nothing complicated that you’d sit there and go “what am I reading?”  
Int: yeah  
Dorothy: it makes sense for a carer that would pick it up and go “OK I know what I’m doing”  
Int: yeah. And does it contain anything about like, those relationships that you have? Sortof, things like you were saying just now when they go to new homes there’s gonna be new carers who don’t have that relationship and that familiarity, is there anything about encouraging that familiarity in those situations in the care plans?  
Dorothy: erm, the care plans are written by the nurses but us carers do help write them, because of course we know them better than the nurse because they’re not in the room. Erm, certain people I’ve had to sit down and write with them [nurses] because of me being so close to them, I know all their little ways of doing things. So I’ll put on there “can you speak to them this way” it might sound rude when you say it to them but this is the way they like to be spoken to. Like some of them don’t like being called by their name and they’ll go “oh I’m sweetheart today I’m not my name, I’m sweetheart, call me sweetheart” and they want to be called that, but to anybody else walking past calling them sweetheart – you shouldn’t be saying it, but a lot of them want to be called that, they don’t want to be called by their name. but of course it’s their personal choice   
Int: yeah  
  
Int: do you think there’s anything about the home or the team you work in that influences your experiences? Like is it, does the organisation support you? Do your peers support you? Is it a good environment?   
Dorothy: erm, it can be a bit of both. Sometimes we’re all down each others throats, especially on my unit, not on the dementia unit. Because of the culture differences that we all have, erm, some of the time there is arguments between us all  
Int: OK?  
Dorothy: erm, some of the time it’s ended up where we end up going into the staff room and having a massive argument about nothing, and of course you go to the other side onto the dementia unit and it’s nothing, it’s all calm and peaceful. Erm of course soon as you take it to management – erm, none of, well, some of us don’t like the manager because we’ve got a new manager that was our deputy before our manager left, erm, and of course all the time she’ll stick up for that culture, she won’t stick up for you, she’ll stick up for them and she’ll go “oh it’s the way that they speak that you might find rude” I’m like, some of the time it’s not that, it’s the way they talk to people. They need to calm it down a little bit and not scream in your face, and of course to an older person, that ain’t nice for them because it’s a bit, “cor, they’re in my face what’re they doing in my face.” I mean even for a young person to have someone in your face screaming at you, it’s not fair to them. But of course we all support each other. The young carers that come in, we’ll support them and say this is the way we do it but of course you might find that you have a way of doing things. Of course when I started I had my own way of doing personal care compared to them, and that would start arguments ‘cause it was like oh should we do it this way, but I’ve been taught to do it my way and this is the way I’m comfortable doing it, if you’re not comfortable can you tell me why you’re not comfortable with me doing this because I find this is the safest way of doing it.  
Int: what sort of things, like when you say that people were sort of telling you off for doing things your way, what sort of things were they telling you off for?  
Dorothy: the way the pad is put in, if they’re bed bound. Like, it should be put that way, not that way. Then of course it’s like – an incontinence lady came in, to teach us like how to do it and as soon as they started saying it, as soon as we come out of the room everyone went “Dorothy was actually right in the way she does it, not the way we do it”. I went “I was trying to tell you this is the way you’re meant to do it” and they were like “oh I didn’t learn that til we went in that meeting” sometimes that’s all they need, someone that’s higher than us, not management – someone else, to just say this is the way it should be done.   
Int: how did that feel, when they were sort of telling you off and you sort of knew you were right?  
Dorothy: of course it was upsetting. But I just thought it’s the way they are, and then one day someone might come in and actually show us how things are done properly, and it might actually show them that I was right in saying how I was doing it.   
Int: it’s a very difficult environment to be in when it’s like that  
Dorothy: yeah, it is.   
Int: did you find that it bothered you outside of work?   
Dorothy: sometimes, but sometimes no   
  
