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Health and Social Care Delivery Research

Synopsis

Developing research resources and minimum data set for care homes' adoption and use (DACHA)

Claire Goodman,[1,2*] Gizdem Akdur,[1] Lisa Irvine,[1] Jennifer Kirsty Burton,[3] Barbara Hanratty,[4,5,6] Anne Killett,[7] Julienne Meyer,[8,9] Ann-Marie Towers,[10,11] Adam L Gordon,[12,13,14] Rachael Carroll,[15] Stacey Rand,[11,16] Kerry Micklewright,[1] Karen Spilsbury,[17,18] Therese Lloyd,[19] Liz Crellin,[19] Stephen Allan,[16] Guy Peryer,[7] Vanessa Davey,[4,5,6] Freya Tracey,[19] Kaat de Corte,[19] Nick Smith,[10] Jo Day,[20,21] Iain Lang[20,21] and Liz Jones[9]

[1]Centre for Research in Public Health and Community Care (CRIPACC), University of Hertfordshire, Hatfield, UK
[2]NIHR Applied Research Collaboration (ARC) East of England, Cambridge, UK
[3]School of Cardiovascular & Metabolic Health, University of Glasgow, Glasgow, UK
[4]Population Health Sciences, Newcastle University, Newcastle upon Tyne, UK
[5]NIHR Applied Research Collaboration (ARC) North East and North Cumbria, Newcastle, UK
[6]NIHR Older People and Frailty/Healthy Ageing Policy Research Unit, London, UK
[7]School of Health Sciences, University of East Anglia, Norwich Research Park, Norwich, UK
[8]School of Health Sciences, City, University of London, London, UK
[9]National Care Forum, Coventry, UK
[10]Centre for Health Services Studies, Cornwallis Central, University of Kent, Canterbury, UK
[11]NIHR Applied Research Collaboration (ARC) Kent, Surrey and Sussex, Canterbury, UK
[12]NIHR Applied Research Collaboration (ARC) East Midlands, Nottingham, UK
[13]Academic Centre for Healthy Ageing, Barts Health NHS Trust, London, UK
[14]Wolfson Institute of Population Health, Queen Mary University of London, London, UK
[15]School of Medicine, Medical School, University of Nottingham, Nottingham, UK
[16]Personal Social Services Research Unit, Cornwallis Central, University of Kent, Canterbury, UK
[17]School of Healthcare, University of Leeds, Leeds, UK
[18]NIHR Applied Research Collaboration (ARC) York and Humber, Leeds, UK
[19]The Health Foundation, London, UK
[20]Medical School, University of Exeter, Exeter, UK
[21]NIHR Applied Research Collaboration (ARC) Southwest Peninsula (PenARC), Exeter, UK

*Corresponding author c.goodman@herts.ac.uk

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Plain language summary

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Plain language summary

The COVID-19 pandemic showed that we lacked basic information about how many people lived in care homes. Information was not collected in the same way or was easily shared between different organisations responsible for residents' care. The Developing resources And minimum data set for Care Homes' Adoption study aimed to improve how research is done in care homes and to provide a single source of information (minimum data set) about residents for people working in and with care homes.

We completed two evidence reviews about doing research in care homes and combined information about 5600 residents from completed studies to be used in future research.

A survey of care homes in England told us what care staff recorded in residents' notes. A review of how minimum data set were used internationally and their content were used to inform the content of the planned minimum data set and how to support staff to use it. We asked people with different experiences of living, working and visiting care homes about the information they would need from an minimum data set.

To create an minimum data set, with information about residents' health and care, we linked information from digital care home records for 727 residents, with their information held in routine National Health Service and social care data sets. We added additional measures, including ones to capture residents' quality of life to care home records. We also did exploratory work on developing an minimum data set for people receiving care at home.

We showed how important it is to use tools and research methods that truly reflect what it is like to live and work in a care home. Plus, the involvement of care home staff in planning research reduces the risk of study failure. The study minimum data set could reduce duplication and fragmentation of residents' information supporting better care, and staff were able to complete the additional measures. Further work is needed to improve how information is linked, especially to general practitioner records, how staff receive feedback and help staff to use minimum data set information to make decisions. A future priority is to develop an minimum data set that includes people receiving care at home.

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