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Interviewer: So tell me a little bit about what your current job title is and how you got into care work, Cw16.

Respondent: So I’m a full-time carer at this care home. I got into, basically, from my mum.

Interviewer: Through your mum?

Respondent: Yeah, because she’s a nurse. So she moved homes to work there, and I was like, “Oh, I might try it out.” Really enjoyed it. And then, she left, but then I was like… yeah, “Not quite loving it anymore.”

Interviewer: Right. And how long have you been at the particular care home you’re at now?

Respondent: Since… I applied in 2019.

Interviewer: So about three years?

Respondent: Three years.

Interviewer: Yeah. And do you mind me asking what your hourly rate of pay is or what the hourly rate of pay is at that particular home?

Respondent: Minimum wage, I think. I think it’s £10.50.

Interviewer: £10.50? Okay.

Respondent: Yeah.

Interviewer: And what is it that you… what were you doing before you came into care work? Was it the nail store?

Respondent: Yeah, self-employed.

Interviewer: You were self-employed. Okay. No, that’s really good. And so, thinking about the pay side of things, Cw16, how important do you think… because, obviously, you’ve got a few years’ experience doing care work now. How important do you think it is that people who have got more experience in care work get paid more, or do you think that just generally everybody should get paid more?

Respondent: I think everybody should get paid more. So, regardless of whether it’s your first day or whether you’ve been there for however long, you still don’t get enough because people think it’s just a matter of making a few cups of tea, and it’s so much more than that.

It’s not only, like, a nursing home. It’s not only making sure they’ve got their needs. It’s also their company. But we’re so short-staffed you can’t give that company all the time. So half of the time you’re lacking a major part of why they’re in the home.

Interviewer: Yeah, the loneliness aspect.

Respondent: Yeah.

Interviewer: And when was the last time… has your pay been increased at all since you’ve been in this role?

Respondent: Just naturally through the minimum wage.

Interviewer: Right, because that changed in April last year, didn’t it, I think? The minimum wage.

Respondent: Yeah.

Interviewer: Did your wages change then, when the national minimum wage changed last year?

Respondent: Yeah.

Interviewer: Okay. That’s brilliant. And how do you think that the rate of pay for what you do in care work compares with other jobs in the area, other either similar jobs in care or other jobs outside of care?

Respondent: Oh, I could literally go work at Asda for about £3 more.

Interviewer: Everyone’s said the same.

Respondent: Yeah, and literally do half the work. It’s like, you’ve got to have a proper caring side. You bring stuff home.

Interviewer: Oh, yeah. I can imagine.

Respondent: Especially through Covid, it was awful. The amount of times I broke down because, not only was I tired because I was doing extra shifts, but you get bonds with residents. [\*\* 0:03:20] pass, it’s hard. It is hard. And it’s like, not being able to give them your full support because you’re off ill. It was heartbreaking. It was heartbreaking.

Interviewer: It sounds really, really tough. I’ll ask you a bit more about the day in, day out of the job in a bit because that is really of a lot of interest to us. So do you get any other in-work benefits, like any bonuses or sick pay or pension contributions, anything like that?

Respondent: No, if I’m off sick, I don’t get paid.

Interviewer: Is it just statutory sick pay if you’re off sick?

Respondent: Yeah. Well, every time, if I’ve ever been off sick, I don’t think I’ve been paid for that shift. I don’t think we’ve got that many other benefits. I think, every now and then, we’ll do a shining star, and people nominate a shining star.

Interviewer: Right. What does that mean? What do you get for that?

Respondent: I think you just get a trophy. You might get a voucher. I know, last year… was it last year or the year before? Covid year. I’m lost for years. We all got a voucher. For however many years you’ve been there, you got more money. And it was, like, one of those vouchers that you can shop anywhere. Yeah, we all got one of them. But, other than that, I don’t really remember getting anything else.

Interviewer: No, that’s fine. And do they put anything towards pensions or anything like that?

