

Recording SC01

I: I just want to check that you're happy to be interviewed, and for the interview to be audio recorded?

R: Yeah.

I: Okay.

R: Yeah, I'm happy with that.

I: Great. All right. So, first of all, I just want to ask you a very open question to start. I want to know what - about your experience has been using video technology like Zoom, Attend Anywhere, or WhatsApp for consultations?

R: We're very, very restricted in what platforms we can use, because things like GoTo, Zoom, they're not... Basically, they're not a secure platform, so we only really can use like Microsoft Teams for data protection to ensure that, obviously, we're not being hacked by anybody, and information is not being escaped to different parties. So it's - we can use WhatsApp in a very, very broad sense, if... But that tends to be more for family members, and not relating to service users, really. So it is only really Teams that we do use.

I: Okay. So you kind of differentiate between what kind of platforms are appropriate for the different types of people that you're interacting with?

R: Yeah, I mean, because sometimes, obviously, we're talking with care homes and there is a lot of personal information. For that reason, we can only use Teams for that specific point, because we need to safeguard the people that we're working with. With family members, sometimes - we're not talking... We're talking about the person, but we're not going into the in-depth information. So it's a little bit more easy, but we will always try and use Teams as a - as the go-to to start with, with everybody.

I: Yeah, for security reasons and personal identity?

R: Yeah.

I: Okay, just what - okay, have you ever used this technology before?

R: No. I mean, you've done like video on WhatsApp and things like that, and with family members and things, but never used like video platforms and like Microsoft Teams for interviews, and working with service users, no, never.

I: Never before Covid?

R: No.

I: Okay, well, what have you found then the advantages of using this technology?

R: The advantages? Mm. If when - when you can't actually get in and be face-to-face with someone, at least you can read their body language when you're doing video conferencing.

You can - it's another way of interacting, as long as obviously someone's not sensory impaired, and can actually interact with you. It's the next best thing to being face-to-face with someone, because you can read, you can pick up non-verbal hints and take it from there. Because on the telephone you can just - you just hear something and you don't... Someone could just be telling you what you want to hear, whereas you can actually understand a little bit better whether or not someone is actually engaging with you, whether or not they're... That they've got an understanding of what's being said to them, because you can see the non-verbal target traits that they're displaying, so they can't actually understand, so that does help.

I: And you mentioned if you have sensory impairment, but what other maybe... What might other - be any other disadvantages of using it?

R: I mean, internet connection is the brilliant one. If some - I mean, some of the care homes that we do go to are quite remote and with the best will in the world, their internet connection isn't great, so it's very, very stilted. Sometimes it's hard for someone to actually even hear what we're saying. You get - so especially people that have got, I would say, mental health or cognitive impairment, sometimes if they're already hallucinating and hearing voices, and all of a sudden someone's started talking out of the computer at them, they... It can unsettle them for a period of time, until someone... We normally ask for someone to be with them, so, obviously, (a) the equipment they're using is safe and they're not going to throw it across the room if they get upset or distressed. But there's also that period of time someone is actually with them to reassure them that it's... We are in a proper conversation, and they're there to help and support if they're struggling to hear.

I: Would that be something different than from a regular in-person consultation, that they wouldn't normally maybe not have somebody there, or would that be the case?

R: Normally, when sort of - when we're not in Covid, normally it's an opportunity and we invite family - where possible - to support someone in... When we have the reviews to discuss the next steps with their discharge planning. We try, where possible, to have family or someone that they know there. If they haven't got anybody that can support them, that's when we say to them, would you like an advocate to come and sit with you, or are you happy for a carer from the care home to sit with you? So we give them the option of having someone to be there to assist them. Where some people are quite happy to have it on their own, and they don't want their family involved in that part. It's down purely to each individual how they want to interact. Nine times out of ten, it is better to have someone there with them, especially if there is a few cognitive issues, because they can pick up things that have not been said, and they can provide a little bit more background information and things. So it's - again, it's every service user is unique, so we basically adapt it to fit around them, really.

I: Okay. So did this - using this technology - fit in with existing ways and consultation, not just inviting other people in, but in what it was used for? Like has that changed in any way, or does it fit with what you did before?

