Cross-CLAHRC Care Homes Research Event

23 November 2017

Summary Report

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Deputy Director, CLAHRC East of England
On behalf of the event Steering Committee and Participants
December 2017

Contents

1. Executive Summary

The Cross-CLAHRC Care Homes Event was designed to showcase the care home focused research of the National Institute of Health Research (NIHR)'s Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). It also aimed to demonstrate how the regional and national impact of CLAHRCs' work with different partner organisations could inform further work that is innovative, sustainable and for the long term benefits of residents.

CLAHRC Directors and Programme Managers in January 2017 identified Care Homes as a national theme for cross-CLAHRC working. A steering group of researchers from twelve CLAHRCs was established to devise a plan for the event and support its delivery. In parallel to the agenda setting for the event, a summary paper of all CLAHRCs' care homes research was collated. This supported a key objective to have a narrative of CLAHRC care homes research to date.

Seventy-one delegates attended, representing care home owners and managers, NIHR CLAHRCs, charity representatives, health care professionals and lay groups. There was a mix of presentations on care home led innovations, initiatives to foster cross organisational working and the development of a research infrastructure and examples of local research involving care home staff, residents and family in setting research priorities and leading research.

Facilitated group discussions around specific topics (Service delivery and implementing best evidence into practice; dementia care; interventions to prevent complications / need for acute care interventions; living and working in care homes) discussed the presentations' recommendations; research priorities; and the particular role of CLAHRCs for care homes research.

The day concluded with a brief summary and a commitment to use the learning from the day in two ways:

- To inform future planning for research and capacity building in care homes research by CLAHRCs (now and in further iterations of the model) that builds on the foundation of existing work, emergent cross CLAHRC partnerships and the ability to sustain programmes of work over time

- As the basis for a cross CLAHRC working group to develop a national programme of work with care homes and their partners

Proposed outputs

- ➢ Summary paper for publication based on the consultation

- ➢ Involvement in an international meeting that brings together national networks for care home research (abstract accepted for May meeting in Norway)

- ➢ Briefing for NIHR on big interventions needed to improve how care homes are aligned to and work with the NHS

2. Introduction

In January 2017, 'Care Homes' was identified as one of the national CLAHRC Themes by the Directors and Programme Managers, with an overall aim to showcase the collective impact of CLAHRCs' research in care homes and to influence national funding programmes and policy. CLAHRC East of England undertook leadership of the theme and, with the CLAHRC Partnership Programme, established a steering committee comprising lead CLAHRC researchers undertaking care homes research, and operational support staff. (Details of the steering committee members can be seen in Appendix 1).

A cross-CLAHRC research event was identified by the steering committee as an opportunity to showcase what CLAHRCs have achieved in care home research. The objectives of the event were agreed by the committee as follows:

1. Discuss a summary of the CLAHRC supported care home work

2. Contribute to the day's discussion of what does and does not work when planning and undertaking care home research.

3. Contribute to a narrative of how CLAHRC supported research has made a difference to the care of older people living and dying in care homes.

4. Participate in a national collaboration to inform priority setting and future work in care home research.

In support of objective 1, a summary paper comprising brief synopses of each of CLAHRCs' care homes projects was collated. This was disseminated prior to the event and made available to delegates on the day. This summary paper can be found here: http://www.clahrc-eoe.nihr.ac.uk/wp-content/uploads/2017/12/Cross-CLAHRC-Care-Homes-Research-Summary-Paper-Nov-2017.pdf.

3. Delegates and programme

This meeting attracted 71 delegates from the care home sector, Patient and Public Involvement (PPI), researchers and practitioners, and reflected the range of partnerships that characterise how the CLAHRCS are working and who is involved. (A delegate list is in Appendix 2).

Table 1 shows the programme outline for the day (for a more detailed programme please see Appendix 4).