Int: you said just now that when you go onto the dementia unit it’s normally very calm and peaceful, but on the palliative mixed unit you’re often sort of arguing and things like that. What’s different about the two units that creates that sort of calmness or chaos?  
Dorothy: erm, I’ll try not to say this in a rude way but it’ll come out that way probably, but where on the dementia unit is all white people?   
Int: OK?  
Dorothy: it’s the way that we all talk, and we know what we’re saying, ‘cause we’ve – on the other side, they can talk in their own language. But they’ll look at you when they’re saying it, so you don’t know what they’re actually saying.   
Int: right?  
Dorothy: and then some of the time the residents look at you like, what are they saying? I don’t know what they’re saying. Like one of them I went and changed when I was last in – she went, “Dorothy, that lady in the corner, whatever her name is, she come in a little while ago to bring my breakfast, she doesn’t talk English” I went “she does” and she went “no she don’t” she went “she was talking to the other person in her own language and I couldn’t understand what she was saying”. And I think sometimes the residents pick up on if staff members don’t like each other, like when we work with each other. So of course the dementia side is a bit more, we all work together and that’s just the way that we do it.   
Int: so is that sort of, something that management have put into place? That the dementia unit is predominantly a specific type of carer?  
Dorothy: it wasn’t meant to be, they wanted us to all mix but it’s only the last couple of months we’ve all started mixing. But then some of the carers from the mixed side don’t go on the dementia unit, and the other way.   
Int: why is it people won’t go on the dementia unit? Do you know?  
Dorothy: I think because they’re put off by dementia. They don’t wanna work with – the dementia unit is higher dementia that we’ve got on the mixed side, mixed is only a little bit but the dementia unit, they’ve got the walkers that’ll follow you and run round after you.  
Int: right  
Dorothy: ‘cause half the time you do see a carer running down the corridor because you’ve got a resident halfway behind you [laughs]  
Int: so people found it quite sort of scary and intimidating?  
Dorothy: yeah. ‘cause like one of them saw me running down the corridor and she went “why are you running down the corridor?” and I went “I was playing hide and seek with her [resident]” it made her calm down and sit down after and have a cup of tea. She wanted to run around. She used to be a nursery nurse, she’s used to running after people and playing hide and seek and all these silly games and with my background being a nursery nurse I can do it, I can run around the building if I want to with her, I mean, it’s making her laugh, and making her remember the good old days. What she used to go and do with a little person. I think some of the time it’s the memories that you do with them that spark it all.   
Int: that’s lovely, that’s really lovely.   
  
Int: is there anything, relating to continence or just in general that you think is important in your experience, or anything that really comes to mind when you think about it?  
Dorothy: erm, of course just making them comfortable. Making them feel safe, that they’re in a safe place and no one’s gonna hurt them in that safe place. One of them calls it their bubble, and when her daughter comes in she goes “oh I had my bubble of friends in today” and she means the carers, erm, the friendship we form with them over something like a pad change – I can stand there for like an hour changing them and have a nice detailed conversation while changing them, and of course making sure that when they’re all changed and ready to go that they’re all comfortable. Not in an awkward position that they’re not comfortable in. Especially when they’ve got pressure sores, where they’re on a two hour turning you’ll find half the time that they’ve moved the pillow because they don’t want it where we’ve placed it. Like we did have a lady with a grade 4 pressure sore on her bottom, and I said “right I need to put you on your side facing the wall.” I went “I’m gonna place some pillows down your back, halfway near your bottom to keep you off your bottom” and she went “oh is that because of my pressure sore on my back?” “yes. I don’t want that to get worse, I want it to get better” she went “ahh OK, because you don’t want me to go to hospital do you?” I went “no I don’t want you to go to hospital” and she’s like “oh OK then” and of course I’ve moved a pillow in a certain position but I will ask her is she comfortable after, and then she’ll go “no this arm’s uncomfortable” so I’ll put a pillow under the other arm, on the bed. She’ll go “now I’m comfortable, I’m going to lay like this and go to sleep now” and I’ll go “now I’ll see you in 2 hours time to move you facing me or to sit up so you can have your breakfast or your lunch” I think it’s important they know why you’re doing things for them.  
Int: yeah, so if people understand why then it’s  
Dorothy: easier.   
Int: yeah  
Dorothy: makes life a little bit easier for them. Because when she moved to the new home she was like “I need to tell the new carers about my pressure sores don’t I” I went “no I’ve told them already” and she went “well I’m gonna tell them anyway how Dorothy used to look after me and how Dorothy used to do my pillows because I don’t want to be uncomfortable”  
Int: that’s lovely  
Dorothy: I think that’s what they take away, the memories of what you’ve done for them and they go “oh I’ve gotta feed that back to the new person”. They haven’t got to, but they can if they want to.  
  
Int: yeah. Well I think that’s covered everything on my list, thank you so much for talking to me. I will send over the voucher as a thank you for taking part, and just thank you so much for taking part! I can’t say thank you enough. If you have any questions at all about how the data is going to be used or anything at all, please just let me know.   
Dorothy: no worries, thank you!  
Int: again, thank you so much  
Dorothy: [laughs] OK, bye!  
Int: bye!