

Recording SC03

I: Before we start, I just want to confirm that you were happy to be interviewed and for the interview to be audio recorded?

R: Yes.

I: Brilliant. Okay, well, first of all, I just want to start off by asking what your experience has been using video technology, such as Zoom, Attend Anywhere, WhatsApp for consultations?

R: So I'm working in a hospital team, and so most of my conversations are with patients who actually are in the hospital. And during - since Covid kicked in, I've had two calls to a care home, because we were doing reviews and everything got mixed around. So I've done - I've had two experiences of talking to someone via a video link on Zoom, which the home had set up to enable us to talk to these two people. But everything else has been via just to the phone call, because the wards are... They don't have much, I mean, and trying to sort of... I think some family members bring mobile phones in to enable their relative to Skype, and then the phone goes missing and someone's picked it up and walked off with it, usually a patient with dementia or something. So it's like - yeah, for me, it's always been the most telephone call, but I have had experience of video-calling. Sorry, has that answered your question? I forgot what you asked me.

I: No, no, it's fine. It's given me a rundown of your experience. Yeah, that's fine. Yeah, so can you, a little bit - explain to me a little bit more about your role then?

R: Yes, so my role is - our roles in the social... In the hospital are to assure people are discharged safely with the care and support that they need. So often when you come into - when people come into hospital, they come out needing more help in different ways. Not at the time, but - so I see people who mostly are sort of 85-plus, physically very frail. They've had a fall, and something's knocked them, or they've had an infection and they've got... And they're a bit more confused, or a bit more... It's you get very deconditioned in hospital, because you're not moving around as much the environment. And not only are you more in bed and the staff can't get you up as much as you usually would, but because the layout is different and often it's a much longer walk to the toilet. So people get scared about getting out of bed, or getting out their chair. So where at home they're comfortable, they'll be sitting there just waiting and not wanting to move without someone being there. So they get very deconditioned, and also because they'll be unwell for a period of time, so they'll just be in bed.

So, yeah, my role is to - well, it's from a care management side, so making sure they come out with what they need, but also if there's any safeguarding concerns that are raised when people come in, or in the hospital, we investigate those as well.

I: Okay. And so in the process of doing - helping support discharge, you have used... If someone is being, for example, discharged to a care home, you have had conversations with them using video technology and things, on a couple of occasions?

R: Yes, I have.

I: **Okay. Brilliant! Yeah. Well, have you ever used this type of technology before?**

R: What, the Teams and Zoom?

I: **Yeah.**

R: No. No. This is all - no, this all kicked off since Covid, so this... Yeah, the Zoom quiz has helped me, because I was like I know how to use this, because I've done it with my family and it's okay.

I: **Yeah.**

R: So, yeah, it was all new - a new experience.

I: **So you only had - you've never used it in practice before, it was only ever used like maybe with your friends and family, so yeah.**

R: Yeah. Because we would [unclear 03:32] with them. The idea of - I mean, because... I mean, telephone reviews - before Covid, telephone reviews did exist, but [unclear 03:41] once as well and [?then did it 03:42] myself. But it's much better to see the person, so we would always generally do a face-to-face, where possible, and a telephone one would be because we really couldn't go in, which is quite a rare thing. But, yeah, so it was new.

I: **Okay. So what are the advantages of using this technology?**

R: You can see people. I - so, as a result of Covid, we go on the wards now, but when it initially kicked off we weren't going on the wards at all. And we realised with people who are very frail, well, often they can't... People we meet often can't hear very well, or if they've got their hearing aid, and they left it at home because when the ambulance came they didn't pick up the hearing aid. Or the family don't want to bring it in because they're likely to get lost, and taken by someone else. So often they can't hear and they're confused, and when you're talking to someone, when you lose that face-to-face contact, you miss... And, for me, I miss out about 60 per cent of the information and communication that I would have otherwise got by seeing them. So you can look at their face and their body, and see how they look. And they can also see you and tell you things, whereas when you talk on the phone, they're like who is this? Who is...? And they sort of ask the nurse, 'Who is this woman? I don't know,' and then they get annoyed and then you just feel really bad that you've coerced them on the phone.

So, yes, so, for me, there's a great loss; when I don't see someone's face, there's a great loss of communication and relating both for me and the person that I'm seeing. So that's what I like about video-calling, because you can see their face and see how they are. The disadvantages of video-calling - the two times that I did it, I had quite a similar experience with both, was that the two women, they couldn't really work out what was going on. And they were looking at - because you can see your face, and then you can see the person's face who is calling. So this - they both were looking saying, 'Who is that old lady there?' And I said, that's you, and I was hoping she wasn't referring to me. And she was like, I don't know

what's going on. And then they're sort of - they're confused by these two images, and they don't quite get it. And it's - and then they're sort of getting annoyed, and then you're losing actually the reason why you're calling, and it's just to see how they are. And they don't really understand why you're asking, because it's the person next to them, who you can see how they are and it just gets lost. So I like seeing people, but I don't mind getting on their nerves, so the video-calling was... It was good to see the two ladies and see they were well, but it wasn't helpful in gathering any information, otherwise.