R: I would say it doesn't really fit. I've not tried to do a multi-way where we've got the service user in the home, and the family member. I've not done one of them, so I can't - I wouldn't

comment to say whether or not that would work. I would imagine that could be quite - there would be a lot of muting microphones to stop people interrupting other people, and let them have their say. So, in that respect, it could work, but it's not... I mean, obviously, we've had to adapt how we work, obviously, basically for the best part of this year. It's not a way that - I personally like interacting face-to-face with someone, as opposed to being in front of a video, because it's just, it just doesn't seem... I'm just trying to think of the best way to say it. Sometimes we get quite a few of our service users who are quite like technophobe, so they don't know how to use the equipment and they're frightened to try it. So we're already putting someone on edge, before we start using the equipment. Whereas that's the complete opposite of what we need to do. We need to put them at ease and help them to make the best decision for them, but if they're using equipment that they've never used before, it can be extremely daunting for them to try it.

I: Yes, that sounds like there's two different things there that, well, first of all, it limits the number of people who might be involved in the conversation. And then, second of all, there's the, like you said, the technophobe or like the concerns about using technology, and the anxiety about that. That's also possibly there, that doesn't really - it's quite different from your previous ways of practice. Okay. Well, can you explain to me - so you kind of mentioned the multi-group kind of conversations where you have lots of different people, which was kind of you did previously. Is there any other way, or any other things that you did previously that you cannot, or you're not able really to do now?

R: One of the - the main thing, obviously, when we go into a care home, we, obviously, we look at their care logs and things like that. So that, at the moment, is quite difficult because unless we can get the information sent across by email - secure email - we're reliant on the carers either dictating to us, going to visit, if it's deemed necessary, after we've done risk assessments and it's deemed that a visit is necessary. So not being able to have a look at the care logs is quite - it's quite an important issue. The carers can just read something off, but there could be one line that they don't read in the care log, which is actually something that will trigger something in my brain to go, actually, no, something is not right here because of that sentence. But if that's not sent to me, if that's not dictated to us, so it's quite, sometimes quite stilted the amount of information that we can get. So that does draw out the review process and how people are managed through their discharge from a care home, if that's the option, or their eligibility to remain in long-term placement. It just kind of stretches out the process, which can be - especially to people that want to go home - that in itself could be obviously upsetting and distressing for them as well. So it's a timeline as well, which I think is longer than it has been when we were doing face-to-face.

I: Okay, so your timelines are now much longer?

R: Yeah.

I: Okay, yeah. Interesting. Well, do you - in with your different things that you're doing using this technology, do you schedule particular times for calls?

R: We have to. I mean, with care agencies - sorry - care homes, normally between sort of seven and half nine, then they're doing like their personal care, breakfasts, medication rounds and,

again, sort of lunchtime, teatime and evening calls, around those times, we find that if we're phoning up for information, we can't speak to carers because they're dealing with personal care, toileting, medication. And, obviously, the needs of the residents have to come before us. So there's normally - there's like a little finite window between about, I'd say about ten, half ten to about eleven, half eleven, and then from two to about half three where we can contact the carers on the unit saying, right, have you got the time to... And even if we book a time to say, look, I'll call you at half past ten, if there's a GP around, if there's a concern with a resident, then that can be cancelled at the time of the call, because, obviously, they need to meet the safety and the needs of the residents. So whereas we could just go in and visit and have a look at the care logs whilst they're dealing with the problems, and then maybe only take five, ten minutes with them to have a chat with them, that is completely flipped over now. It's very much reliant on trying to find a window where there isn't a problem, and they've got that bit of time that they can actually sit and have a chat with you.

I: Yeah, definitely. Because they're very busy places and things come up, and yeah.

R: Yeah, that's right, yeah. And that can be quite difficult to try and - we get in pressure - not pressured - but we're getting we need to move these people on. But if we can't physically get the information, then it's going to further delay the person's next step on their discharge.

I: Yeah, and you can't - it's really hard to have a video conference or anything whenever the person isn't available. Whereas if you were visiting, you can look at the logs and a person doesn't need to be present, like you said, for you to do... To look at - to make an assessment or review. Yeah, definitely.

R: Yeah.

I: Yeah, that's definitely - so that's definitely something different that you wouldn't... Before somebody doesn't always need to be at...doesn't need to be talking to you, or in contact with you.

R: Yeah. They could be there for 15 minutes, 10, 15 minutes having a chat as opposed to... I mean, I've been on the phone to someone an hour, talking to them about... And very mindful that's an hour that they're not doing their role in supporting their residents, or doing the job they need to do, because they're spending the time talking to me. So it's very mindful of that as well, so you tend to try and kind of pre-empt what the questions you're going to ask, and like a template to...

