Int: erm OK so, what I will be doing is just asking you various things about your experience with continence care and how continence care is provided, and how it feels to you as a person to be providing that care. You’ll be given a pseudonym so in any reports or publications from this you won’t be identifiable, the only time you would be identified would be if I felt there was anything safeguarding wise that I felt needed to be raised.   
Linda: yep  
Int: erm, so what I’d like to do is start by, if you could just tell me about your experience in care, how long you’ve been in care, what you’re doing at the moment and how you sort of ended up working in care?  
Linda: sure yeah, so I probably haven’t got as much experience as other people, I only started in April actually, of last year. Erm, and it’s not my normal job, my normal job is housing benefit officer. I started in the pandemic because I just wanted to help out in some way and do something rather than just working from home, so I started back then for [Company Name]. I’m a flexi worker, so I just sort of pick and choose shifts as and when I can do them. Erm, so, I was doing more back at the start, April, May, June sort of time. And then at Easter. And then I probably do one shift every other week now with them? And I’m mainly doing night shifts at the moment, erm, and, I can go in a lot of erm, homes around Cornwall, but I like it where I am and if they’ve got shifts there I tend to think I’d rather kind of stay where I know the residents a bit more, so I’m quite happy to just stay there if I can, yeah   
Int: yeah. So, have you done any, before you started in April, had you done any care at all?  
Linda: No, never. No, no, not a thing. No. So it was a real eye opener to me, I think it could have been kill or cure, I could have loved it or ran away [laughs]. See, it was quite short staffed and you know, thrown in at the deep end, erm, but I, I really quickly realised that I loved it. So I was like, erm, there’s a few different wings at the place I am. First of all I was doing, or shadowing more nursing sort of care, then went over to the more like acute severe dementia side of things, so yeah. There was a case – there was some COVID on that ward, so I, I just stayed there. Really challenging, really challenging behaviours. So, erm, now I can go to other parts of the home but more than not I’m sort of put on that bit because I think erm, once you’ve got experience there then they’re quite happy for those people to kind of stay on, stay on there.   
Int: yeah?  
Linda: Yeah.   
Int: that makes sense. Erm, so when you started you said it was a bit of an eye opener for you, and a bit like you were thrown in at the deep end. What do you mean by that?  
Linda: yeah! I just mean that, I don’t think you come across people in these situations in every day life. Not that they’re hidden away in homes as such, but I think that once you get to that sort of stage in your life in your health you, you’re in a home and you’re not gonna come out, and although I have been to a care home once or twice in my life to visit someone, I don’t think you quite understand the level of care that’s provided and the needs that people have. And I was really like, erm, really like overwhelmed and sort of, really impressed by like the carers and the nurses there. Erm, so like at first I’d never really thought about what goes on in care homes or residential homes so it was positive, a positive sort of eye opener for me. Yeah.  
Int: yeah. I think you’re the first person I’ve spoken to that had such a change, and it’s really interesting to see how you found it. Erm, do you think there was anything in particular that was the most surprising to you?  
Linda: erm, I guess I just erm, I didn’t really think through how much care people needed. In that stage, to have everything done for you, I’d never really thought about how that was carried out or erm, yeah, just never really sort of got my head around, got my head around that and I was just really surprised, like all the equipment and all the terms they use, it was just all completely new to me, erm, but you know they’re really really good and sort of really good at showing me the ropes but I think the only way you can really learn is by watching and doing it all yourself. Erm, but no it erm, yeah really good experience but erm, yeah just not something I’d ever done before. I mean I’ve got children so, I’m not, I’m not squeamish, but I just didn’t realise some of the stuff they had to do. Like changing catheter bags and all the different incontinence pads that we used and how to wash somebody and just everything was just new to me.   
Int: yeah?  
Linda: yeah  
Int: that’s one thing you never forget, you’re first day in care!  
Linda: [laughs]  
Int: I can still remember mine  
Linda: [laughs] I just remember, I think one of the first things someone said to me was “don’t worry, you’ll get used to the smell” [laughs] the first thing they said, yeah  
Int: that’s quite a thing to be greeted with isn’t it  
Linda: [laughs] but actually that didn’t bother me at all, no, no [laughs]  
Int: and did you get used to the smell?   