I: Oh okay, so it was good for you to kind of see, but it's difficult to ask them questions and gather information from them, because of their confusion with using the technology, and kind of how... Yeah, and who you were, yeah, was apparent from your conversation.

R: But that's not to say that's for every situation. I think it's one of those - I think for every yes, there's a no often, and for what... There's things you gain from something, and things that are less ideal.

I: Well, did using this technology fit with your existing ways of consultation, or what it was used for? So I know you kind of talked about how usually you would go in person and talk to the person, but you... So has it fit in with what you usually are doing?

R: It has, but I think we've certainly... For me, I've [unclear 07:09] my colleagues have a similar situation. But, for me, I feel I've had to adapt. I've had to learn how to - we had some advice and training recently on doing capacity assessments over the phone, and the different media, the difference in them. And it's possible, and, actually, when you start listening to things on the phone, you can actually hear as much as you would hear [unclear 07:30]. You can actually listen if someone's distressed, and you can listen when the words... It's just the words they say, their tone and their responses, you can actually discern these things. It takes a bit more effort, and it's not... It's more obviously when you're seeing them, but it's possible. So I feel like I've adapted to doing reviews over the phone in the last six, seven months and much... And so I can do them more effectively now than, say, a year ago, because I'm used to them and we've just adapted. So, yes, I continue to assess and it's fine; it's just a bit more effort and a bit more listening, which is not [unclear 08:07] at all. And, yeah, it's - yeah, we continue to just adapt it.

I: Yeah. So you got additional training with using telephone consults, or doing telephone assessments and things. Did you get any further training about using like the video calls and things like that, or was it just for the...?

R: There's probably some kind of guidance online, but I was familiar with Teams and it didn't take me long to work out how to use it. So it's Microsoft Teams and Zoom were relatively simple, so I didn't feel like I needed anything else to figure that out. It's - well, it's more just getting used to a new way of communicating.

I: Okay, and...

R: [?Yeah, asking them, yeah 08:46].

I: No, go ahead.

R: Asking the elderly to adapt is a trickier thing, and they shouldn't really have to. But, yeah, so we try to adapt.

I: **Well, when you do your calls and your video things then, the ones that you have done, did you schedule them at particular times?**

R: Yeah. Well, yeah, because it was with the care home, so we said, right, I'm going to call at this time to the nurse, the member staff who was there with the person, and it was all... Because they wouldn't have been able to facilitate that themselves, so, yes, it was all done like for it, yeah.

I: **Yeah. And this worked to do it that way; that worked for you?**

R: It did, and it gives you something. It gives you - it lets you see the person, and then you can ask the... I asked a member - I remember asking a member of staff for additional information, when they were, when I realised the lady had told me everything she could, and I needed to leave it there with her, but yes.

I: **Well, were there any communication issues? Because you did mention the fact that they kind of were confused, but were there any other communication issues that happened?**

R: Well, in terms of - I can hear perfectly fine, so it wasn't like there was any delays. I think unless you've got bad reception somewhere, you know, where you are, I haven't... I think the reception on Teams and on Zoom, that is always good and it's not like... You don't see the person's mouth, and then hear them a few seconds later; there's no delay. It's good. The only difficulty with communication is actually them understanding what's going on, which is nothing to do with the technology, it's just to do with being human.

I: **Yeah. So there was con-... Yeah, so it was more on their side, and your side you felt like you were getting like the sound was synched up and everything, but... And you didn't have - a problem was maybe the issues that arose with people understanding what you were saying, and kind of them processing what was going on, it sounds like?**

R: Absolutely. That's to do - yeah, to do with their cognition. Yeah, as opposed to technical difficulties.

I: **Okay, was there - and you mentioned this earlier about hearing, was there any issues with people hearing?**

R: I think, well, is this more on the video calls?

I: **Yeah, more specifically about - especially about the video calls, yeah.**

R: I think she - I think she was responding to me, so I think that the two ladies, they were both responding to me, so one I remember much more than the other. But they were both responding to me, which indicates they could hear me, it was just more that my word and my words and the context they were a bit lost on. And looking at - I think looking at your own face on these things is very distracting, and I find it distracting. And I try not to look at

mine, and I'm focusing on yours. If I'm in a meeting, and I'm sort of like, ooh. So this isn't a boring meeting at all. So, yeah, so, oh, I've lost my thought now.

I: Having to see your face on the screen being distracting.

R: Oh yeah. Yes. So I think that's a bit difficult for them.

I: So then it's actually about keeping... Ooh, sorry.

R: Yeah, oh no, sorry.

I: So then it's more about trying to keep the person's attention, and keeping them engaged?

R: Yes, absolutely. Which is easier to do when you're - because you're face-to-face and you can say, okay, now we did talk about that, but da-da-da, and sort of bringing them back and they sort of trail off and talk about something. So, yeah, it's just that relating is a barrier. However good you make video-calling, it is good to see people, but it is there will always... It won't be ever as good as face-to-face, for me. But, however, there might be some people who actually find it easier to do it by video, and not face-to-face, for obvious reasons. But for older people, I don't think that would be... For me, I think they would always prefer face-to-face contact.