Table 1 – Programme Outline for Care Homes Event 23 November

Time	Item
9:30	*Registration*
10:00	**WELCOME**
10:15	**KEY NOTE** – Collaboration with Researchers at Somerset Care
10:30	**NATIONAL PERSPECTIVES** • My Home Life • Enabling research in Care Homes (ENRICH) • Enhancing Health in Care Homes Vanguards

11:30	*Break*
11:45	**CLAHRC RESEARCH: FROM LOCAL LEARNING TO NATIONAL IMPACT** • Data Integration • Co-production with care home staff and managers • Involving care home residents in priority setting
12:45	*Lunch*
13:45	**HOW LOCAL RESEARCH HAS MADE A DIFFERENCE** special interest group discussions
14:45	*Break*
15:15	**FUTURE PRIORITIES** – feedback from special interest groups
16:15	**REFLECTIONS AND SUMMING UP**
16:30	*Close*

It was a deliberate strategy to start with presentations from care homes, a care home provider (Jane Townson from Somerset Care) and the UK charity 'My Home Life' that works with care home managers and staff to improve resident and staff's quality of life in care homes. Both presentations stressed the care home perspective and how novel initiatives and approaches to care delivery improved (or not) residents' lives and care quality.

National perspectives on and learning from the 'Enabling Research in Care Homes network of care homes (ENRICH)' and the findings from the 'Enhancing Health in Care Homes' vanguards were presented. The morning concluded with three examples of CLAHRC research on the importance of data integration and the process and impact of collaborative working with care homes staff, managers and residents. (Links to each presentation from the morning sessions can be found in Appendix 3). The afternoon moved onto group discussions.

4. Group work and facilitated discussion

In the afternoon delegates split into groups according to their pre-chosen special interest topic. Proposed topics receiving a low sign-up were combined to form larger groups and those with high numbers were spilt across two groups. The final four topics are shown in table 1:

Table 2 - Special Interest Groups

Final special interest group	No. of groups	Combined from
Dementia Care	2	N/A
Service delivery and implementing best evidence into practice	2	N/A
Specific interventions to prevent complications / need for acute care	1	Specific interventions to prevent complications / need for acute care; and palliative care
Living and working in care homes	1	Quality of care; nutrition & hydration; and workforce

In each special interest group, delegates considered the following five questions:

- What points or questions struck you from the presentations?
- Is there any care home research that should not be done or is no longer needed?
- Where are the gaps?
- What do you see as a priority and why?
- Would collaboration with other CLAHRCs strengthen care home research in ways that are different to other research partnerships?

Each group had an assigned facilitator and a note-taker to capture the narrative of the group.

Feedback is summarised in the following section, from across the special interest groups (rather than specific to each group). Where points were raised by more than one facilitator, these have been collated into headed sections. (All notes from the special interest groups can be found in Appendix 5).

5. Special Interest Groups Feedback

4.1 What points or questions struck you from the presentations?

- **Relationships:** with care homes are key for meaningful research; funding for maintenance of relationships would be helpful. There is a need to nurture and sustain working relationships with care homes.
- **Data:** there's a clear need for minimum data sets, but funding would be required for this; data set used must be of relevance to the resident and families; what is the potential for using existing data. Has the NHS ignored the data that care homes and the regulator are using and innovation in the care home sector?
- **Language:** the phenomenal importance of language; want to build a shared language across stakeholder groups. A common language is needed for equal power between all practitioners/care staff (e.g. HCA and Consultant). This has implications for how we collect and share data across health and social care.
- **Multidisciplinary Teams (MDT):** the need to draw on wide range of disciplines; needs to be a recognition what a whole MDT could involve, what it looks like and how different practitioners and services work in and around care homes.
- **Workforce:** training a young and transient workforce – need to do more to engage the workforce e.g. digital solutions like voice active care planning; empowering heath care assistants; ongoing challenges to support quality improvement at care homes include l staff retention and high turn over, makes sustainability of relationships for research difficult
- **Implementation:** clearly a lot of research being done (more than many in the group realised) in and with care homes implementation of findings is now needed rather than new research; research is needed on different types of care homes and how best to implement outcomes in a tailored way
- Quality of life of residents should not be confused with quality of care and needs more attention

- There was little mention of family involvement
- Good and encouraging examples of co-production
- Is there a risk of saturating the same care homes with research e.g. those engaged with ENRICH. Are we ignoring care homes that require improvement or failing?
- Need to understand the benefits but also the limits of technology use in care home
- Future proofing what CLAHRC can do to support applied health research and bridge the implementation divide. Is there scope for research on diffusion of innovation?
- Ongoing issues around navigation of the governance and ethics with people who lack capacity. Needs improvement guidance
- Communications
- Need a theoretical underpinning for innovation and interventions in care homes research
- Advance care planning that includes end of life care but also addresses planning that supports residents and provides a reference point for people to live well in their last year(s) of life