Linda: I think you do, I think erm, I think you just don’t even think about it, I think that these are people, and we’re all people, nobody wants to be in that position in their life and nobody wants to have the last years of their life having people to do things for them but it, it can’t be helped, and I think one of the – one of my favourite things there is to learn about their professions and their lives before they got to this point, and I think it just makes you realise that we’re all kind of made of the same stuff and we just don’t know how you’re life is going to go. You know, you can be the healthiest person but you still may suffer from dementia, or you still may have an illness which causes you to be cared for. So I think you just look at them with, yeah, it’s just, you just don’t feel any different to them and you just want to do the best you can to make their lives as good as they can be while they’re there really.   
Int: I’m just going to ask a couple more questions about this “you’ll get used to the smell” thing if that’s OK  
Linda: [laughs] yeah!  
Int: my first question is was there a smell?  
Linda: yeah, erm, yeah I mean poo does smell. Erm, I think, the home as a whole doesn’t really smell, I have been to a care home before I’ve gotta say, to visit someone, and it did just smell of wee. Everywhere. But I think when they’re carpeted it tends to have a smell, I think if it’s wooden floors and you can do proper cleaning then actually I was quite impressed with, you know, it was like, yeah  
Int: and was it like, as soon as you walk in, or something you were very aware of straight away, the smell?  
Linda: what when I visited an old home or where I worked?  
Int: where you worked  
Linda: No, no, no I don’t think so, no. No, I don’t think so, no. Erm, no, it’s not something – it’s like I say, it wasn’t like you go in and a smell hits you, I think it was just someone having a, having a joke really about, you know, whilst no one was listening, about continence care, just to kind of – just to kind of make light of it really. But no, it’s not, you know, you might, it might smell but you clean someone up and then it’s fine.   
Int: so that was sort of your, someone said that to you quite early on, just as a breaking the ice sort of thing?  
Linda: Yep, so yeah it was like day one or day two that they said that, yeah.   
Int: how did you react to that? How did you feel when they said that to you?  
Linda: oh I think I just laughed it off, I just laughed it off. I don’t think they meant anything by it, I don’t think erm, they weren’t trying to put me off or anything, they were just erm, I think they were just saying it to, as a sort of erm, yeah ice breaker really. And I think you do have to have a sense of humour at the right times with this job, obviously not when you’re helping someone or when there’s a resident in ear shot, but I think to have a sense of humour is a good thing.   
Int: it sounds a little bit like a coping mechanism?  
Linda: I think so, yeah! Yeah.   
Int: you have to be able to laugh about it and joke about it  
Linda: yeah, that’s right, yeah, that’s right. Yeah like on, I think my care shift at the weekend, erm, it was a night shift and we’d done all we needed to do for a minute so we were having a cup of tea break, and I sat down with carers in the lounge and someone said “I don’t know if I’ve stepped in something, I can smell something” and then another lady said “yeah I can around here” and I said “look, I’ll sort it I’ll sort it” so I had, there was a bookshelf there, and I was looking through all the bookshelves, and I sort of thought erm oh yeah it does smell a bit funny here, and I opened up the tin of dominos, the playing things, and there was a poo, in the box of dominos. So that, that’s where the, that’s where the smell was coming from [laughs], so we could laugh about that. Yeah, we did have a little giggle about that. Erm, yeah, so things that are, things like that are things you can laugh about. Obviously I wouldn’t laugh about a person or what’s happened to them, but little things it’s important to joke about.   
Int: were you able to work out who left the poo?  
Linda: no [laughs] no, no, we never did, I said we’d have to perform some sort of DNA rest and write it down on their files, yeah.   
Int: that brings back memories!  
Int: erm, so, can I ask you to think about an episode of incontinence you’ve dealt with recently, anything that pops into your head, and just talk me through what happened?  
