

# On your marks, get set, pause - are you ready? What should care home teams consider before partnering with a trial research group

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Karen Spilsbury<sup>1\*</sup>, Professor of Nursing  
Guy Peryer<sup>2</sup>, Research Fellow  
Reena Devi<sup>1</sup>, Senior Research Fellow  
Kirsty Haunch<sup>1</sup>, Research Fellow  
Magda Jordao<sup>1</sup>, Research Fellow  
Carl Thompson<sup>1</sup>, Professor of Applied Health Research  
Claire Goodman<sup>3</sup>, Professor of Healthcare Research

<sup>1</sup> School of Healthcare, University of Leeds, Leeds, UK

<sup>2</sup> School of Health Sciences, University of East Anglia, Norwich, UK

<sup>3</sup> Centre for Research in Public Health and Community Care, University of Hertfordshire, Hatfield, UK

\*Corresponding author: k.spilsbury@leeds.ac.uk  
+44(0)113 343 1329  
@SpillersK

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## Conflict of interest

There are no known conflicts of interest.

## **Abstract**

Research has the potential to inform and enhance the care and experiences of people living and working in care homes. While there is a growing interest in research relevant for care homes, there is a need to ensure staff, residents and their families and friends are supported when considering taking part in research; particularly taking part in a type of research called a 'trial'. Trials are one type of research study that can help guide decisions about the best treatment, care and support for both residents (and their families and friends) and care home staff. Whilst potentially important, trials are demanding for both care homes and trial research teams. Prior to agreeing to support a trial there are questions a care home manager, staff, residents and their families and friends can consider. These questions are outlined in this paper and will help a care home to determine the capacity, readiness and relationships in a home to support a trial. By taking the time to 'pause' and asking '*are we ready*', care teams can support *both* care and science.

## **Keywords**

Research; trials; care homes; staff; residents; readiness

## **Key points**

- Research can inform and enhance quality of care, quality of life and well-being, as well as improve the quality of work for staff in care homes.
- There are many ways in which people living or working in care homes can engage with, or be involved in, research but support should be offered when considering whether to take part in a research study.
- Trials are one type of research study that can help guide decisions about the best treatment, care and support for both residents (and their families and friends) and care home staff; but trials demand resources from care home staff and trial research team.
- The paper outlines key questions that will support care home managers' discussions with staff, residents and their families and friends, prior to partnering with a trial team and committing the home to participating in any research.
- By pausing and determining 'readiness', care home teams have an opportunity to ensure they can support research relevant for care home practice and policy.

## **Introduction**

Residents in care homes need good care. Research is the process of answering questions that matter to people living and working in (or with) care homes. Research can inform and enhance care by providing evidence of what works best to improve residents' experiences of care, quality of life and well-being, as well as improve the quality of work for staff.

### **The growth of research with and for care home populations**

Over the past decade, research with and for care homes has increased, and the need for research to support long term care and policy is increasingly recognised. Several reviews of care home research, including from research funders such as the National Institute for Health and Care Research (NIHR), conclude that despite this growth and interest, understanding the distinct needs and concerns of care home residents rather than older people generally requires more, high quality, research (Gordon et al., 2012; Davies et al., 2014; Luff et al., 2015; NIHR, 2017).

The care home sector – providers, staff, residents and their families and friends – also value research that matters to them. Collaborative partnerships between care (knowledge users) and science (knowledge producers) are developing to enhance the generation, translation and implementation of evidence for care homes. See for example, the Netherland's "Living Lab in Ageing and Long-Term Care" (Verbeek et al, 2020) and England's Nurturing Innovation in Care Home Excellence in Leeds (NICHE-Leeds) (Griffiths et al., 2022).

A myriad of reasons contribute to care home populations and staff wanting to engage with, or participate in, research: enhancing quality of life and quality of care for residents; an enthusiasm to learn about new developments relevant for care homes; leading in the field, engaging in knowledge production and evidence-based care; enhancing job satisfaction for staff and recognising how *their* skills and expertise contribute to research that is wanted and needed. Participating in and leading research is also a way of building networks of support and discussion across organisations; aiding dissemination and contextualisation of what works and why, locally, nationally and internationally and helping refine and develop future research questions and associated hypotheses.

### **Care home engagement with research**

There are many ways in which people living or working in care homes can engage with, or be involved in, research (Figure 1). This could be highlighting uncertainties that can be developed into a research question. There may be opportunities to partner with a research group to develop, design and conduct a study (Box 1).