4.2 Is there any research that should not be done or is no longer needed?

- 'Common sense' research– descriptive studies that ask if older people are likely to benefit from more activity, mental stimulation, involvement with other groups and their local communities and environment. We know what people value and identify as important in older age. The focus should be on research to tell us how to achieve it
- Research on hydration and nutrition needs the shortcomings and difficulties are very well documented
- Research that describes the inequitable provision of different health care services to care homes this is well documented.
- Research that only presents what works. As important that we learn about what doesn't work to inform quality improvement
- No more research on training unless it clearly leads to improved care

4.3 Where are the gaps?

- **Research with specific cohorts**: at different stages of the dementia trajectory / following people through the trajectory; exploring configurations of people coming into care homes e.g. couples; residents; the frail , people who are admitted with a diagnosis of dying and people with low mobility (preventing rapid decline)
- **Interventions**: psychological therapies
- **Workforce:** Value-based retaining of staff; more than training is need for change and improvement; exploration of staffs' own perception of role
- Co-production is often locally focussed, could research look at wider co-production (across homes, regions)
- Tension between novel ideas and sustainable approaches

- How research is done and the application and development of different research methods e.g. video observation
- Building a cadre of researchers with expertise in care home research

4.4 What do you sees as a priority and why?

- **Implementation and evidence based practice:** implementing nutrition and hydration interventions in dementia care; making findings and good practice more visible for others to pull through; work with AHSNs to roll out findings
- **Care home lead agenda**: set-up conversations and collaborations to improve how care home staff, residents and carers can contribute and lead on research priorities, more work needed on presenting 'what is in it for me' for care homes
- **Equality of access**: to care homes, and to care - how much do we address the "other" status of care homes within the health and social care landscape? This includes understanding the impact of how society values / views care homes
- **Agreed outcome measures** to support and monitor quality improvement and practice development
- Improvements and guidance for governance / ethics – to streamline across organisations and regions
- **Aligning care homes research** work across regions to reduce repetition and duplication around persistent issues of concern e.g. access to health care, medication management, interventions that address staff needs for support in dementia care, reduction of falls, reduction of avoidable admissions and length of hospital stays.
- **Multidisciplinary teams** that retain and develop expertise in researching in and with care homes.

4.5 How would collaboration with other CLAHRCs strengthen care home research?

- **Research types and outcomes**: Increases topic diversity; reduces overlap in research; bridges the 'research / practice divide'- can provide real time outcomes; help to avoid duplication in research e.g. can work together to make existing research outcomes more visible; would enable cross-process evaluations e.g. test the same intervention in multiple homes
- **Relationships**: can bring and support sustainability to relationships; provide consistency and continuity, which supports building relationships and trust with care homes; delivering the research sensitively
- **Involvement**: could support cross regional co-production through it's network; help promote resident, carers/family, and staff voice e.g. hosting blogs on websites and in newsletters
- **Engagement** with NHS and social care partners who work with care homes, ENRICH and CRNs. A perspective that sees care homes as part of the wider care economy

- **Scalability** Use local research to build national impact through collaboration, cumulative programmes of work and research work that is sustained over the lifetime of the CLAHRC and partner AHSN
- **Expertise in care home research** including novel methodologies and co-production with care home staff, residents and wider community

6. Discussion and next steps

The recent NIHR Dissemination report on research with care homes concluded that research in and with care homes is still relatively new http://www.dc.nihr.ac.uk/themed-reviews/advancing-care.htm. It recommended that future research should address issues that were important to residents and care homes staff, consider the impact of dementia on care, support partnership working across the different sectors and build on the learning that has gone before.

The CLAHRC outputs and the discussions on the day demonstrated that the CLAHRCs have emerged as the engines and future leaders in this area of research. Their expertise and emerging programmes of work are centred on residents' priorities, grounded in the realities of working across health and social care and are able to exploit the resources of their university partners, working relationships with commissioners and providers and NIHR infrastructures such as ENRICH and local CRNs..