Linda: yep. Yeah, erm, my last shift actually, erm, and there was a gentleman who isn’t, isn’t particularly incontinent actually and he doesn’t wear pads. Or erm, yeah he doesn’t wear pads, but he likes to sleep with nothing on the lower half. And erm, he does take himself to the toilet. Erm, but he was having a bit of a restless night and he was up and back, up and back from the toilet and his buzzer was going off so I kept going in, and then erm he was stood over his bed, and unfortunately he’d erm, yeah, opened his bowels and it was kind of down his legs and all over the floor and he was stepping in it and so, yeah I had to call someone else to help, he’s not normally someone you’d need two people with but it, sort of, I felt like there was too much for one person to deal with there because there was the cleaning and the cleaning of him, erm, I couldn’t find, there were no wipes in his room, so [laughs] then it’s like, OK what do I do now then? Sometimes I find it like, where do I start? Kind of, do I start, you know, do I, do I put something on the floor so he’s not stepping in all of that? Do I begin with cleaning the gentleman? Yeah. It’s a bit, a bit of the unknown sometimes. But, I think it’s just, it’s common sense a lot of the time. I mean there were no wipes there but there was towels there, that could be used, until someone else went to get the wipes so we could deal with it properly.  
Int: that sounds a bit overwhelming  
Linda: yeah. It doesn’t bother me, but I guess I didn’t, what I didn’t want is for him to become distressed, because it’s not something that would take twenty seconds to sort out, you know, it was getting everywhere and the more he sort of walked around the worse it was getting. He was fine, he was calm actually, he wasn’t, he wasn’t distressed. But it was the middle of the night, the last thing you wanted was for his, for him to go back to bed not clean and you know his feet dirty and his room dirty so, it’s just a lot to get done before he can be settled back into bed really.   
Int: and when, you said you called for another carer to come and help, do you then sort of divide up the work between you?  
Linda: yeah! I guess we didn’t need to verbally do that, because she erm, she went to run some water you know so it was like she saw what I was doing and she would know what to do from there, erm so without discussing it we sort of take on tasks each, yeah  
Int: yeah. That not having to discuss it and implicitly knowing what each has to do, is that something you’ve talked about with your colleagues or is it something that’s just happened?  
Linda: I think it’s a bit of both really, I think from my point of view it’s watching others and what they do and how they do it. I mean everyone has, there’s different ways and different techniques people have and I think for me it’s just picking up on what the other carers do and how they do it, erm, yeah so it’s just, I think it’s just experience that would come with. But if I wasn’t sure, I have no problem in saying OK what would you do here, or am I doing the right thing or can you tell me what to do here.   
Int: and how was the gentleman you were assisting? You said he was quite calm  
Linda: yeah yeah he’s lovely, he’s erm, he doesn’t normally show any aggression or, or erm, you can, he had capacity so all the while you’re doing something you’re explaining what you’re doing and asking if it’s OK and you can do that, erm, so yeah it, it was as smooth as it could have been. He didn’t cause any problems or resist anything erm so we could just get on with it, so it was, it was fairly straightforward really.   
Int: and when you’re assisting him, if there anything you’re worried about?  
Linda: erm, yeah, I guess I feel like I’m not as experienced as other people, I wonder if they think “oh what is she doing” or “I wouldn’t do it like that” but I do tend to ask, after I’ve done something, I’d say, I’d sort of say “did I do OK there?” or “is that how you would have done it?” or you know at the beginning I would say to them “please let me know if there’s anything else you want me to do” or, yeah, just sort of asking questions really. As we go along, erm, yeah I’m not, I guess erm, there are residents with more, who can lash out, who can be violent, erm, and in those ones I’m not particularly scared of what they’re going to do it’s more the unknown, and you know, if they’re not going to let us clean them and sort them out what – you know, how do we, how do we sort of do that? I have been on, I don’t, do you know Maybo training?   
Int: yeah?  
Linda: yeah, so I have done that now and that was really helpful.   