I: Yeah, so you have to be much more prepared prior to the visit, or the call to make sure that you use the time very effectively or efficiently?

R: Yeah, basically.

I: Yeah.

R: And it's very much so, and it's kind of like a list of the urgent questions that you need to ask, and then it's like then in order of priority, and the next one and the next one. So knowing full

well you may not get to the bottom of your - the list that you need to go. So sometimes we do that and follow it up with an email to the care home and say, look, can you just forward on these finer points? We didn't get a chance to speak about them, could you...? So we do it that way as well.

I: Okay, so it takes - sometimes you have to have multiple conversations, and maybe not get to all the questions that you need to?

R: Yeah.

I: Okay. Well, were there any - I know you mentioned the internet issue, but were there any communication issues that you're finding with the call?

R: What, with the call? I mean, it's the breakdown of the connection, I mean, that's the main one. I mean, it's people not being able to hear it and sometimes having to have the volume up so loud, and then if they're not in a private, secure area, then basically we're telling the entire care home their life story and what's going on. So there's that privacy issue as well, which we're extremely mindful when we do face-to-face. It's either in someone's room, or we find a quiet room. It's never in the day room with three or four people kind of looking in and seeing what's going on. We're always mindful that it is as quiet and as peaceful as we can get it, and there's no interruptions, no disturbance and things like that. We've sometimes, like I say, if the volume isn't great and they can't hear us, there's... I mean, I don't know if there is on here, but I've not been able to find it, kind of like a subtitle, and I don't think there is one on there, but that would be...

I: Yeah, that would be something that would be helpful, yeah.

R: That would really, really good. Yeah, so then it would come up on the screen what we're saying. Because we do use that sometimes if I've gone into a care home, and I will take my laptop. If they're - if someone can't hear me, I will type on large font on my laptop, and then they will respond or type the answers back to me, so we've got a conversation on there. But it's finding ways that they can actually interact with us, and sometimes we won't get as private as we need, so it's a case of do the best we can. But, obviously, if they're sitting there with their volume on a hundred, because they're struggling to hear, then pretty much the whole unit is going to be hearing this.

I: Yeah, everyone's going to hear.

R: Yeah. So that's a big issue as well, which I don't particularly like, because it's obviously trying to maintain some dignity and privacy and that for people.

I: Yeah, that's definitely a hindrance if you're having to - if they have any sort of hearing issues, or if the connection is just not very good, and the volume has to be very loud. And it's not like in a private space, then a lot of people might be able to hear, and, yeah, what's going on, which may not be, which is not good, of course.

R: Yeah.

I: So was there anything that - like I know you mentioned using a computer when you would visit to kind of write out stuff, was there anything that helped using this technology?

R: What, when someone's like hard of hearing and things?

I: Anything. So not just when people are hard of hearing, but anything that has helped you to use this technology and to communicate to communicate with the care home.

R: I mean, we do use - there's a device called MiniTech where it's kind of like... It's two little bits that go in their ears, and then it's like a base unit where they've got a [mic wipe 18:19]. The person conducting the review holds the microphone, and it's a more enhanced version of a hearing aid. So you could actually whisper in there, and they would be able to hear you. So there are things like that, and obviously where English isn't the first language, sometimes on, like on my phone I've got... You can kind of do phrases that are - to try and find the language that suits them, or we would get an interpreter in. Again, having an interpreter on a video conference, there would be a big delay in me saying it, and the interpreter. So that it tends to be normally the issues, those that revolve around cognition and hearing, and vision. Sometimes - I mean, obviously, some of the service users that I've worked with before, they've been blind or very, very near-sighted, like macular degeneration. And we're having a conversation, but they want to hold my hand so they know that I'm there, and they know where to talk to and where to face to talk. Obviously, over Teams and over video conferencing, we can't do that. So, again, you're almost like you're facing someone that can barely see, or extremely short-sighted in front of a laptop, and they can't actually see the person.

And, again, that's something that can be distressing towards them, and completing the review. So it's - I think it's the personal touch, the one-on-one is actually spending that time with a person, which you don't, unfortunately, get over video conferencing. And I think that's where the - that's what I tend to do more with... When I go and visit people, is actually spending the time getting to know the person. And it's sometimes just sitting there looking at their room, finding... There's a picture on the wall - breaking the ice - oh, who is... Yeah, who is this gentleman? And when you've just got a picture, a screen, it's very, very hard to find things like that.