I: Yeah. Well, was there anything that helped using the...? I know you said you'd kind of already had - the technology was quite simple, and you kind of were familiar with it. So that helped for using it, but was there anything else that helped using this technology?

R: Well, it's very - well, easy to access. No, I can't really think of... Accessing it? You mean the provision?

I: Oh, actually, more about using it. How about let's focus on using it, so...

R: Yeah, using it. So, yeah, good - well, because good things is seeing, yeah, seeing someone's face, obviously, and it's easy to use; it's very user-friendly. So I can't really think of any other good things about it, but, yeah, it's... Not that it's lacking in anything, it's just that it's simply that, it's a video, it's yeah. Sorry, I can't think of anything else.

I: No. I know you mentioned the staff was also present, so were they... Was their presence helpful sometimes with them helping to facilitate the conversations, and...?

R: Very helpful. Yes, because, like we said, it's having... I'm glad that there's someone there with the individual to sort of support them, in the same way that if we met someone at home, I'd say would you like a member of your family present? Do you want me to call your daughter to ask if she can...? Not that we're going to do anything scary, but it's nice... Similarly to when people go to the GP, they often take someone with them just to remember, because, actually, if you're just yourself trying to remember all these things that someone has said to you, it can be a bit overwhelming. So, no, really positive to have someone with them, who can also help us and answer any questions, or say, do you know what? Actually, so-and-so, she's looking a bit tired now, because they know them better, and she's actually... They think she's had enough and it's like, okay, we'll stop there. And those

kinds of social cues they would see, and I wouldn't maybe see them over the video call because it's more remote. So, no, could it be important to have someone there for various reasons for support for the individual, and supporting me to get information and give information.

I: Well, was there anything - I know we kind of talked about cognitive issues and hearing, but was there anything...? Can you give me more information about things that hindered using this technology? I know it sounds like you used it twice, and it wasn't particularly successful.

R: It was successful in that I saw the person, and I could say, oh, I've seen this lady. And it's seeing - so I didn't regret doing it, but... And I would do more if the opportunity arose, but the thing is, that was a bit more an unusual situation, because I don't usually review people in care homes. I see them in the hospital, and then I pass them on. So I may not be the best - maybe my limited experience with this may not be best with this research, and it may be that you want to speak to someone who has done more frequent calls. I would definitely use video-calling again to speak to someone in a care home, if I couldn't visit them. What I'll probably do is try to do a video call and if that wasn't possible, use the telephone. But I always look at - even though the two times it was limited with what it could do, there was still good things that it provided me with, and I will always try that first, yeah, or go on the telephone.

I: So you would try to do that first if you were trying to contact somebody, especially if they were in a care home, instead of in hospital?

R: Absolutely. And on the wards as well. I mean, I've given up asking the wards for video things, because I don't think they've got it. They tell me they have, but then it doesn't work and it's something... There's always a problem, so I just skip to the phone now. But, certainly, care homes they're much better equipped because, obviously, families are wanting to make more contact. So, yes, I would always ask for the video call, if there's a preference.

I: So you found that care homes are a little bit better equipped to use video-calling than the hospital, and the wards?

R: Definitely. I mean, again, for obvious reasons, the hospital has got a lot more going on that's... Video-calling is not their focus, and treating people who are unwell is. And care homes they've not got less to do, necessarily, but the fact... Their residents being able to see their families is much more of an important thing for them. So, yes, the care homes are better equipped, and for obvious reasons.

I: Well, were there any - if you... I know you've only had a few, but if you could maybe think about this, if there would be any specific situations or conditions, or something with a resident or events in which it would work really well?

R: So I think probably the person making the call to call the care home and to speak to someone who knows the person, first to see are they well, are they in a good mood, have they had a good day? Are there any reasons why it wouldn't be appropriate for me to talk to this person this afternoon, or this morning? Are they better in the mornings or the

afternoons? So what's the best time to call, that kind of thing, and getting some background into how they are. And then someone being with them during the call to support them where needed, and also to support the person who is calling, if needed. And, yeah, so those - I think that's the best... Those are the two things, I'd say, would be really good to be doing before any video call with a service user. I mean, even in the rare event that you were calling someone who was in the care home who was completely cognitively and physically... Cognitively able and very capable of managing this themselves, that would be really rare because people generally can't [?be counted 18:36] like that. But if they were, it would still be worth making a call before to say has this - is person okay? And I just - I don't want to call if they've just received some bad news or something, or have...feeling just generally unwell.

I: Yeah, so you would - so it would be really good to have a conversation with the people who support them first, and then that would make the call a lot better, because you would know they were in a better mood, or what's going on in their situations.

R: Absolutely.

I: And have somebody there to help support them during the call, it sounds like?

R: Absolutely. And also help for the care home to know that this event is happening. So - just so it doesn't come and... They know, so they won't arrange for that person to go and sit in the lounge and listen to some music, and do some other kind of activity possibly. That they know, actually, this is happening, this is an event that's happening for this person today, so we're aware. So, yeah, it helps the care - I imagine it would help the care home as well. They don't want to be caught on the hop.