Int: can you just give a brief overview of that for me? I’ve heard of it but I’m not entirely sure  
Linda: it’s – when I first heard of it, I thought it was kind of erm, not, kind of forcing people to do things and forcing personal care when someone’s resisting, that was my understanding of it. Actually it’s techniques to avoid having to force that, erm, but it was ways to sort of direct and encourage people you know and how to actually physically touch, touch someone, erm, how to, if you feel threatened in the room, how to make sure you know where your exit is, how to sort of protect yourself if they do lash out at you, erm, so it’s sort of erm, protecting them and protecting you when they could be erm, a little, a bit more challenging, a bit, yeah, more challenging behaviour.   
Int: OK. And you said you find that quite useful?   
Linda: mmm. Yeah, really useful. There are, there are several residents who, erm, who, who you would get told like oh this person needs two, or even three, carers for personal care, erm, so it’s, it was quite good to have, to have that. Yeah.  
Int: yeah. Do you find that for the people who do get quite distressed, the people who do lash out, does that seem to specifically be around personal care and continence care?  
Linda: yeah, ‘cause I think, erm, I just think no matter what you say and how you go about it and how much you ask them if you can do something and explain, I just find that with certain individuals they’re, they’re not able to remember what you’ve said two seconds before so they feel threatened, and you know, if you feel threatened and you don’t know what’s happening, even if someone keeps telling you and, erm, they’re gonna lash out. Yeah and erm, yeah I just feel bad for them really. I don’t, I don’t think there’s any answer because you know you can keep saying do you mind if I do this and they can say that’s alright but that thought isn’t staying in their head and then they feel threatened when they’re touched, yeah. So it’s difficult, it’s really difficult, but the last thing you want to do is leave someone not clean, you know? And erm, you know, it is, it is a difficult thing.  
Int: so have you had any episodes where you’ve been helping someone when they’re been incontinent and they have become aggressive or lashed out or anything?  
Linda: yeah yeah several times, yeah. Erm, yeah, erm, yeah I haven’t been particularly hurt, but yeah you’ve got a lot of near misses and and erm, you have to have your wits about you and you have to erm, you know before you go in to help someone have a discussion with the carers about how you’re going to do it and who’s going to be positioned where, and just make it you know be absolutely clear where you’ll stand and who’s going to be doing what. But then sometimes it doesn’t always, you know if they’re kind of on the bed it’s a bit easier sometimes, but if they’re stood up erm, I know there was one incident, there was one incidence where I was helping and the, the resident sort of all of a sudden just went to headbutt another carer, just all of a sudden, and it wasn’t expected, luckily the other carer, erm, sort of sensed something and was able to er, you know pacify the situation and that was, nothing happened, but yeah it erm, it can, it can quickly sort of escalate like that depending on the state of mind of the resident you know, perhaps if they’re unwell or particularly anxious or sometimes they might just like not like the look of the carer unfortunately and they just don’t, they just don’t like it and feel threatened and they just lash out.   
Int: yeah. It sounds like erm, quite a scary thing to go into  
Linda: yeah, erm, it doesn’t, it doesn’t scare me, erm, but I can see why, I can see why people would be scared. I think, if you don’t, if it’s a new person and you’ve never met them then it can be, erm, I think erm, you just need to get to know the residents but that’s not always possible, you know, you can be put somewhere you’ve never worked before, or you can get a new person come in and you might not know much about them at all, because they’re previous care plan isn’t, you know there’s not much on it, you don’t get a lot to go on, so erm, it can be a little bit daunting, just working out you know, what you can and can’t do, or can’t say, or erm, so initially it can be   
Int: OK. And is it, you said earlier it’s that sort of unknown, the unexpected, I guess the phrase is “fear of the unknown”  
Linda: yeah, but, maybe not fear, just a little bit of erm, maybe it’s just a confidence thing really, because obviously I’d like to go in and think oh yeah I know what I can do here and I know erm, I know what to do if they look at me a certain way or yeah I guess it’s a confidence thing and probably more, you know the more that you deal with someone the more that you can understand and sort of can sort of erm, maybe if they, you know, do something, and you can tell what triggers them and you can stop something before it starts. Yeah.   