Respondent: Yeah, so they do (NAME OF PENSION SCHEME). So we’re all signed with (NAME OF PENSION SCHEME). A certain percent, they’ll put towards, I think.

Interviewer: Okay. Sort of, they put something out of your monthly salary towards that?

Respondent: Yeah.

Interviewer: Okay, that’s really helpful. And do you do sleep-in shifts ever, sleepovers?

Respondent: At the sister home, they do, but not here, no.

Interviewer: Not at your home? So you wouldn’t get any extra money for doing a sleep ever?

Respondent: No.

Interviewer: No, okay. That’s really helpful. And, when you started your job, did you get your DBS check paid? Did they pay for that?

Respondent: So it comes out my wage. And then, after you’ve been there for so long, you get it reimbursed. But you have to make sure you… they won’t just naturally reimburse it. You have to make sure you’ve gone up and say, “I want my DBS paid back, please.”

Interviewer: Oh, that’s interesting, isn’t it? So they’re almost trying to…

Respondent: Yeah, they’d like to forget about it.

Interviewer: And what about your uniform? Do they pay for that?

Respondent: Yeah, they provide all that. Well, they provide the top. We just put some pants for them.

Interviewer: Yeah. Did you do any induction training? Did they pay when you did your induction?

Respondent: Yeah. Yeah.

Interviewer: Okay, that’s good. Right, I’m just going to have a look at my questions. So, thinking about the time that you’re there in the care home, is it literally, like, you sign in at a certain time, and then you’re there for a certain number of hours? Because it’s quite different from dom care, isn’t it, where you’re out in the community and stuff?

Respondent: Yeah. So they do, like, average shifts of 8:00-2:00, 2:00-8:00, or they’ll do an 8:00-8:00. You get put on whatever shift you’ve been put on. You clock in when you’ve come in, and then you clock out when you leave.

Interviewer: Okay. And do you typically have the same shifts?

Respondent: Yeah. So you all get given the same rotas, so it rolls on a four-week rota. So, on that four-week rolling rota, you know, you’re doing the same things. By the time it comes to it, you know where you’re working.

Interviewer: You know where you are. Okay, that’s great. (Interruption 0:07:28-0:08:57). So, yeah, so I asked you about the check-in and check-out. You don’t really go anywhere else other than actually be in the care home. Do you have to ever travel out anywhere? Would they ever reimburse petrol costs or anything like that?

Respondent: So, when I used to do activities… because I’ve done two roles whilst I’ve been in caring. So I did activities and escorting. Why is it called escorting? We don’t call it escorting anymore because we didn’t like it. I don’t know. I don’t even know what they call it anymore. But, basically, you step in to take them to appointments and things like that. So, if you’re taking them to an appointment, they’ll give you taxi money. They give you all the money that you need.

And, when I used to run around for the activities to get things for the home and things like that, I used to just say, “Look. I’ve used this much fuel doing this,” and then they’ll put it into my bank.

Interviewer: Right, okay. So they would reimburse that.

Respondent: Yeah.

Interviewer: Okay. No, that’s really helpful. And tell me a little bit about how it works with organising your shifts. Do you get much control over your shifts? Can you choose what you have, or do they just sort it out for you?

Respondent: So, as a bank worker, you pretty much can pick what you want to work. As a full-time, part-time carer, your shifts are already made out for you.

Interviewer: Right, okay. And so, how many hours would you typically work a week?

Respondent: Full time… I’m trying to go back to when… because I am now bank. But, when I was full time, I was doing… I think it was about 38ish hours. You have to sign a consent to say we’re happy to go over 42. But I used to pick up shifts all the time, as well. So whatever I had been set, I used to look at the rota and then pick up some extra shifts.

Interviewer: So you were full time in this, but you’ve reduced your hours?

Respondent: Yeah, I’m now bank just because I’m doing my beauty on the side as well.

Interviewer: Okay, that’s fair. So, I suppose, this questions maybe more for people doing it full time, but you can answer it just based on how you feel about it. Do you feel like the money and the wages that you got from your work in care were enough to, kind of, survive off? Was it enough to meet your household needs?