I: Yeah, having the schedule or having - planning that person's day, so they know what to prepare for and how to help support them. And any staff time that might - or staff capacity might have to be given to help support that person.

R: Absolutely.

I: Well, I know - well, what about if you could think about maybe a situation where it would not be... Would not work, or wouldn't be a good situation to be using video-calling?

R: I think if the person's cognition is really poor, and it may be that... So because, obviously, in a video call you're asking much more of the person you're speaking with; you're asking much more of them. So if they've got limited cognitive ability, and they're likely to going to be confused and not really... Not be able to answer questions reliably, and... Because some people - some people with cognitive impairment just are quite pleasantly confused, and will answer questions and it won't make any sense at all, but they're not particularly bothered about what they're saying. Other times they are aware that they're saying the wrong... They're saying something that's not right, and they don't know what the right thing to say is, and they get a bit... They've got a bit more awareness of their cognitive impairment, so they get a bit more distressed, or they've just generally got a low tolerance for questions, but regardless of cognitive impairment, or not.

So I'd say that if actually - depending on the cognitive impairment - it may be that you really want to see the person, and that's so you could say can I just see the person and say 'hello', and that would be it. I won't ask them any questions, but I just want to see them, and that will be better. So if you have cognitive - significant cognitive impairment, so questions would distress them, you could ask just to see them. But it's about just don't ask too much of them, and maybe get the rest of your information that you need from the person looking after them, as opposed to asking this of the person in the care home, the resident.

I: Yeah, so it sounds like, yeah, cognitive issues and it can make - any questions, of course, will be more difficult. And if the conference call is based on having loads of questions for them, or some sort of questions for assessment or review, then it might be much more challenging if they have cognitive issues, it sounds like that's what...?

R: Absolutely.

I: Yeah.

R: Yeah.

I: Well, are there any specific - I know we've talked a bit about having staff involved, and it being a benefit. Did - and especially somebody with cognitive issues. So were there any situations when care home staff weren't involved in the calls?

R: No. These two, they were very - they were there. Yeah, and I think - I mean, I suppose whenever anyone is involved - this didn't happen, but just it's happened in the hospital before - is that, again, people being... People are being there present and advocating, or for the person, or supporting them, can also not work and it all depends on the... So I'll give you an example, with capacity assessments it's that what I say is... It's if someone would like to have a member of their family with them when we do it, it's sometimes good for family to be present for a capacity assessment, because they can... If they believe that mum is fine, or mum isn't fine, sometimes when you do actually ask, do it formally, there's a completely different outcome to what they thought. And it's helpful for them to see actually this person, and how this person does in a formal setting. So they might actually be much more cognitively able than the son or daughter gives them credit for, or they might be much less able than the son and daughter believed them to be.

So sometimes - so in that regard it's helpful for people to be there, to support the person - the staff or family - but other times if they're going... So what I always say is you're fine to be here to be part of the assessment, but you... It's very important that you don't say anything, and if mum or dad looks, starts looking distressed or doesn't want to talk anymore, we will stop. But it's when they start answering for someone saying 'Do you remember that? Do you remember that?' Is that that hinders things, so I think if I had - I mean, staff members, I think, are better with boundaries - not all the time - but they wouldn't be so much inclined to do that. But if I was having a family member there, I would make sure that they would... We were clear from the beginning what I was wanting, which is just to hear the person talking. And if they felt that the person was struggling, I'd say just put your hand up to me and I'll stop; but not to interrupt them, and not to speak for them. I just have those

boundaries from the very beginning. But most likely in a care home review, it would be a member of staff there, and if they did try to chip in, I would just say, if you could just let the person answer, if they can. And put those sort of gentle boundaries in, if needed.

But, yeah, that - I suppose that could be the only thing that could potentially hinder having someone there. But as well I think, for me, as long as you put those boundaries in and to be very, very clear, it's not an issue.

I: And do you think video calls and things like that would - might affect those kinds of interactions, like they might be less likely, or more likely, or...? Or do you think it's going to happen anyway, and it doesn't matter if it's...

R: Yeah.

I: ...over the phone or in person, or if that person wants to advocate and kind of be like, 'Do you remember that? Do you remember?' that'll happen no matter what kind of thing you're using?

R: Absolutely, yeah. I think it's better when you can - so if the person sitting with the person you're speaking to, they can see them, they'll probably be less inclined to chip-in. Maybe if they're on a three-way telephone call, they couldn't see the person that they were advocating for, so they might feel the need to chip-in a bit more, because they can't see it and they're having to... So I think, yeah, probably video-calling is better for that where you... Because you can see the person, and there's less chance of them chipping in if it was telephone calling. Yeah, again, face-to-face - seeing people - is always, it's always better.

I: So how did the consultations that you've done feel, compared to face-to-face encounters that you've done?