Int: and do you have sort of, I know you said you speak to your colleagues and things but do you have any support within the organisation you work for?   
Linda: yeah yeah they’re really good, so there will always be a nurse erm, erm, in the home. You can always speak to the nurse. And the company I work for, you know, we can contact them any time or email them with any problems and they’ll always come back so they are, they are really good and if you feel you need more training or advice on stuff then they’re really good. I think it’s been difficult with the training, because when I started it was the beginning of lockdown so the training was delivered differently, a lot of it was online and through, through teams and stuff whereas normally it would be done face to face, erm so everyone just had to adapt to that really. But yeah if I have any issues I don’t have a problem raising any concerns or asking any questions, and they’re always happy to help so that’s really good.   
Int: good, good. I’ll just ask, you said you work nights, have you done days as well?  
Linda: yeah. I was doing days initially, It’s just now I find it fits in easier if I need, I’ve got three kids so if I need someone to look after them at the moment I find it a little bit easier if my mum would have them say overnight at the weekend, erm that’s, that’s the main reason really.   
Int: yeah. Do you find there’s a difference between continence care or anything about continence during the day compared to the night?  
Linda: yeah, erm, I guess erm, the nights I find a bit more routine, so we know we have to do checks, night checks every hour, we know we have to do a comfort round, check the erm, the beds are dry you know every two hours, with the pad checks. Erm, the days I found a little bit more, harder to, to know where I was at with stuff. Erm, yeah I find the nights, I find the nights a bit, a bit better in that respect for having certain things to do at certain times.   
Int: do you find people are up and about a lot during the night?  
Linda: yeah, yeah definitely. Yeah, yeah, they’re not erm, there’s very rarely a time where everyone’s in bed, I just don’t think it happens. Yeah. So there’s quite often, you know, you might have five or six in bed, you might have one up in their room awake, and then you might have four in the lounge, you know they can fall asleep, they might be asleep in the lounge but they’ve come out, yeah. But it’s a bit more, definitely more disruptive yeah.   
Int: just going back a little bit to people being incontinent and having accidents and things, erm, how do you know if someone’s been incontinent?  
Linda: erm, so, erm, you can see it, there’s some who don’t wear pads, just, you know, even if they were to have one on they would take it off, so there’s, I can think of one gentleman who regularly will walk down the corridor and wee on a certain door, like urinate there, or he would erm, yeah, open his bowels in the corridor on the floor, so it’s really important to keep a watch on where he is at certain times. And you know you can try to encourage him into the toilet or to a commode or, erm, but he doesn’t want to do that. So it’s just a case of following him round really. Erm, you know within eyeshot, just to make sure you know that you clean up as soon as something’s happened, so that no one else falls over or steps in it or anything like that but erm, but yeah there’s a couple that, not all of, not all of the residents but there are a couple that do that so you just need to keep a really close eye on them. Erm, other than that they might tell you, sometimes they do say, erm, that, they’ve gone to the toilet or that they need the toilet, I hear that quite a lot, that they need the toilet but they’ve already, they’ve already been. Erm, if it’s, if they’re asleep in bed, you know, you could open the door and you know, it smells, in their room, so you check them, erm, sometimes it doesn’t but you’re regularly checking anyway during the night, erm, during the day, erm, yeah I think, I, I can’t remember because I haven’t done a day shift for a while but I’m pretty sure they still have to do the comfort rounds, they must do yeah, they must do, if people wear pads, you’ll have to do the comfort rounds in the day. Erm, but maybe I didn’t have as much to do with those as I do in the night shift  
Int: yeah. And when you’re assisting someone, who’s opened their bowels say, and you’ve got all your, do you wear gloves, aprons?  
Linda: yeah, yep we do, erm, yeah, gloves, aprons, erm, we get like, try and get as prepared as you can by having a couple of bags or erm, a towel, erm, a bowl to put some soapy water in, and like some wipes there, erm so yeah just trying to get as prepared as possible but sometimes things catch you unaware so you can’t always, I mean you always put your gloves on, bare minimum, anything, I wouldn’t do, you know I wouldn’t do anything without gloves on. You might not have a bag handy so you might have to put stuff on the floor for a minute and then clean it up after, so yeah you just kind of do what you can with what you have at that time.  