I: Yeah, it sounds like it's really hard to almost build up trust and rapport, if you're not there. And then there's the other physical contact, and things like that that aren't there. That can really help in your conversations and your consults with people that isn't there, unfortunately.

R: Yeah, that's a very fair - yeah, that's a very fair comment to make.

I: Okay. Yeah, it sounds like. Well, is there anything that maybe - I know we've talked about technology or issues with internet and other stuff, but is there anything about, anything else that hindered your using it? I know we've had lots of things have been issues, but is there anything else that you found was also a big hindrance when it came to using the technology? Did you feel comfortable with it, and things like that?

R: I mean, it does take a bit of time to get used to ourselves, to use it. And I think sometimes the more people that are on the video conferencing, it becomes more like a little bun fight and people... It's almost like they want to get their point of view across, and they will talk over other people. So unless the person that is running the meeting is very good with setting the boundaries before we start, then it does become a bit of a free-for-all, and people that are not, that are quite quiet can be easily forgotten. So if you get an overpowering family member, all of a sudden it's their wishes, their beliefs, and it's not the actual wishes and the beliefs and the values of the actual service user, it's family members, what they want, as opposed to what the service user wants.

I: **Oh yeah.**

R: That's...

I: **That's a huge problem.**

R: That's a very big thing. That is a big, big problem, because we'll go over there to listen to everybody and, obviously, we're there to advocate for the service user, and have their voice heard. And if we don't - if they get overpowered by their family member, it's very, very hard to then go, actually, do you know what? I need to get your point of view, but so to ask the family member to be quiet. And then you will have someone talking maybe, and then forget that you're on video camera and it's like, oh, and they can be making all the facial gestures going that's wrong, and things like that. And the family member gets to see that as well, without actually sort of... Maybe the family member not realising they're doing it, again, that builds a bit of a barrier and it can easily cause a breakdown. I mean, I've had it at face-to-face meetings where I've actually had to almost separate. It's like, okay, let's stop and let's start again. And it's - I think it's a bit... It's a bit harder to do that on a Microsoft Teams... Short of turning people's Microsoft and video cameras off while you're talking to another person, so they can hear but they can't react or say anything. Short of doing that, which would be a last resort, it would be quite difficult to have a conversation, especially if you've got one person that is very strong-willed. And, like I say, it would lead to the service user not being...

I: **Not being heard.**

R: ...Yeah, which is not what we - that's the last thing that we want.

I: **Well, I mean, that sounds like a very specific situation where it doesn't work well. Can you tell me, are there any specific situations or residents or events, in which it does work well?**

R: I think sometimes it's like video conferencing - not necessarily in a care home scenario - but if you're having... We sometimes have team forums where we all discuss what's going on, and sometimes someone can jump up and go, oh, we tried this. And then you've got the sharing capability on it, and they were able to bring up and explain what they were doing, and things like that. So but using the share side of video conferencing where, actually, for example, if a family member didn't actually believe log sheets and we had copies of them on file. With the service user's permission bit, right, actually, if I pull this up, you can see. You can see in the writing from the carer that on this particular date this happened, and that

happened. They can actually see that with their own eyes, as opposed to just hearing, well, I've call evidence for that; I'm able to actually show that to them. So that way is a - it's a good way that we can do it, but it's... Yeah, I'm not sure, because, like I say, I've not really used it with family and service users, so I can't really say if there's any other ways that would be good.

I: Yeah. So to the - does the sharing ever happen with care home staff, or is it just with the residents and their family members, or...?

R: What, sharing the information?

I: Yeah.

R: When we've got - when we have face-to-face meetings, the care staff do come in with us, so, theoretically, they could go onto the video conference as well, so they could say their point of view as well to the service user and their family members. But it's just obviously a case of have they got time to get on and do it?

I: Yeah. So I know you mentioned them sometimes being present for cognitive reasons, to help support the person with the technology and stuff. But sometimes it sounds like if that's not the case, it's very time-dependent?

R: Yeah, it can be, yeah. I mean, it's - whereas if we're doing a face-to-face at the care home, the carer can pop in and out of the review, and they can be part of the review with you. If they have to leave, it's with this it's, yeah, okay, they can still do all of that. But it's - it doesn't seem as... It seems that we're wasting a lot of time for them. I mean, they could join part through in, but then we'd have to do a recap of what we've spoken about. So it's just kind of like the time resource, I think.

I: Yeah, definitely. Well, did the cons-...how did the consultations feel compared to face-to-face encounters, or a phone, even a phone call?