R: They felt limited. Again, this was right at the beginning of Covid, so we were still adjusting. I don't know, [unclear 25:54] April time when we were doing the review, so, yeah, it felt limited. It felt like I hadn't got quite as much as I would get, had I not been sitting face-to-face with them; but I'd got more than if I was talking with them on the phone.

I: Okay. So it's kind of in between - yeah, and you felt... That's a really interesting word 'limited', because you couldn't... Did you feel like you couldn't ask as many questions, or did you just feel like you weren't getting enough in their responses?

R: I think I could get both. I think I wasn't getting enough from - information from my questions, but also she was confused as to what we were doing, so I had to stop sooner than I would have otherwise. Because the other thing as well, is that when you're... So it's only in hospital, and sometimes you'll see someone and they've just had something done, like they've just had an injection or some blood taken, so they're a bit annoyed. And so you'll say I'll come back in 15 minutes, or I'll just go and get a drink and I'll come and... Or I'll come back - I see you in the morning, and I'll come and see you this afternoon and see how you are. And with a video call you can't really do that, and you've got your time right now, and that's your slot. So that freedom to sort of...

I: Yeah, there's an inflexibility about time and...

R: Yes.

I: Yeah, it sounds like.

R: I mean, you could arrange it if they were like really [?unwell 27:14] you could say, okay, I'm going to call again later, but it's all, it's more... You've got to - it's much harder and you've just got much more people involved in that meeting being in place, and... Yeah, they've got meals and tea, and all sorts of things during the day, so I don't want to interrupt too much with that, yeah.

I: Yeah. Yeah, because their days are very regulated. Yeah.

R: For good reason, yeah.

I: We have talked about this a lot, about a person's understanding and the participation in the conversation. I think that you've definitely hit home about the person's understanding wasn't quite there, and that they weren't... It sounds like they weren't really able to participate sometimes in the conversation?

R: Yeah. I mean, they were a bit, but it wasn't entirely what I wanted. It was just like limited and we sort of got like 50 per cent, 40 per cent of what I would have got if I'd been seeing them face-to-face.

I: So what kind of things were the 'limited', or what kind of things did you particularly have more difficult gathering from them?

R: Just discerning how they're feeling, and what their awareness of is, do you know where you are, and why you're here and what your needs are? And because when we're - it's our job to identify what someone's needs are and what the risks are, but you also want their own voice. You want - what they're thinking may not be actually correct, but it's correct, it's their voice, it's what they're thinking. So you just lose out on that, really. It's, yeah, I think when I was talking to those two women, it was 'I'm all right'. What does all right mean? And it's getting a bit more into actually what are you feeling, and it takes more time because of their cognitive impairment. So having the person's voice is it's just not so clear. And then, yeah, with their care and support needs, I mean, you've got to staff doing what they need; but it's losing their voice, really.

I: Yeah. So there are specific, almost more things that are patient-centred, or they're very specific, personalised, individualised?

R: Yeah. And also their awareness of what's going on. So I know exactly what's going on for them, and I know what they need and what they don't, but what do they understand of it? Because I want to get a sense of how much are you aware of? Because that's relevant, and so I can't really discern that fully. I didn't discern that fully by the two conversations, really.

I: Especially when they're having confusion over using this video call, it's been really hard to gain an understanding of their awareness if they're having, they're struggling to even

understand the technology and how the conversation... And how this is working and who you are, it's really hard then for them to understand their own situation, or for you to even gather information about that, it sounds like?

R: Absolutely, yeah. They're not quite sure who you are and what this is, then they're thinking about that and they're not thinking about what they're aware of, and how they are feeling otherwise. Yeah, absolutely.

I: Yeah. So it's kind of - yeah. How - so how has the information from your calls and things been recorded and shared?

R: On an assessment, so any gaps. Well, the gaps that I had I asked the staff and gained what I could. And so you just - there's a huge different spectrum, as you can imagine, a spectrum of need and cognitive awareness in hospital, particularly. So you just - you get what you need and you fill the gaps with anything, with other things and get as much as you can. So I would compensate by speaking with others, but the first... I want to hear the most from the person always, and so you just do that as much as possible. So I've got everything that I needed, I just had to find it in alternative places, and the person's voice is always preferable over anyone else who is speaking for them.

I: Yeah, and that - is that information shared with anyone?

R: Sorry.

I: Yeah, no.

R: Yes, it was - it'll be on our... So we do reviews and it'll be in an assessment format that would be shared with... I mean, I wouldn't send the review to the care home, for example, and I would just say, yeah, all seems well, she said this, she said she felt happy, and have you got any concerns, or any thoughts? And they'd say, oh, yeah, no, she's been good and she's made a... She's been making some friends and everything. So we just - we talk together and I'll talk with the family or the next of kin to say this was the review, we're going to plan this for her to stay there long-term, or the plan is to get her back home in the next few weeks. It would be like - yeah, it would be shared verbally as opposed to sending out paper assessments, or here and there. Yeah.

I: And those are usually all done on the phone then, or...?

R: Yes, at the moment.

I: Okay. So you haven't used any other technology to share that information with them, with the care homes or the family and friends?