Int: so do you sort of have gloves in your pocket? Just in case?  
Linda: yeah you do go through an awful lot of gloves in a shift. Yeah, I think, so erm, I would tend to put them erm, yeah I would put a few in my pocket yeah  
Int: have you ever had something happen when you’d run out, when you didn’t have any in your pocket and you didn’t have anything  
Linda: no, because I know you know, after being there a couple of months I would know not to let that happen, [inaudible] although I, the only time that’s happened to me is when I was doing a night check and knew, I knew she was asleep, they just said she was asleep, I hadn’t heard her door mat go off, hadn’t heard anything, so I went down and opened the door to look in and check, and erm, they said oh check her bathroom as well so I just quickly went in and opened that and then realised that I had touched the door handle and unfortunately she does have a habit of smearing faeces everywhere so I did get that all over my hand, just once, never again [laughs] yeah, never again did I make that mistake! [laughs]  
Int: so how did that feel? Sort of   
Linda: well it’s not nice, yeah, it’s not, you know no matter how much you wash your hand after that it just like, I felt like oh I can’t wait to get home and have a shower, yeah, I just make sure I don’t open any door without gloves on before I do that now  
Int: just in case  
Linda: mmhmm. Yep.   
Int: did it, when that happened, did it sort of bother you? For the rest of the shift?  
Linda: no it didn’t bother me, no, erm, yeah maybe if that was my very first day then it would have done, but I think erm, no it didn’t really bother me, no, not to a, not to a great deal, I don’t know what that means, I don’t know what that makes me [laughs] but no, erm, I just brushed it off, cleaned myself, cleaned the door, erm, so, no, not really  
Int: do you think it would have bothered you if it had happened earlier on in your career?  
Linda: so, yeah I think so, I don’t think it would have stopped me doing the job but I think erm, I, I, I think, I think I, yeah, I would have felt a bit queasy maybe if it was day 1 yeah.   
Int: erm, do you think erm, you said you couldn’t wait to get home and have a shower, and just get clean and feel clean, do you think you felt unclean after that?  
Linda: erm, I think, no not really, I probably just joked, joked to a colleague about it on our break, that I couldn’t wait to get home and have a shower, but not really. It’s a person and I erm, I just say to myself, it’s quite, it’s funny because I just say to myself oh it’s just digested food, it doesn’t, and that’s how it just, it doesn’t bother me. Erm, oh it’s digested food so you know it’s just part of life. Don’t worry about it. I don’t think anyone wants to put their hand in it, but no, it’s fine, it didn’t put me off, it didn’t make me look at her any differently, erm, but n-, no, I, I, I, it didn’t, really.   
Int: do you ever sort of speak to friends and things outside of care about things like that happening?  
Linda: no, I’m a bit careful to really because, I think also Cornwall’s quite a small place, it’s quite, I don’t know who knows who and erm, so I wouldn’t say anything like that no, someone might say how was your shift and I’ll say “you don’t wanna know”, something like that, but I don’t, I wouldn’t say anything no. [talks to child] sorry  
Int: that’s alright don’t worry!  
Linda: but no, no, I’m quite careful, because I know I, I just think, I wouldn’t, I don’t want to be talked about like that. If it was me in that position, so it just erm, would make me feel sad I think if people erm, I think, I think it’s different to have a little giggle with someone if no one’s listening or it’s not going to cause a problem, I think it’s a different matter if you come home and talk about it because it would just make me feel sad really. If it was my mum or my gran and someone was laughing about them, I just wouldn’t like it.   
Int: yeah. There’s very sort of fine lines isn’t there, it’s very difficult  
Linda: I, I, my partner, my boyfriend does work in care, erm but he doesn’t live around here so he might tell me some stuff or I might ask him questions about his shift and I might say something but erm, I think it’s different if you do the job, I think you do have an understanding, if you know, I think you know they go “oh how can you do that?!” and erm, so I just tend to, yeah, I just tend to keep that to myself really.   
