

Formal Carer: responsible for the welfare of up to 45 residents and 9 care staff and any other staff (e.g. domestic workers), that are in the care home.

This carer is from the UK and is a Senior Care Assistant for Lancashire County Council and works in a local residential care home. The home she has worked in care for 20 years. 5 years in a private care home and 15 years employed by the council. She works long hours and also mostly at night. Unfortunately, this carer has been given notice of redundancy which will take place in 18 months. This is as a result of the council having to cut its budgets. The carer is now considering a change in career because of the pressure she has been under recently but signals that she may return once she has had a break. The carer has a considerable amount of experience in care and she is qualified to level 3 in care (NVQ) and has undertaken a large amount of training in various aspects of care including dementia training, use of medicines, manual handling, health and safety, first aid and personal care. When she first started in the private sector, she received no training and everything was learned on the job mostly through trial and error and asking other experienced care assistants. When she moved to work under the council, she found the experience to be more positive and professional. Compared to the private sector the standard of care for the patients was much better. She was given the opportunity to train and undertake courses on many different aspects of caring plus work shadowing more experienced care workers. When she started work in the council run home she had to undergo a probationary period and also received regular appraisals based on the quality of her work and an identification of training needs.

'When I started with the Council they gave me courses till they came out of my ears. The private place (I worked in before), was run to make a profit and we received very little training or support to provide better care. Whereas now in the council run home the residents and their needs are the important aspects. The Council is under much more scrutiny than the private sector.'

This carer now holds a position as a supervisor and consequently does a lot less in terms of direct care of the residents. However, she is now more involved in the administration of the care home in terms of writing and monitoring support and care plans for residents, issuing medication and mentoring staff. The carer does feel appreciated by the families of the people for the most part, but sometimes the families are not always sympathetic to some of the difficulties they have to cope with on the job especially when looking after patients with severe dementia.

'We tend to only hear that they appreciate what we have done once someone has died. I know this sounds awful, but you frequently get complaints. It is understandable when someone has somebody else's sock on or something like that. It is not acceptable, but it happens. So you do tend to see people more when they have complaints. But when someone passes away you often get a card saying how much they appreciated what you have done.'

She also feels that the care industry in the UK has a tarnished reputation at the moment and therefore a lot of dedicated people working in care are not recognised and the general public haven't a full understanding of what caring is about.

'I don't think the public appreciate what we do (particularly when working with patients who have dementia), because the public don't know what we do.'

Overall, the carer is very positive about the rewards she gets from working in care. She states that is very hard work and even though some of the patients are challenging, the training she has received and also her considerable experience helps her to cope and she gets great satisfaction when she sees the patients content and happy. However, she does criticise some of her fellow workers who have negative attitudes to their job. She says that this can unduly affect her own state of mind in an environment that is already stressful.

The carer identifies what she feels are essential attributes to being a carer are: good communication skills, empathy, caring and flexibility. She feels that the trend to train everybody working in care to level 2 (NVQ) is encouraging and should be extended to everybody to ensure a better standard of care. She also specifies that training should be given in: moving and handling, first aid and dementia care.

One aspect of care that the carer felt was important to provide guidance and training in was dealing with patients passing away. She felt that all carers would benefit from a course that focused on end of life care. This is not really available to carers at the moment and would be a useful addition to the essential training needed to be a carer.