Respondent: It was enough to pay everything I needed to pay. But, to save for extra, I had to do extra hours. Like, if I wanted to go somewhere, I’d have to pick up extra.

Interviewer: Right, so for treats and things or just…

Respondent: Yeah. Well, on the odd… what I was earning just covered everything. So, if I wanted to then get something for tea and not the standard shopping list and things like that, I’d end up having to pick up extra shifts, or I was wanting to go somewhere, I’d have to pick up extra. And I know, as my mum, as a nurse in a care home at the minute, she has to pick up extra each month to pay bills because she’s struggling, and it’s just gone up that much.

Interviewer: So would you say that the cost-of-living crisis has affected you?

Respondent: Yeah. Yeah, definitely.

Interviewer: I know you’ve got your beauty on the side, but is there… and it’s just a standard question that we’re having to ask everybody. But is there two incomes coming into the household or…

Respondent: Yeah. So there’s me and my Dad.

Interviewer: Right, okay. Yeah. So do you think if it was just you, on your own, living off a care wage…

Respondent: Yeah, I wouldn’t be able to.

Interviewer: Yeah, it’d make it really, really tricky. Yeah. So what are your feelings about pay in the sector? What do you feel about it? Do you think it’s good?

Respondent: It’s a joke, really.

Interviewer: You think it’s a joke?

Respondent: Yeah, I think they’re just making a laughing stock out of people because they wonder why they won’t get staff. But, when you go into the home and then you see how much work has to be done and the timescales things have to be done to, you don’t get five minutes. Like, in other jobs where they can have… “Oh, we’ll just go for a break.” You will literally have…

We have a 10-minute and a 20-minute break. So, by the time you’ve sat down for your 10 and actually try and just breathe, you’re coming back. And your 20 minutes, you’ve just got enough to eat. So, by then, you’re going straight back into it. And, because I worked on the dementia floor, it’s draining. It is really draining.

So there’s a lot going on all the time because you’ll find, like, not every resident likes each other. And, with them having dementia as well, they don’t understand. So it’s a difficult one as you’ve got to have eyes in the back of your head because, before we know it, we could be getting whacked, as well as trying to put laundry away, making sure they’re not soiled and going to clean them up, and then making sure they shouldn’t be in their rooms, so you need to get them out. It’s like, there’s so much going on.

I mean, naturally, you do it. You do it so [\*\* 0:15:05]. And, for someone coming in, they do look like a deer in headlights straight away because they’re like, “Oh, I’ll do the tea round.” It’s like, “No, we’re on pad check.” It doesn’t stop just from… we’ve just dished out all teas. As soon as you’ve done tea, you’ve got to then do another round and check and get anybody into bed. And it’s just continuous with no break.

Interviewer: It’s just full on from when you start until…

Respondent: Yeah.

Interviewer: Yeah. Which bits about it do you enjoy?

Respondent: The residents, like, just spending that time. Some of them are absolutely hilarious. I worked both on dementia and… I’ve worked on all the floors, but my two favourites, that you’re not meant to have, but is the residential and the dementia. Residential because you can literally sit, and the crude jokes they come out with, it’s unbelievable. You think, “You shouldn’t be able to say it.” But you can talk to them. You can have a laugh, and it makes going into work worthwhile.

And the same with dementia because you find out so much about that character that you didn’t know, and you’re learning every day with them because one day they might [\*\* 0:16:25] a certain food, and another food they’ll tell you they don’t like it. And you’ve got be able to work them out, as well, with behaviours. So you’ll know that if they’re in a certain behaviour, then they’ll eat something. It does keep your mind going.

And it’s quite [\*\* 0:16:39] development with some dementia patients as well because they’ll come in and… we’ve got one lady that was meant to have died a long, long time ago, and she’s still with us [\*\* 0:16:53] years on. And that’s the nice bit because she’s like, “I’m happy here. I’m not going nowhere.” And you’ll find other that’ll say they’re not, but it’s because they’re not at home. That’s the hardest part, so it’s trying to make them feel comfortable. You’re going into their home, and that’s what I think some people forget.