Int: that’s very interesting that you say it’s different talking to other people that are in the job  
Linda: yeah. I think if I hadn’t done it, I think if someone told, if someone told me like this is the things you have to do and this is what you have to deal with, I would have probably said myself “oh I don’t know how you do that, I couldn’t do that” but when you, when you meet people and you realise that they’re human beings and they’ve had a love- they might have had a lovely life, or a difficult, you know they’ve had a life and they don’t ask to be like, in this position. So, I think, I do think it’s different then, you just erm, yeah, you just, you just think of them differently I think.   
Int: knowing the person enables you to see past the poo  
Linda: absolutely! Yeah, yeah, absolutely. And that’s just one part of it, you know. There’s so much more as well, so much, it’s just, yeah it’s just a part of the job. Erm, and I like making them feel clean and comfortable, erm, yeah, so, not that I like dealing with poo, but I like the end result, you know I want them to be comfortable so in that respect, I don’t mind it.   
Int: it’s very interesting to hear you say that. When I was carer people always said to me “I don’t know how you can clean up shit”, but like you say, it’s one tiny part of the job  
Linda: yeah! Because they’re like “oh you clean old people’s bums” and I’m like well yeah I do, but it’s just a part of it, the same as if you’re a nursery worker you have to change children’s nappies, but you don’t do the job because you want to change nappies, do you?   
Int: have you ever known people respond to nursery workers in the same way as carers?  
Linda: No! No. that’s what I mean, it’s funny because a lot of the duties you have to do, you know with food and personal care and safety are similar, but no one would say “oh you change nappies for a living” but they would say to me “oh you wipe old people’s asses” I don’t take offense to it, but it’s funny how that’s what you see, and that’s what they think of it.   
Int: what do you think the difference is?  
Linda: Erm, maybe it’s because everyone knows that babies can’t do that themselves, children can’t do that themselves, and they grow out of it, I guess it’s a different matter for an adult to be doing that, they just don’t like, I just don’t, I think they just don’t like it. They don’t like the thought of it.  
Int: mm, it’s very interesting. Erm, oh gosh I’ve taken up a lot of your time! Is there anything you’ve found about continence care or you think about continence care that you think is really important, for providing continence care?   
Linda: erm, I think it’s just reassuring, talking to the person you’re helping, even if they don’t respond or even if they don’t, even if you don’t know that they know what you’re saying, to me I still want to explain what I’m doing and still want to say, keep reassuring them and keep saying erm, nearly there! Almost done! And back to sleep in a minute! And just, just keep talking, and just be a person rather than just a robot doing something, that’s something that I like to do. Yeah.   
Int: do you think when you say you don’t necessarily know that the person you’re supporting understood what you’re saying, when you’re reassuring and saying “we’ll be done in a minute”, you’re doing that just in case that person understands, even if it’s just for a second?  
Linda: yeah of course yeah, and who’s to say they don’t so I would always, you know they say assume someone has capacity, and you know just because they don’t answer you doesn’t mean they haven’t heard you, erm so I still talk to, yeah, I still talk as I would with anyone else that responds to me.   
Int: I’ll ask one more question if that’s ok?  
Linda: yep!  
Int: Sorry! When someone’s had an accident and you go to help them and make them comfortable and things, what would you say is your priority with that interaction?  
Linda: erm, comfort I think. Because  
Int: sorry, your audio just cut out then  
Linda: oh did I? I think there’s sort of keeping someone comfortable and then there’s also speed, I think when I first started I was just trying to do things as quickly as possible, erm, but now, now I’ve been there a bit longer I’ll take my time a little bit more just to make sure they’re comfortable, because you’ve got to be so careful. Just like rolling someone one way and the other, so yeah, just making them comfortable while you’re doing it, I think that’s the main, the main, yeah the one thing really.   
Int: that’s brilliant, thank you.   
Linda: that’s alright!  
Int: thank you very much, I will finish up there I think.   
Linda: no problem!  
Int: thanks so much for taking part, I’ll turn this thing off now