R: No. It'll be - yeah, because... Especially because we're not seeing people, so, yeah, it'll be phone or email.

I: Okay. So I know you've had a couple of calls and with regard to outcomes of those calls, to what extent might they have been altered because you've been using video conferencing?

- R: You mean what would be the difference if I'd been on the phone?
- I: **Or, yeah, if you'd been on the phone with that individual, or if you'd been in person even, do you think there's been any effect of video conferencing?**
- R: So, like I said, for me, the video conferencing would always be preferable to a telephone call, because I can see their face and their body. But face-to-face in person would always be preferable over a video call, unless there was a specific reason why the person would prefer a video call. But I think that's probably for younger - like in a different situation for younger people, as opposed to elderly people. So my first - yeah, so the good things are seeing their face, and the difficult things are it is more limited than a... It's more limited than face-to-face, like being with them in person contact, but you gain more from a video call than you would from a telephone call. I think probably you may not gain any further information, i.e. because you're going to be speak-...you're speaking to them either way - telephone or video call - but seeing it's that non-verbal communication that you gained from a video call that you wouldn't have otherwise from a telephone call. So that's just...
- I: **No, I think that's really - I think that's a really good point, and I think you've said as well about the thing about the information gathering has kind of been impacted. And so do you feel like maybe some of the decisions haven't, maybe with the outcomes, been like more decisions about their care or what kind of their needs are? Do you think that's been impacted maybe by video conferencing, or do you think the infor-...you may be getting better information, because you are actually seeing them compared to on the phone?**
- R: Yeah, I think we, as a whole, I'd like to think that no decisions would be different, had it not been... Had it been via a video call. But definitely for a video call you get more information, and you get more of the person's voice and a human-relating contact. So I think the impact is, like I said, about having to adapt and we just had to... You have to be a bit more creative and a bit more discerning, and probably spend a bit more time gathering information from different places, possibly as a result of working more remotely. But it hasn't - so the only impact it has, hopefully, is on the worker, having to do a bit more and not on the individual.
- I: **Okay. So, yeah, to get - to gather all the information you're having to use multiple sources instead of maybe tradition. Maybe, typically, you would get what you needed from the individual in the one-to-one with the person, in person. Whereas now because maybe it's not going as well, or there's concerns about getting the correct information because of impairment, or you're having to gather information from other sources as well.**
- R: Yes. So, I mean, obviously, for service users, they are isolated, they're lonely, they're not seeing people in the way they were. So if there was someone who was... So the impact for service users, hopefully, isn't in... Hopefully, they're - the provision, the service... Saying that, day centres are closed and things because of Covid. But, oh, I don't know. I think the impact on service users probably is feeling more lonely and not seeing... The impact, obviously, of being isolated socially, is there, but in terms of assessment, I hope that they are not getting any less of what they need, or what they are entitled to do in terms of assessment from the video-calling, or telephone, or whatever way we assess we will just be... We will just adapt, but, obviously, they are isolated and socially missing out on things. But, yeah, I hope that the

support they get would all be the same, and the quality of assessment they get would be the same, which is having to adapt to our practice a bit.

I: Do you think that because you're having to gather resources from multiple - or having to gather information from multiple resources, so the staff and other people, and not just the individual, that maybe things are taking longer to get put in place, or do you think there hasn't really...?

R: It's all bitty. It's more like, oh, just - it's just more sort of stop, start, stop, start, as opposed to I've got it all in one big thing, and just one single event I've got everything I need. So I'd say it wasn't - it's probably not taking longer, it's just a bit more awkward and bitty. But I think this is - I mean, I wrote about this actually for my - this is not related - but for my registration I had to write about continued professional development. And one of the things I say is that, actually, I feel this has been good, it's been annoying, been a bit annoying at times, but, for me, I've got... I've just developed more ways of assessing, and being a bit more creative. So this - as annoying Covid is, it's actually proved my assessment skills, and it's good for us to do this. If we continue just doing the same thing all the time, we don't develop and we get a bit stuck. So I - it has been really irritating, but it's been a learning experience, a positive one, coming out the other side, so yeah. There's no harm in us having to adapt our way.

I: Okay, yeah. Well, you have mentioned having the care home staff involved in your conversations, and gathering information from them. Has your relationship with the care home staff been influenced in any ways by using video conferencing?

R: No, I mean, they're quite used to us and were used to us coming. I mean, before Covid, obviously, we'd go and as long as... I think it's like working in any - whenever you're working in partnership, it's just acknowledging what that service is, what your service is, what you're there to do. And be mindful that you've let them know in advance. You've told them and explained to them why you're there. You've asked if you can come, and you've been courteous and just understood each other's services and what you both need. And so they - yeah, no, I mean, maybe if I was calling the same care home every week and talking to different residents, we would start having more of a relationship. But care homes are very - use social workers, and as long as you do these things on both sides, working relationships are fairly smooth. And just be clear about what it is you're asking, and ensure that it's okay for them. And, yeah, I think it's just a different - it's something we've been doing for ages, and it's just a different way of doing it.