This collaboration creates the opportunity to:
- Build programmes of care home focused research identifying relevant experts, mobilising local networks with a shared understanding of what supports inclusion that leads to high impact and care home relevant research programmes

- Sustain care home focused work beyond the life time of individual projects and develop capacity and expertise in both the research and care workforce

- Address together the enduring research questions around
  - how to integrate and interpret data on residents to inform commissioning and the care of individual residents
  - how the NHS works with independent providers to sustain residents' health care
  - how to measure quality of life and care for care home residents

- Become the test bed as new models of long term care provision are developed for different groups of frail older people

- Become an agent of dissemination and ongoing debate about what works for the health and social care of residents

- Respond to requests for advice for the wider research community and those commissioning research

Next Steps

➢ Summary paper for publication based on the consultation
➢ Involvement in an international meeting that brings together national networks for care home research (abstract accepted for May meeting in Norway)
➢ Briefing for NIHR on big interventions needed to improve how care homes are aligned and work with the NHS

APPENDICES

Members of the Steering Group

Member	CLAHRC	Role
Professor Claire Goodman *(Chair)*	East of England	Professor of Health Care Research, Deputy Director
Lorna Jacobs *(operational support)*	East of England	Senior Programme Support Officer
Dr Adam Gordon	East Midlands	Clinical Associate Professor in Medicine of Older People
Katy Rothwell	Greater Manchester	Programme Manager
Professor Gill Livingston	North Thames	Professor of Psychiatry of Older People
Dr Pooja Saini	North West Coast	Knowledge Exchange and Implementation Manager
Professor Caroline Watkins	North West Coast	Director of Capacity Building and Implementation
Susan Barber	North West London	Improvement Science Manager
Dr Jane Fossey	Oxford	Associate Director of Psychological Services
Jessica Edwards *(operational support)*	Partnership Programme	Head of Health Services Research
Dr Jo Day	South West Peninsular	Research Fellow
Dr Iain Lang	South West Peninsular	Senior Lecturer in Public Health
Professor Jo Thompson-Coon	South West Peninsular	Associate Professor in Evidence Synthesis
Kate Rodger	Wessex	Research Operations Manager
Dr Sabi Redwood	West	Ethnography Team Lead
Dr Sarah Damery	West Midlands	Research Fellow
Dr Gill Combes	West Midlands	Research Programme Lead – long term conditions
Professor Jo Cook	Yorkshire and Humber	Deputy Director and Capacity Lead
Professor Deborah Fitzsimmons	Yorkshire and Humber	Project Manager and Research Fellow
Louise Knewbould	Yorkshire and Humber	PhD Student (Telehealth and Care Technologies theme)
Professor Gail Mountain	Yorkshire and Humber	Professor of Health Services Research (assisted living research)

Links to presentations

1. [Cross-CLAHRC Care Homes Research Event Welcome – Professor Claire Goodman](#)
2. 'Collaborating With Researchers' – Dr Jane Townson, Somerset Care – presentation available on request from CLAHRCoffice@cpft.nhs.uk
3. ['My Home Life' - Professor Julienne Meyer](#)
4. [ENabling Research In Care Homes ENRICH – Emeritus professor Steve Iliffe](#)
5. [Enhanced Health in Care Homes – Emily Wighton](#)
6. [From local learning to national impact: Data Integration – Dr Adam Gordon](#)
7. [Co-production with care homes staff and managers – Dr Iain Lang and Professor Jo Thompson-Coon](#)
8. [Priority setting: Collaboration with older people living in care homes – Dr Anne Killett](#)