R: They do feel different, and it's we're not doing... It doesn't feel like we're doing the full job, because we can still get all the information we want on the telephone call, but we're not spending that time getting to know that person. As I said in beginning, the body language, the actual developing of rapport, a lot of people are quite anti-telephone and anti-technology, and just only want to talk the bare minimum. When you're sitting there having a face-to-face, even over a cup of tea, you can have a chat which then starts to evolve into a review. With a telephone call it's kind of like it's almost...

I: It's very prescribed, yeah.

R: ...scripted.

I: Like you said, you have the very clear questions that you have to ask, and that you prioritise.

R: Yeah. It can be, so it's a little bit - I think it's quite stilted with the 'how we can support people', it's not the personal touch, and it's quite severed, really, with the communication

side of it. We can do it, and obviously we have been doing it, but it's not, certainly not the preferred choice.

I: Yeah, you would prefer to do it in person, because you can do those other things.

R: Yeah.

I: Yeah. Well, was the person's understanding and participation in the conversation impacted? I know you've talked about some of the things with cognitive issues and sensory impairment. Is there anything else that happened - that might happen, or might be an issue when it comes to a person's understanding and participation in the conversation?

R: I think - I mean, obviously, like I say, cognition and mental capacity. If we feel that someone is not understanding the questions - obviously, like I say, you can see it in the face if you're doing face-to-face and video. Sometimes having to - it's not appropriate to do mental capacity assessments over the telephone, because we're not giving that person the best chance to pass the assessment, and to be deemed having capacity. Because we're not - it's our remit is, well, we have to do everything possible to make that person comfortable and as a relaxed, and give them every opportunity to participate. Now, if someone's got hearing problems, and then cognitive problems and we're a bit doubting capacity, to then put them on a telephone call and go... I want to make sure - it wouldn't be a fair assessment for them. So in cases like that, we would be looking to do face-to-faces and then there are some times where it just wouldn't be appropriate to do a video conference. And if things like that - because that is a big decision and it's basically making... Have you got that? Are you able to make that decision? If not, we are going to have to make that decision for you. And we could be involving impartial moderators, advocates, if family members have got LPAs then we would be able to take their best interest, the best interest decisions and things like that.

Things like that just can't be done. And you can have a discussion with the family over the phone, and get [unclear 31:18], but to give that person every opportunity, especially if they're... Like, say, if they have got a sensory issue and then to try and do a capacity assessment over technology, is not giving them the fair and the best chance to participate with that assessment. So things like that wouldn't work.

I: Yeah, so assessments are really difficult. Yeah, because you've - like you said, you feel that they're not given their best chance because they're disadvantaged using this type of technology. Interesting. That's really interesting. Well, how are - I know you've talked about several different types of reviews and assessments, and all kinds of things. How was the information from your consultations recorded and shared?

R: Basically, it's the information - anything that's coming out with telephone calls, or any... It's basically being typed up as I'm talking on the telephone, is I'm typing up. If it's on a video conference, then I'm making bullet point notes and things like that, so... And then it's a case of having to block out time after that call to write up the case notes, to ensure that you've actually retained all of that information. As [unclear 32:38] we can't record our documents. Like you say, without express permission, we can't record any information. Again, if family

members were recording without our consent, then, again, that's breaching various policies and procedures that... So we can't - so it is literally down to just sitting there typing it up as we go along, which I always explain, if you hear clacking away, that's me just making notes. Or if they don't want me to make notes, obviously, sometimes we do need to maintain eye contact, then it's a case that it's writing on a pad and kind of hoping that you're actually writing something that is legible, basically.

I: Yeah.

R: So it's looking away very, very briefly, or say to them, right, okay, I'll just make a note of that. So you're kind of - like in that way, you're kind of stopping the flow of the interview. Whereas if you were in a home meeting, I would be saying I've got my laptop, I'm going to be taking notes. But we do get occasions where people don't like us making notes, so if that's the case, then we have to literally type it all up directly after the review, so we've...so we know what's been said. Sometimes some people don't like the interaction, and they don't like the laptop open; it creates a barrier. So it's kind of every person is different, and it's just a case of working with them to find out what works best for them, and then sticking to that scenario, really.

I: And then how is it shared?

R: How is the information shared?

I: Yeah.