Interviewer: Yeah. Yeah, and that is challenging, isn’t it, when they’re away from what they consider to be their home? And it’s trying to make them feel like it’s their home. So those are the bits you enjoy. And which bits do you not enjoy? Which bits do you find stressful?

Respondent: When we’ve been requested to do extra work on top of what we’ve got and we’ve no staff. So the staffing is probably the stress. There’s not the adequate amount of staff that we need, especially on the dementia floor. If we do not have a certain number of staff, like, we have to cut corners otherwise our residents are not going to get the care they need, and it’s hard. That’s what I hate…

Interviewer: Yeah, I can imagine. I can imagine.

Respondent: … because you don’t want to.

Interviewer: Do you feel like there’s enough time to build relationships with the people that you care for?

Respondent: Yeah. When you’re in there day in, day out, you get to know them very, very quickly, and you [\*\* 0:18:26] how many actually do remember you. You find a lot of residents do give you nicknames, and even though they have dementia, there’s something there. Like, it has gone it. If you’re daily, you are now part of their family.

So, when there’s new staff come in, like when we have a lot of agency, you’ll find all the residents will start to [\*\* 0:18:52], and a lot of them know when you’re new and when you’re not. So that is the big point is, when you’re in there daily, the residents know you. They do know you. Even though they say, “Oh, when you’re on dementia, they forget everything.” No, they don’t. They don’t.

Interviewer: So do you feel like… describe a good relationship with the people that you care for. How do you build that good relationship with them?

Respondent: Getting them to trust you is a big thing to start with, knowing that you’re there to care for them, you’re not there to hurt them because you can walk in to some residents that are really petrified. And, you know, you’ll find that maybe [\*\* 0:19:44] go in and carry it… rather than explaining, they’ll just go straight in. Whereas, I like to talk to them first and see what mood they’re in, and then just explain like, “We’re going to have to check your pad, love. I hope you don’t mind.”

And then, some of them will make crude jokes. And with those, you joke with them just to make them feel at ease. Whereas, some members of staff will just say, “Oh, that’s so inappropriate,” or something like that. And you think, “Well, they’re not going to want you in the room, are they? Because they’re not being able to be themselves.”

Interviewer: Yeah, they’ve not been able to connect with you.

Respondent: No, exactly. I mean, obviously, some things they can say are inappropriate. You can say that. That’s different. But, I mean, just a crude joke or whatever, you’re like, “Oh, behave yourself.” Just simply saying that, you’re still going along with it, but you’re not telling them off. You’re in their home.

Interviewer: Yeah. No, that’s really helpful. And then, thinking about training, what kinds of training have you been on, have they put you on, and how was that training?

Respondent: So they do in-house training there. So they pretty much go through everything, and then we do a few practical assessments, and then they’ll walk us through the home. So it’s more… you get sheets, loads of sheets, loads and loads of paperwork. And, as a group, you all write down what you think, and then they’ll talk you through the answer, and you write down the correct answer, just so that you can know the difference in whether you knew it or not and learn from it, basically. So I think the training is pretty good.

Interviewer: And is it all face-to-face training?

Respondent: Yeah, all face-to-face.

Interviewer: That’s good because a lot of people I’ve spoken to have said that their training’s, like, e-learning training, and they don’t really like it.

Respondent: Yeah, I’ve heard that. But I think, probably, because ours is probably one of the only homes that [don’t 0:21:49] do the e-learning. They all do face-to-face training. So they get to know the members of staff going in. It’s been a big indicator as well. Like, from doing my training whilst I’ve been there from when I first started… when I first started I was like, “Oh, I’ve got loads to learn.” And then, being there for [\*\* 0:22:12] and doing my training then, because you do it annually, again, it’s like… yeah, you just realise who’s meant to be in the job and who’s not.