I don't think - I suppose the impact of video calls, maybe they... You see, yeah, apart from the technical, having to set something up, probably it isn't... I don't imagine it is any different for them, because we would visit if we... So we would still need that time, and we would still sort of ask, could you just stay around while I'm sitting with so-and-so? So maybe just the only impact on the care homes would be how long does it take to set up? Does it require anything particularly? Is it inconvenient to staff for having to be out of the other areas? But I can't imagine otherwise it's anything different to what they're used to, and what they... They're very good, and they help us. My experience of care homes is that they help in any way they can to facilitate a conversation.

I: Okay. Well, what would you change going forward?

R: Well, not much, because I think we've got everything possibly that we could have. I think reception is good and care homes are good, so I think all I'd ask is care homes make sure you're equipped with the ability to Zoom or Microsoft Teams, do that, and make sure you've got good reception. Maybe if you can explain to the person what you're going - what's going to be taking place, and have some kind of proto-... Like policy around when we - when someone has a video call, just a short ex-...a simple explanation, obviously adapted to the person about what's going to take place, and prepare them. But, no, I'd expect them to kind of do that anyway, because they're very good and they're nothing silly. And they are accessible, and I can't think of anything else. But it's not hard to make a Zoom call, even for the least technical person, and it's all on Microsoft Teams. So I think just preparing someone for the event is the only thing I'd say: please, please do that, because when we are prepared for something, we can deal with it much better generally.

I: Okay. Would - what could you see about the person concerning other people living in the home? Could you ever see anything else going in the home, going on in the home when you would have conversations with them?

R: No, because it's always in their room, and I'm just thinking. So maybe if - I don't know, if we were talking to someone who was actually in their own home, and you'd had a report of hoarding issues and you wanted to have a look, it would be like could you just move your camera so I can see the corner of your room? But that would be a bit intrusive, so, no, I never saw anything but the person sitting in their chair. And I suppose, again, depending on the person's ability to understand, so someone who was... You see, because the thing is, when you're in the home... For example, if you go in someone's home and you're a social worker, and you're always looking around. So you're looking - you'd ask to use the toilet to look at their bathroom, because it would give an indication as to how often they go in the bath, and things like that. They tell you they wash every day, and there's no evidence that this is a bathroom that's... It's really - or if they go in their fridge, you have a look in their fridge, obviously, with their consent. But you do all these subtle, subtle, non-verbal things, you look around and you can smell it, and you can see it. Always subtle, non-verbal things when you go, but if you want to video call, you would have to ask them directly to show you probably.

So, again, you are seeing something and if the person maybe was open and you say, okay, John, these concerns have been raised, would it be okay for me just to have a look? Could you show me around your house, because you...? If they felt open to that, and if they weren't threatened, and they weren't worried about it, and they felt happy to do that, then that would be great. I've got nearly as much from a video call as I have from actually being there. But the likelihood is that that's probably not the situation you're going to be in, so you'd have... Again, you would have some idea of what their home looked like, but you wouldn't... You may not be able to ask, and wouldn't get all those non-verbal clues that you would otherwise get from being at home. Again, better than a telephone call, not as good as being there in real - as in person.

I: Yeah, you can't really - you only kind of see what you can on the screen, and you can't see unless you ask them to see other things going on in their environment.

R: Yeah.

I: Well, could you see anything else with regard to the care home staff, and how they were working, or is it usually just...?

R: No, I mean, I could see the person sitting there. I mean, I suppose, if the care home staff were fiddling around, like sort of touching or holding, or do, or saying something. What are you doing? But that's never been - that's there's never been a situation, no. So I don't - it's unlikely that I would see anything, because they'd just be sitting there. If they kept sort of twitching or moving around that's probably - yeah, that would be something I'd notice, but I'm trying to think of something that could happen. But, yeah, no, I probably wouldn't see very much from a care home. It's the per-...I suppose I'd be looking, all I'd be looking at is the person and how they're sitting, and are they sort of just slumped? Do they look comfortable? Are they - do they look comfortable in the chair that they're sitting in? If they don't I'd say, she looks a bit uncomfortable, is that a chair that she usually uses, or are you just using it for this purpose, and things like that.

I: Okay. Well, how confident then are you about being able to pick up on any potential safeguarding issues?

R: Well, again, you would - so, actually, my grandmother's recently gone to a care home, so we had this situation where she was on a Zoom call and she was fine with a Zoom call, but she had... It looked like she had a bruise on her hand, so my mum was like, oh, has Barbara got a bruise on her hand, and it looks a bit dark? And did she bump it or something? And the nurse said, oh no, it's just a shadow, and then when we looked, like when she moved her hands throughout the call, we realised it was a shadow. So you - I suppose that you would be able to see the person, and see how comfortable they look. And with safeguarding, actually their wellbeing and health, do they look really pale, are they responsive, are they looking like they've been overmedicated? Which is not a situation I've ever had, but, yeah, you could look at the person and just think, actually, is there anything about their presentation that looks concerning? Or if the carer was really sort of sitting there closely, holding onto them, or something. But, yeah, so there would be - it's like there will be things you could discern, which you wouldn't be able to have discerned from a telephone call.