R: We do - we have ConnectedLives assessments and reviews, and once that assessment has been typed up, that does get copied, it does get sent out to service user, or their family, or representative, so they've got a copy of that. They will sign and send one copy back too, so we can load it onto the records to say that they've agreed with what's been said. If they don't agree with it they can annotate and amend their copy, and send it back. Obviously, then we have a look at it, and if we agree with what is said we will make that change. If not, we will just put that - we will scan that onto live link, which is our...where we put all our documents. And then it's just they're on record on there, and on their file.

I: Okay. All right. Interesting. So what are some of the outcomes of your calls, and is there any extent that these might be affected or altered by the use of video calls?

R: I think, at the end of the day, it's not affecting the end goal, but it's things like if we're doing a video call, I could be updating family members of the review that I've had with their family member. Obviously, getting their permission first that I can speak to them. So it's kind of like this is the next step, this is what we're going to do. So it's more kind of like information sharing, a platform rather than anything else. And then it's just a case of this is my phone number, you can call me if you've got anything else, you can email me any other information. So it's just a way - it's just a way of actually looking at... Just forwarding on some information and things like that, because, I mean, especially at the moment with family members not being able to go into care homes, they're quite reliant on, well, did you speak to her? How was she? How did she look? So sometimes it can be used for that as well.

I: Oh okay. So, yeah, so actually the calls are becoming more important to family members, because they can't enter the homes now, and they rely on you to feedback to them about how things are going.

R: Yeah, it can be - it has turned kind of like a welfare call as well, and like a welfare update, as well as passing on information for what the next step is, and where we're going with the discharge, or where we're going with the support.

I: Well, in what way is the relationship that you've had with the care home staff been influenced by using video - if it has?

R: I don't think they like using it as well, is my... I think they find it - it taxes their time. We do get problems actually trying to get through to the units to get information, because, obviously, they've got a busy job there, finding their time to do what they need to do. And it just doesn't always - we don't always get the time and the support that we need from them, because they haven't got that time to provide it. So it is a case of we constantly have to phone up, and it's almost like barrage them with information. And it's kind of like [unclear 37:58]. It is kind of like - it almost feels like we are badgering them to sort of answer it all the time. Whereas before we would just make that initial phone call to say that we're coming to see, and we would need to see the logs. It's all slightly different now, obviously, now because we can't we do that, so we're very much relying on them to do that for us.

I: Yeah, you're very reliant on them now to produce the care logs, and to be able to be free to talk to you, and yeah. You're much more reliant on the care home staff, it sounds like.

R: Yeah. Yeah, definitely. And, as we said before, it's them finding time to actually speak to us; it is quite difficult for them to do that.

I: Yeah, definitely. Well, I know you mentioned having words or captions come up during calls, so that people who can't hear perfectly well can read the questions or things that are being talked about. What else would you change, going forward, or would like to be different?

R: I don't know, to be honest. I think it's - I mean, the video conferencing works how it works. I mean, having more secure conference ability, so some people don't have Teams and they only use Zoom, or GoToMeeting. Whereas, unfortunately, we can't use that, so if we had more secure platforms, we would have a bigger option of what families, care homes could do. Because we - I've had care homes that haven't got Microsoft Teams, and we weren't able to set something up. So it's - in that respect, that bit is, I would say, yeah, a more secure platform, that would really, really help, I think.

I: Yeah, access for care homes especially to have more secure platforms, like Teams or something similar.

R: Yeah, something which won't be hacked, basically. It's - because, obviously, we're passing over personal information, so, obviously, we need to make sure that it's safe to do so.