Interviewer: Right. It highlights that?

Respondent: Yeah. So it’s all face-to-face. They all get [\*\* 0:22:33]. “This is how they answered questions, a bit concerning,” kind of thing.

Interviewer: It, kind of, illuminates that. Is there any training that they haven’t offered you that you think would be helpful? Is there anything that you feel like is missing in the training?

Respondent: Yeah. Well, we’ve had this… a few members of [\*\* 0:22:53] argument. We think we should be [\*\* 0:22:58] trained, which is, if a resident kicks off, we know how to restrain properly because we can get quite a few… we’ve had residents come in that are very violent towards other residents and members of staff. And we can’t do much because we’re not allowed to restrain.

If we were taught that, everybody taught that regardless, you don’t know what resident you’re going to get through the door because it can take weeks for [\*\* 0:23:32]. So multiple [incidents 0:23:35] could happen by then because nobody can jump in and restrain. Nobody can intervene because we could get done for that. So I think that’s an important one [\*\* 0:23:46] everybody’s back then.

Interviewer: Yeah. No, I agree. It sounds like that would be something that would be really helpful for you guys.

Respondent: Yeah, definitely.

Interviewer: And then, my final little bit of questions is just around career development. And I know, for you, you’re doing it on a bank basis, aren’t you, now? Because you’ve got your beauty stuff on the side. Tell me about the career development opportunities that you think there are in care work. Do you think that there are many career development opportunities? Do you want career development in care work?

Respondent: So there is a few. So you can be a nurse. A lot of them will train you up to be a nurse if you go to uni. So you can do all of their placements at that home. And, there’s to be an AP as well.

Interviewer: What’s an AP? Sorry.

Respondent: Oh, I was just about to say it…

Interviewer: Oh, is it, like, an assistant practitioner?

Respondent: Yeah. So you can just literally do that. So it’s like the one down from being a nurse.

Interviewer: Oh, right. So you work as a carer, but you do that training?

Respondent: Yeah, so you’ll work alongside another nurse doing meds. We have quite a few of them in the home when we don’t have a nurse because… staffing. So they will do all the meds, to make sure that the meds are still being done correctly. So you can train to be that. I mean, it’s a lot of work you’ve got to do. But, yeah, so there is that opportunity as well. But, apart from that, I don’t think there’s much more.

Interviewer: Is that something that you would want to do in the future? Do you see yourself staying in care work?

Respondent: [\*\* 0:25:43].

Interviewer: Say that again, sorry.

Respondent: [\*\* 0:25:46] go out of care.

Interviewer: You want to go out of care?

Respondent: Yeah. [\*\* 0:25:50] ready.

Interviewer: Are you? Okay. And what are your reasons for wanting to move out of care?

Respondent: Staff, pay, appreciation. Yeah, they’re the main three indicators.

Interviewer: What are the things that have kept you in it so far, or what would need to change in the care world for you to stay in care?

Respondent: That’d be a big ask. I think, after so many years caring, I think I’ve seen so much, and the only appreciation we ever got was Clap for Carers, but that was it. And we were soon forgotten about. People don’t appreciate… there’s a bigger thing [\*\* 0:26:44] what we do. Yeah, I just don’t feel… I feel like the workload that you’ve got to do for the pay you get, it’s just… no. Not happening.

Interviewer: Not enough?

Respondent: No.

Interviewer: That’s why it’s really good to speak to people like you who are on the way out to find out the reasons for that. Do you think… when you say about lack of appreciation, is that from the public, society-wise, or is that more from the residents or the families or…

Respondent: Everyone. You find a lot of families are horrible. I know it’s because their loved ones are in there, but they don’t see what we have [\*\* 0:27:32] day-to-day. And we get it all in the neck. And it’s like, it can be something as simple as the remote was moved. And I’m like, “But you’re…” I don’t know, “…husband,” or whatever,” has dementia. He will move [\*\* 0:27:49]. We can’t watch him 24/7.” It could be something like that.