Social care staff and members of the public can also directly influence what research is conducted through membership of research prioritisation or funding committees. For example, the National Institute for Health Research (NIHR) often advertises for social care staff and public representatives with experience of social care to join their committees (see Box 2). Care home staff can also apply for funds to lead their own research. The NIHR offer a range of training and personal development opportunities for those staff who want to combine a career in research and practice through the NIHR Academy and NIHR School for Social Care Research (Box 2). Regional schemes also exist to support staff to take their first steps into research (Box 2).

## **What is a ‘trial’ and what would partnering with a trial research group involve?**

Different kinds of research are designed to address different sorts of research questions in unbiased and reliable ways.

A ‘trial’ (sometimes called a controlled trial or clinical trial) is a type of experimental research study undertaken when there is uncertainty regarding which care, treatment or support choice (often referred to as an intervention) is most successful in producing an outcome we are aiming for (for example, better quality of life) or trying to avoid (for example, medication errors). In a trial, two or more interventions will be compared to each other, i.e. trials help judge whether something is more effective than something else. An intervention might focus on individuals, for example residents at risk of falling (Logan et al., 2021) or at whole or parts of organisations, for example with staff involved in providing care and support for residents, for example dementia care mapping (Surr et al., 2020). Trials are an important part of evidenced informed practice in care homes, and can help guide decisions about the best treatment, care and support for both residents (and their families and friends) and care home staff.

Whilst potentially important, trials are resource (time, money, energy) intensive – for care homes and researchers. Prior to agreeing to support a trial there are questions a care home manager, staff, residents and their families and friends should consider (Peryer et al., 2022; Redford and Peryer, 2022).

### **Assessing care home readiness to partner with a trial research group**

The most important questions that should be considered first are:

- Is the trial topic a priority? *Does it matter* for people living and working in care homes?
- *Could the trial offer benefits* for people living or working in care homes?

Having established importance and potential benefit there are three areas that should then be considered prior to partnering with a research group to conduct a trial: (A) care home capacity and resources – “*Can we do it?*”; (B) care home team readiness and engagement - “*Can we commit?*”; and (C) relationship with, and support of, the research team – “*Will we have support?*” (Figure 2).

We provide questions that may be useful for people working and living in care homes when considering these three areas and prior to agreeing to participate in a trial (Box 3). Whilst the answers to the three main questions (A, B, C) will need to be “yes” for successfully partnering with trial researchers, the sub-questions are designed to promote conversations within and between practice and research teams so that plans can be adapted to help arrive at a planned trial that works for all.

### **Conclusion**

People living and working in care homes can benefit from participating in research. Trials can help guide care home provider decisions about the best treatment, care and support for both residents (and their families and friends) and care home staff. We have outlined questions that will support care home managers’ discussions with staff, residents and their

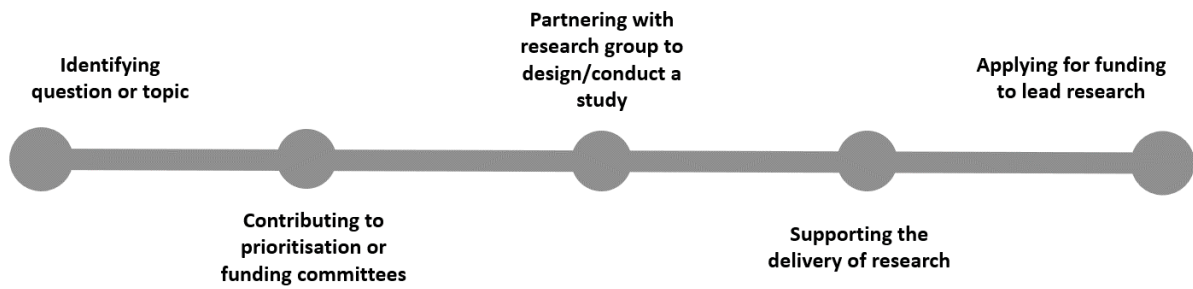
families and friends, prior to partnering with a trial team and committing the home to participating in any research. By determining the capacity, readiness and relationships in a home to support trials, care teams can support *both* care and science.