- I: **Yeah, definitely you want to make sure that people's privacy is being protected, and there's no breach in data or any protection of anything. Yeah, definitely. Anything else that you think could also be a change going forward, or something else that might help?**
- R: I can't think of anything else off the top of my head. It's normally that thing that we'll finish the call, and it'll be like, oh actually...
- I: **Yeah. That's okay.**
- R: I can't think of anything at the moment off the top of my head, that I would say that might be able to improve, no, not at the moment.
- I: **Okay. I know we've mentioned when you're there you kind of see what's going on. Well, what could you see about the person concerning other people living in the care home during the calls, or can you not see anything?**
- R: During the calls that we've had, it's - it is a case of they have been in a secure... In a quiet room, or in their room, so you can't... No, you can't see anything. With every care home, unfortunately, we do - and we do get service users and residents that do cry out from time to time, so you can hear the call buzzers going off. Whereas you can try - you always try and direct someone away from that, if it happens in the care home. And sometimes there'll be - something will go off and they'll be talking to you, but they'll be like looking over their shoulders, kind of thinking. It can be a distraction, whereas if you're face-to-face, you're... It's more likely you can go, actually, tell me a little bit about... And then you can just - you can just follow with a question and get their concentration back. Sometimes when [we're on 42:15] video conferencing and it's kind of like, oh, what's out of the window? It's kind of - it's almost like someone... It's like watching a TV show, basically, and it's...
- I: **It doesn't fully grab their attention.**
- R: No.
- I: Yeah.
- R: No, and it's very, very easy to just kind of like, oh, I'm [unclear 42:37] kind of the attention span, and when someone is sitting directly in front of you, you're more likely to maintain your attention towards them. And when they're in front of the screen, it's quite easy just to go, oh... I'll be looking, oh, where's my tea, or I'm looking anywhere else. So it's - I think that's one of the main differences as well, I think.
- I: **Yeah, that is - that people's attention isn't fully on you and it sometimes is quite easily distracted, it sounds like, by the things that are happening in the home. Well, can you see anything - we talked about other people in the home, but can you see anything about the care home staff when you're on your calls as well?**
- R: If the care home staff is there they sometimes, they'll sit off-screen so you can hear them talk, if they've not understood the question and I can ask the carer to. But, normally, we try to say, where possible, don't participate unless we ask you to, and then, in that case, can you repeat exactly word for word what I have said? Because especially when we're dealing with -

if we're deciding whether someone's got capacity or not, then there's certain words and phrases that we need to come across. And we don't them changing the tone and changing the way the question is asked, because it can lead someone to answering a different question...answering it in a different way.

I: Yeah, definitely. You don't want them to be influencing the - to influence the consultation or the assessment that you're doing with them.

R: Yeah. So it's you find that you have to control them as well to a certain degree to say, look, I'm happy for you to be there to support, however we can... If there's something that you want say, we can talk afterwards, after the meeting, but the moment, I just need, I need this information gauged, so...

I: Interesting. Yeah, definitely. Well, I know you've talked about this a little bit before, but how confident are you that you are able to pick up on any potential safeguarding issues?

R: You would hope that you are, but sometimes, again, it's done with body language. It could be someone tapping their foot, really sort of kind of an anxiousness, which you wouldn't pick up on a Teams meeting, because you're only from the shoulders up. So there could be somewhat wringing their hands, and you're not seeing that. So there's a lot of body triggers that you - we don't get to see, and it's things like with if there was a concern with the care home. If someone's in with them, because it's the care home's property, then are they going to be confident enough to say I need help with, because this has happened? I don't think they would. Whereas sometimes if they want to speak to me on my own, if I was doing a face-to-face it's kind of like you could ask the carer to step out to make them a cup of tea, or something. And then have that period of time to say to me, even if it was very, very briefly something has happened, and then that's enough for me to raise a concern and we can start getting the bits in place. So, unfortunately, you would hope that you wouldn't miss it, but I think there is a possibility that things could be missed, because we don't get to see all the body language, all the gestures. We don't know if someone is standing the other side of the laptop with a sign saying, don't say anything horrible.

I: Yeah.

R: We don't know, and that's a big kind of sort of like a jokey thing. But we don't know that, we don't know if someone is standing the other side of the laptop coercing them what to say. We just don't know that. It's we're taking it a little bit on trust, unless someone panned the camera around to prove that there was no one else in the room, we have to take that on trust that there is only the service user and the carer. But we don't know - we don't know if there's anybody behind at all. So there is that element of that little bit of the unknown, and, yeah, it would be hard to pick up on things like that, I think.

I: Yeah, that's a very good point, actually, that you don't know if somebody else is in the room, unless the person shows you and moves the camera, and you don't know what that could... You only see that short - that small square or rectangle of that person as well, of that person, so you don't see other body language.

R: Yeah.

I: Yeah, that's a very good point. Are you - do you feel like you're able to discuss and share about safeguarding concerns and issues?

R: What, over video conferencing?

I: Yeah.

R: I mean, yeah, we could. I mean, they are doing safeguarding meetings, I think, over video conferencing and things like that. I mean, where we would need to raise safe-guardings, we wouldn't be raising them necessarily to the carer that's there. We would be raising it to the team members, the manager, or the carer. So at that time it would just be kind of trying to ascertain what the concern could be, and if someone was sitting there rocking and not really answering my questions, that would raise a concern: what's going on? Is she just having a bad day? Is there something she's not telling us? Is there something that she's uncomfortable to say, really? [Unclear 48:50].

I: That's okay.