But then, they’ll offload because they’re so upset they’ve had to put their husband or whatever in care home that they’ll take it out on us or on the staff. And it’s so draining. Families will complain about anything and everything, make big deals over something little and threaten to take it bigger. You see it all the time. And the amount of stuff that people have to put up with, and it doesn’t go anywhere. The families are wrong.

But, obviously, there’ll be the odd cases maybe that the families are right, and we understand that. But they are hard work. They are probably the most hard work when it comes to care work.

Interviewer: Is there any emotional support available? You were saying about how it can be quite difficult when there’s bereavements and things like that. Do they offer you any extra support or anything like that?

Respondent: No. No, not at all.

Interviewer: So there’s no… apart from that star award that you mentioned, there’s nothing else that they offer that’s any other, kind of, benefits for being there?

Respondent: No, nothing.

Interviewer: Nothing? No. Is there anything else that you want to say or comment on in terms of the pay or the conditions in care work, Cw16, anything that you think’s important to share with me in the study?

Respondent: Just that things need to improve, otherwise… because it’s such an easy job to get into nowadays. And that, sometimes, can be scary. Because we need staff, they will hire anyone. Obviously, DBS, that needs to be done anyway. But I just don’t think they care anymore, going into caring.

And I think that is another big thing why I am leaving because there’s a lack of care. And it’s so hard when you’ve only got three members of staff that actually care and then the rest are just there to earn. Yeah, we’re all there to earn, to make a living, but without that care as well, the residents aren’t going to feel appreciated.

Interviewer: Yeah.

Respondent: You know, I think that’s probably why people leave when they’re so passionate about the situation, as well, because, without seeing anything done… it’s not just a pay check at the end of the day. It’s so much more.

Interviewer: Yeah, so it’s hard seeing that other people don’t give it what you give it, almost.

Respondent: Yeah. Yeah, I know you find that anywhere you go. But, for instance, working at Asda for £12 an hour or whatever, like, if they don’t care, they don’t care. There’s just there for a pay check. It’s not like they’re [0:31:07] else there. We’ve got other people’s lives in our hands in a care home.

Interviewer: Yeah. No, that’s really helpful. You’ve given me some really, really helpful answers. That’s absolutely amazing. I’ve just got a couple of questions just on… just so I know who I’ve interviewed, if that makes sense.

Respondent: Yeah.

Interviewer: So your care home, is that a national care home, or is it just… it’s not part of a bigger chain or anything like that?

Respondent: No.

Interviewer: So would you say it’s a small organisation or a medium-size or…

Respondent: It’s got two homes.

Interviewer: So it’s probably quite small then, really, I’d say.

Respondent: Yeah.

Interviewer: And is it just residential care that they provide?

Respondent: Residential, nursing, and dementia.

Interviewer: Right. But they don’t do, like, dom care or anything like that?

Respondent: No.

Interviewer: No, okay. And it’s obviously( name of place), isn’t it, geography-wise?

Respondent: Yeah.

Interviewer: And what was your commute to work distance?

Respondent: Well, it’s (name of place) to (name of place). So…

Interviewer: Oh, like, 20 minutes, half an hour, something like that. Yeah. Okay. And I kind of know this already, but I have to ask you. Do you mind telling me what age bracket you are? (Laughs).

Respondent: I’m 24. I’ll be 25 in a few days.

Interviewer: Oh, bless you. And you’re White British?

Respondent: Yeah.

Interviewer: Do you have any disabilities, Cw16?

Respondent: No.

Interviewer: And what qualifications do you have, if you don’t mind me asking?

Respondent: All beauty qualifications. So it’s Level 2, Level 3 beauty therapy [and make up 0:32:46].

Interviewer: Did you have to have any qualifications for your care work job?

Respondent: No.

Interviewer: Okay. And I think that was all my questions. Oh, yeah. And then, it was just who you lived with, but you said it was with your dad, isn’t it? So, yeah. No, that’s brilliant. I will stop the recording, then.

END OF AUDIO