Delegate List

Name	Organisation	Role
Adam Gordon	CLAHRC East Midlands / University of Nottingham	Clinical Associate Professor in Medicine of Older People
Alan Blighe	University of Bradford	Research Programme Manager
Alex Baylis	The King's Fund	Assistant Director
Alison Tingle	University of West London	Research Development Lead
Angela Browne	CLAHRC East of England	Business and Operations Manager
Ann Gray	Coombe House Care Home, Cornwall	Owner and Manager
Anne Killett	CLAHRC East of England / University of East Anglia	Senior lecturer
Antonio Rojas-Garcia	CLAHRC North Thames / University College London	Research Associate
Ben Harvey	Suffolk Clinical Commissioning Groups	Care Homes Clinical Support Manager
Carl Thompson	University of Leeds	Professor - Applied Health Research
Cath Lunt	CLAHRC North West Coast	PhD student
Christine Greenwood	Wessex Clinical Network	Community Mental Health Specialist Practitioner
Claire Goodman	CLAHRC East of England / University of Hertfordshire	Deputy Director and Professor of Health Care Research
Claire Surr	Leeds Beckett University	Professor of Dementia Studies
Clare Daly	NIHR Clinical Research Network (CRN) Eastern	Community Pharmacy Lead, CRN Eastern
Clare Jinks	Keele University	Reader in Applied Health Research
Clarissa Giebel	CLAHRC North West Coast / University of Liverpool	Research Manager
Colin O'Keeffe	University of Sheffield	Research Fellow
David Sunkersing	CLAHRC North West London / Imperial College London	PhD student (Frailty Theme)
Debs Smith	CLAHRC West Midlands	PPI Adviser
Denise Knight	University of Herts	Professional / Research Lead: primary Care Nursing
Denise Mclellan	CLAHRC West Midlands	Associate
Diane Bunn	CLAHRC East of England / University of East Anglia	Lecturer in Health Sciences
Emily Wighton	National Care Homes Senior Manager	Senior Manager for New Care Models Programme
Erika Sims	Norwich Clinical Trials Unit	Senior Clinical Trial Manager
Fawn Harrad	ENRICH / NIHR Clinical Research Network (CRN) West Midlands	Care Home Research Facilitator
Finbarr Martin	Guy's & St Thomas' NHS Foundation Trust / Kings College London	Emeritus Consultant Geriatrician / Professor of Medical Gerontology
Gail Mountain	CLAHRC Yorkshire and Humber / University of Sheffield	Professor of Health Services Research (assisted living research)
Guy Peryer	University of East Anglia	Lecturer in Applied Health Sciences
Iain Lang	CLAHRC South West Peninsular / University of Exeter Medical School	Senior Lecturer in Public Health
Jacqueline Lavallee	University of Manchester	Trainee Health Psychologist & Research Associate
Jane Fossey	Oxford Health NHS Foundation Trust	Associate Director of Psychological Services
Jane Townson	Somerset Care Group	Chief Executive Officer
Jason Corner	CLAHRC East of England / Norfolk and Suffolk Foundation Trust	CLAHRC Doctoral Fellowship UEA - Mental Health Nurse

Name	Organisation	Role
Jean Strauss	CLAHRC North West London	CLAHRC NWL Improvement Fellow 2016 cohort
Jenny Mooney	University College London Partners	Head of Programmes for Population Health
Jessica Edwards	CLAHRC Partnership Programme (Universities UK)	Head of Health Research Networks
Jo Booth	Glasgow Caledonian University	Professor of Rehabilitation Nursing
Jo Day	CLAHRC South West Peninsular / University of Exeter	Research Fellow
Jo Gibson	CLAHRC North west Coast	Senior Research Fellow
Jo Thompson-Coon	South West Peninsula CLAHRC, University of Exeter Medical School	Associate Professor in Evidence Synthesis
Joanna Williams	Norwich Clinical Trials Unit	Clinical Trial Manager
Joanne Fitzpatrick	King's College London	Reader
Julienne Meyer	University of London	Professor of Nursing Care for Older Adult
Karen Spilsbury	University of Leeds	Professor of Nursing
Kate Gibson	Morden College	Head of Care
Kate Sanders	Foundation of Nursing Studies	Practice Development Facilitator
Kathleen Lane	University of East Anglia	Senior Research Associate
Katy Rothwell	CLAHRC Greater Manchester	Programme Manager
Kirsty Haunch	University Of Leeds	Research Fellow
Krupa Dave	Central London Community Healthcare NHS Trust	Medicines Optimisation Pharmacist
Liz Orlowski	Langdon House, Cambridge	Volunteer at care home, and carer
Lorna Jacobs	CLAHRC East of England	Senior Programme Support Officer
Louise Wallace	NIHR / NETSCC at University of Southampton	Professor, and Senior Scientific Adviser, NIHR HS & DR Programme
Malayka Rahman-Amin	Alzheimer's Society	Research Translation Manager
Michelle Platton	National Institute for Health Research	Lead Research Nurse community and care homes
Neil Chadborn	University of Nottingham	Research fellow
Nigel Reed	South West Peninsula CLAHRC / University of Exeter	PenPIG Member
Paul O' Brien	Elaros	CEO
Rebecca Jarvis	Health Innovation Network	Programme Director
Rebecca Verity	King's College London	Senior Lecturer
Ross Watkins	University of Exeter	PhD student
Rupesh Paudyal	NIHR Clinical Commissioning Facility (CCF)	Programme Manager
Ruth Hudson	NIHR Clinical Research Network (CRN) Eastern	Research Delivery Manager
Sally Gordon	NIHR	Research Nurse
Sarah Damery	CLAHRC West Midlands / University of Birmingham	Research Fellow
Sonam Zamir	Plymouth University	PhD Student
Stephen Iliffe	University College London	Emeritus Professor of Primary Care for Older People
Susan Barber	CLAHRC North West London / Imperial College London	Improvement Science Manager
Vivienne Maskrey	Norwich Medical School, University of East Anglia	Research Fellow / Senior Programme Coordinator
Zoe Inman	Norfolk and Suffolk NHS Foundation Trust	Senior Research Nurse