R: That's a bit better. That's all right, I was being blinded [over speaking 48:57].

I: Oh sorry. It's all right, it happens. Yeah, I mean, that was actually - that's my final question for you. Is there any other information regarding your opinions or experiences that you would like, that you think would be helpful for me to know?

R: I don't know. I mean, certainly when the - at the moment with the Covid and everything being looked down, as well as moving... Having equipment, having - using laptops like with the care home laptops, again, that unless they are completely wiping it down and not telling the person to touch it. So I don't know whether or not having a bank of personal tablets, so the resident can actually interact. And then if it's got [?49:50] capability, and they're able to do it, then they can actually raise any concerns themselves if they've got... If they feel comfortable to doing it, they can speak to family saying, actually, do you know what, something has...this has just happened.

I: Yeah.

R: Like they would do on a normal visit. Because, obviously, some people - telephone reception in some rooms aren't great, and it's sometimes the nature of what's in a residential or nursing home, like in hospitals, block out signals and things like that. So having something that the resident can use themselves, if they're able to. Not only for like social interaction as well, which would be great for them as well, but giving them a means to say... In a case of a safeguarding, actually I need a little bit of help here. Because sometimes all family members are doing are phoning the carer, or the care team and saying, oh, how is mum, how is dad? Not being able to actually speak to them, because maybe it's only once or twice a week that they like to do a call. Having that little bit of technology, they'll be able to phone their family and say yeah. Or us, if they're able to, and say, actually, do you know what, this has happened and I'm not happy with this. And then we can investigate it sooner rather than waiting for a review, or waiting for the family to finally get in touch with them, and then them passing it on to the family.

- I:** Yes, that sounds like something put in place that might be directed [unclear 51:27] as for residents to contact you or their family, or other things like that would be appreciated. So that, like you said, some of the issues can be brought up as soon as possible, or things can be helped with them so that they're... Yeah, so that they don't feel - so they actually have some kind of access to you, if there's an issue or if they want to... And you don't have to wait for very specific time, or a scheduled review or something.
- R:** Yeah. I mean, I fully understand that. I mean, obviously, for that to happen with the care homes, they would be having to put a lot of money into it to get it into place. So it's not something I would imagine that would be feasible in any way, shape or form, unfortunately. But it's looking at a way for - especially at the moment when we can't go in, and... Because even as well, if we're going in to see another resident and then we see someone else in the home and something has happened, we're eyes on when we go into a home. So we notice something is not quite right, and we will raise it. And it's not necessarily regarded to the person that we've gone to see, so...
- I:** That's true.
- R:** ...that's missing at the moment.
- I:** Yeah, that's very true, is the fact that you're going into a home, even though you are, say, seeing this particular resident, a lot of times you are not just looking, you're observing what's going on with just that resident. You are taking account of everything that's going on in that home, and that you, unfortunately, can't do.
- R:** We can't see, so we might have a resident that is not actively known to adult social care. Doesn't really have a family member, so doesn't really have that support network. So if we go in and we see something's happening to them, we've got duty of care and we can raise that on their behalf. But, obviously, they've got no one to - so how long will it go on? So that's the type of thing that we look for as well when we go into somewhere.
- I:** Yeah.
- R:** So that's something that's missing as well, potentially, at the moment.
- I:** Yeah, that's a very good point, actually, is that it is very one way or very directional kind of your conversations or what's happening, that you... The insight that you get into the home is very much very focused on your particular client, and you don't see the rest of the things that are going on in the home.
- R:** It's dictated on - the care home are dictating what we see and we hear, to a point. They're putting the service user on the screen, but it's kind of like we've got no control over that side. So we can only take what they're saying as part...
- I:** Yeah, that's a very good point. Yeah. Well, if that's it and you don't have anything else to say, I just want to say thank you very much for meeting me, and your time is very much appreciated; and your comments have been really helpful. If there is anything else that

comes up and you think, feel free to email me and send me any information, if there is something that you think, oh, I just had a consultation and this would be really helpful. Feel free, and that's completely fine. Feel free to send me an email, letting me know. And if I remember correctly, you have agreed to let us keep your information so we can share with you the findings that we have. So I will keep your information for that purpose, and make sure that you're happy with that. But if you don't have any other questions, that's it from me.

R: No, I think that's all, yeah.

I: Great! Well, thank you so much again for taking your time. And, yeah, I'm very conscious that it's almost - we're almost exactly an hour, so well done!

R: That wasn't bad, was it? Excellent!

End of Transcription