**Reflective questions**

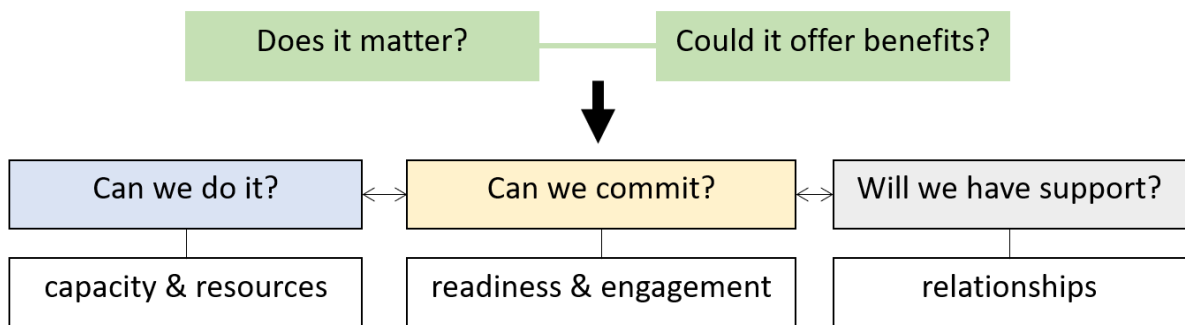
- Do I currently perceive research has a contribution to make to my role and practice?
- How do I currently support research relevant for my practice? Are there other ways in which I could support research?
- With whom (care team and/or care organisation) should I discuss priorities for research in my setting?
- What can I do to develop research readiness and engagement in my care setting? What resources might I need to do this?

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**Figure 1: Care home engagement with research**



**Figure 2: Questions to determine care home readiness to partner with a trial research group**



**Box 1: Example of a care and science partnership to develop, design and conduct a study to address a care home uncertainty**

Griffiths et al. (2021) describe a participatory research project focused on maintaining and improving mouth care with care home residents. This collaborative research is being undertaken as part of the Nurturing Innovation in Care Home Excellence in Leeds (NICHE-Leeds) partnership between academia and care organisations (see <https://niche.leeds.ac.uk/>).

A care worker asked, “how can I help residents with mouth care, especially when they refuse or resist care?” The compassion and curiosity of this care worker led to discussion amongst the partnership members. This discussion revealed this was a concern, with no obvious answers, for care home staff, residents and relatives more widely.

The research undertaken in response explored the knowledge, skills and attitudes of staff, including how to address any knowledge gaps or behaviours; considered the resident population and environment where care is delivered; and highlighted strategies for promoting behaviours that enhance mouth care. Ongoing work specifically focuses on promoting more, and more effective, “mouth minutes” for care home residents (see <https://fundingawards.nihr.ac.uk/award/NIHR131506>).

**Box 2: Opportunities for care home staff to influence and contribute to the national research agenda**

Examples of national research prioritisation and funding committee opportunities include: <https://www.nihr.ac.uk/committees/professional.htm> and <https://www.nihr.ac.uk/patients-carers-and-the-public/i-want-to-help-with-research/become-a-public-committee-member.htm>

NIHR Academy is responsible for the development and coordination of NIHR academic training, career development and research capacity development <https://www.nihr.ac.uk/explore-nihr/support/academy.htm>

NIHR School for Social Care Research aims to develop the evidence base to inform and improve adult social care practice in England by commissioning and conducting internationally leading research <https://www.sscr.nihr.ac.uk/>

Example of a regional opportunity is described in this blog by a care home Clinical Lead Nurse <https://www.skillsforcare.org.uk/news-and-events/blogs/recognising-and-valuing-the-social-care-nurse>

**Box 3: Questions to promote conversations within and between practice and trial research teams**

<p><b>A. Can we do it?</b> <b>Internal capacity and resources</b></p> <ul style="list-style-type: none"><li>• What is the time frame of the study that would require commitment of care home resources?</li><li>• Can existing staff within the care home be reallocated to activities associated with the study (such as delivering the intervention, coordinating the study or data collection), whilst maintaining quality of care?</li><li>• If the study requires care home staff to add work to their daily routine, can their activities be reduced or replaced during this period?</li><li>• What are the indemnity requirements for the care home to participate in this study?</li></ul>	<p><b>B. Can we commit?</b> <b>Care home team readiness and engagement</b></p> <ul style="list-style-type: none"><li>• How will the intervention reach the people who might benefit and what will be the role of care home staff and the manager?</li><li>• How will any required training and coaching for staff about the study take place during work hours?</li><li>• Can time be allotted to discussing the study at regular staff meetings internally?</li><li>• How will new or temporary staff be made aware of the study?</li></ul>	<p><b>C. Will we have support?</b> <b>Relationship with the research team</b></p> <ul style="list-style-type: none"><li>• Have the research team explained how they will collaborate with people living and working in care homes to build rapport, air tensions, resolve difficulties and learn about positive experiences throughout the study?</li><li>• What is the best way (for your setting) to keep in touch with the research team in between any scheduled meetings to allow problems to be addressed early?</li><li>• How will knowledge sharing activities be made accessible to all staff, including the management team, residents and their families and friends?</li><li>• How will the views and goals of the residents and their family and friends be included in the collaborative discussions?</li></ul>
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