Programme for the event

9:30	Registration (with refreshments)

10:00 **WELCOME and KEY NOTE**
Professor Claire Goodman, CLAHRC East of England / University of Hertfordshire and
Dr Jane Townson Philpott, Somerset Care Group

10:30 **NATIONAL PERSPECTIVES**
- **My Home Life** *Professor Julienne Meyer, City University London*
- **ENRICH** *Emeritus Professor Steve Iliffe, University College London*
- **Enhancing Health in Care Homes** *Emily Wighton, NHS England*

       Chair: Adam Gordon, CLAHRC East Midlands / University of Nottingham

11:30	Break

11:45 **CLAHRC RESEARCH: FROM LOCAL LEARNING TO NATIONAL IMPACT**
- **Data Integration** *Dr Adam Gordon, CLAHRC East Midlands / University of Nottingham*
- **Co-production with care home staff and managers** *Dr Iain Lang and Professor Jo Thompson-Coon, CLAHRC South West Peninsular / University of Exeter*
- **Involving care home residents in priority setting** *Dr Anne Killett, CLAHRC East of England / University of East Anglia*

       Chair: Professor Gail Mountain, CLAHRC South Yorkshire / University of Sheffield

12:45	Lunch

13:45 **HOW LOCAL RESEARCH HAS MADE A DIFFERENCE** special interest group discussions

- Dementia Care
- Service delivery and implementing evidence into best practice
- Specific interventions to prevent complications / need for acute care
- Living and working in care homes

14:45	Break

15:15 **FUTURE PRIORITIES AND PLANNING FOR IMPLEMENTATION AND FUTURE IMPACT EVIDENCE IN CARE HOME SETTINGS**

       Chair: Professor Jo Thompson-Coon

16:15 **REFLECTIONS AND SUMMING UP FOR CONSENSUS PAPER**
Professor Claire Goodman

16:30	Close

Cross CLAHRC Care Home event – Special Interest Groups All Flip chart notes

What points or questions struck you from the presentations?

- Limited engagement with family members
- Lots of research – goals to have opportunities to share/raise awareness
- Language – resident vs people vs patients
- Not about building
- Qualitative in conjunction with big data
- Flooding/overuse of care home
- Selling benefit to care home
- True autonomy for resident or staff who participate
- Relationships are key – long term views necessary as relationships take time. How can CLAHRC funding support longer term relationships?
- Generating new evidence vs implement existing
- How can CLAHRC funding help work + spread across CLAHRC geographies (when relationships so important
- Health vs social orientated? Funding?
- Building care home capacity to seek, use
- Adopt evidence –based practice
- Use of technology in care homes
- Minimum data sets
- What forms of care delivery in terms of care homes (consensus document)
- Nature of shared understanding / contracts
- Technology (e.g. video) is a tool, does not replace relationships and communication
- Barriers to QI culture: staff retention
- Currently of same ENRICH info
- Crucial role of Care home mangers
- How datasets are/ not fir for purpose – indicator/element
- Have nation funding to develop D/c system needed to deliver the minimum data required
- 18 other countries example to learn from
- To what extent should we try to improve wellbeing/independence? Actual capacity linked
- Supported housing model – explore? Capacity
- Scaling up what works – medication reviews
- Advanced care planning define?
- Improving quality of life has true benefits care and rehab
- New NHS Data network – easier for care home and social care to access have record
- How to identify the deteriorating clients – how to train inexperienced transient workers/ how to empower them?