With safeguarding concerns with care homes, it's more things that come up from doing safeguardings in care homes, is things like not documenting their needs. So you say, right, this person, they haven't - what, they've only drank 200 mls today? They're at risk of - dehydrated. Why has it not been recorded? Well, they did drink more than that, but it wasn't recorded. Well, why is it not recorded, this needs...? The more you get - and more safeguarding issues around documentation, putting things down and making sure that things are being done for these people as often as they should be. And so that you would not have any idea of, unless you actually called them up and said send me all your care plans, which is not going to happen unless you have a reason to. So a visit to the care home is always - would always be preferable in that regard for safeguarding, because as a protocol, I'd see

the person, but I'd also go and sit in the office and just go through all their files. And so I can't do that if I - you rely on the care home saying, yeah, no, everything is fine.

So, yes, again, you'd miss out on certain safeguarding things potentially from that. But - so the hope is that if there were any concerns, that the care home would have raised them, but better than a phone call again.

I: Yeah. So you can really see the person, but there's the issue of the care logs, because you can't really access them unless they send them to you. And you kind of rely that they're saying, oh yeah, everything's great and you don't... You're kind of hoping that what they respond back to you is what is okay, and they have logged everything and everything is documented. Because you can't - like you would normally sit in the office and look at stuff, you wouldn't have that opportunity using it?

R: Yeah. So I guess if someone was more complex, you would - you could ask, can you send me those care plans through? But, yeah, you're reliant on what the care home to send you. Not that they're intentionally making stuff up [unclear 48:48] and potentially trying to hide things - they're not. But you just - you're just limited with what they... Sort of reliant on what they send you. Yeah.

I: Well, we're - and it sounds like you haven't had any safeguarding issues, but do you think that you would be able to have a discussion, and share safeguarding concerns and issues?

R: With the person - with the individual, or the staff?

I: Either/or.

R: Yes, I think - I suppose when we're entering the safeguarding area again, I'd probably... I would want to speak to the resident themselves, by themselves without the staff there. So I'd feel perfectly happy with asking the staff to leave. What would be the issue, would be if their cognitively challenged, it's going to be a bit tougher doing it via video call, or phone, as opposed to face-to-face. And what I might then - if I had... I suppose if I had some safeguarding concerns, depending on who the concerns were about, to say if they're about staff I might ask a family member to meet me on a separate... Maybe the next day, if they could - if they were able to go in, or be there on the calls, or I don't know, I haven't done a three... Well, no, we did, we recorded [three 50:14]. I'd probably ask a family member to be there to support the person, instead of a staff member. Or the staff member to be there [instead of 50:20] the family member, because depending on what these concerns are about. Or, ideally, you'd see them by themselves; but, yeah, depending on their needs. Again, this is adapting, this is not as great as being there in person, but you just need to adjust your ways and do the very best that is possible at that time. There are limitations, but it's better than nothing.

I: Yeah. Well...

R: Oh, but sorry, I wouldn't feel any - because I wouldn't be concerned at all about asking staff questions. Yeah, and they're generally very open. Yeah, safeguarding is a shared thing, and for a while now it's been... It's not just social workers all going out there by themselves

investigating things, it's actually a duty for everyone. And information is much more freely shared about any concerns, because the thing about a safeguarding concern as well, is that it's not about blame particularly. I mean, obviously, we don't want it to happen again, but it's also about learning. Because sometimes these things happen, and it's only through something happening that we learn, actually, we will do... We'll put this in place to avoid this happening again. So it's care homes and managers and staff are also of the view that this is a learning experience, and we want to come out better; and this is the way we can improve, as opposed to being, feeling blamed, because sometimes things just happen. And, yeah, so there is a - people look... Yeah, sometimes people could be threatened, but I wouldn't be concerned about raising a safeguarding, or just asking a question. And there is a culture of being open, and wanting the best for these residents and each other.

I: Okay, well, those are kind of all of the questions that I have. Is there anything - any other information regarding your opinion or your experiences that you think would be useful for me to know?

R: I think I've said everything, and probably repeated myself a lot, so apologies for that.

I: No, that's fine. That's good to know, because then it kind of highlights the things that are important. Yeah.

R: But, yeah, no, I think there's nothing else about this process that I haven't said, as far as I'm aware.

I: Okay. Well, you have agreed for us to contact you with the results, so once we have them, so we'll keep a hold of your contact information so that we can contact you when we have them. And if there's anything else that comes in that you think of that, oh, I should have told you, told me this, feel free to contact me. You have my details, and feel free to contact me if you have anything else that you want to express or say, or comes to mind. Feel free to send me if you have any other things that you think, oh, I didn't mention this; I should have mentioned this - that's fine, feel free to contact me. Lastly, I just want to say thank you very much for meeting with me, and your time is very much appreciated and your comments have been very helpful. Yeah.

R: Thank you very much.

I: No, thank you!

R: Bye-bye.

I: Bye.

End of Transcription