- Use of technology?
- Simple tools can help – power relationships legitimacy i.e. dementia
- Similarities – building relationships in presentation
- Vocabulary – find shared language so all parties can be incorporated
- Exciting range – but how to find work that relates to what you are doing
- NB CLAHRC shares other fund – non portfolio
- Risk of duplication – need to develop cross-CLAHRC dialogue to feed into CLAHRC 3
- We must use existing data where we can find ways to deal with heterogeneity
- Think of variety's of discipline/ approaches measure that are important to living well/ working well in care home
- What should be routinely gathered that of relevance to resident/ family other stakeholder

Is there any research that should not be done or is no longer needed?

- Common sense
- Do we need to implantation
- CONTINDE to understand problem + challenge e.g. integration
- But have we research the point of no longer need
- NIHR – no more research on training in how robust outcomes that measure impact on care outcomes.
- Research on impact on sustainability of training on staff
- Don't lift and shift inventions from acute to care sector (without appropriate adjustments
- Values based recruitment or not
- Simplistic approaches to training as income to interventional

Where are the gaps?

- Couple in care homes?
- Inclusion of care home in community
- Speech/languages therapist – nutrition/hydration cure
- Maintain/improve function
- Sharing knowledge with underperforming home
- Direct 1st person (resident research)
- How can research be packaged to support adoption/translation? When there is such diversity?
- Ancillary staff
- Quality of activity
- Occupation promotion purpose, role of resident
- Psychological therapies
- Improve hearing or communication for residents
- Staff perception of role
- Videoing care for observations
- Fragility and mobility

- What research has been alone – and has it and how has it been implemented
- Translate research finding into practice
- How do you tailor dissemination to key audiences
- how to link to appropriate organisation – care England or NCHF
- Sharing lessons in what is good implementation / translation
- Society valuing care home staff identity of those who make the transition into a care home
- Quantitative data to add to qualitative data outcome
- Tools to innovative practice
- Ethic – NHS, HEI, Social care
  - Different constituents in the UK
  - Rigour time -> impact on a study/RCT
- General practice is changing – professional for a Care home managers how to be effective
- More early diagnosis? Specialist nurses, community interface practitioner impact
- Could look at how GP/rehabs input into care home are commissioned especially re GP. contracts
- Relationship implication financial incentives to help
- Could we define the MDT input needed for Care home to be better evaluated
- Innovation vs sustainability
- Methodologies implication of this tension
- Potential for technical innovation s
- Reach of intervention – e.g. including people later stages
- Improvement methodologies tailored by stakeholder, relevant to the sector
- Developing quality of theoretical underpinning – in order to lend conviction to generalisability/ implementations

What do you sees as a priority and why?
- CQC often dictates research direction and engagement
- Ask manager/residents and staff about priorities
- Quality of life develop how to measure
- Risk management
- Working with other dementia initiatives e.g. Join dementia research (recruitment database)
- What enables the adoption of new practice?
- Build on 'what's in it for me for care home
- Can relationships be built that support staff recruitment +retention
- Funding for care home implementation, with a care home led agenda
- Guidance and expertise from CLAHRC on delivering sensitive research
- Implementations/sustainability spread
- Understanding priorities from the ground up - can CLAHRC help to generate priorities?
- Real time improvements
- National, live dataset

- Person centred care planning and outcomes
- Clinical continuous, plan and communication (impairment)

CLAHRC

- Collaborations of discipline e.g. hydration specialist across the UK
- Sharing knowledge
- Consistency of CRN support/ ENRICH
- Trust building relationships/continuity of activity/ sustainability
- Expanding circle of influence – because of CLAHRC networks
- Dissemination research in residence
- Improve research topic diversity by research mobility
- Enrich – research blogs, resident, family, staff networking
- More joint work
- Less overlap
- PHD student database
- Role of AHSN's as partners
- Work into palliative care with care home as part of the pathway
- Spread + adoption what? How?
- Process evaluations – assessment earlier if the deterioration of person
- Need to nurture champions, project manager i.e. red bag scheme – apparently simple
- Base research around STP's improving flow across system. NVB multi factorial
- How can professional trust other assessment paperwork
- Robust evaluations of some of vanguard/noted best practice examples
- Inconsistency in ethics outcomes
- Radical alternative models – current model not sustainable given demand vs. resources