Evaluating the ENRICH network of research enabled care homes

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Presentation objectives

1. Dementia and doing research with care homes
2. ENRICH – Toolkit and Care Home Network
3. Setting up the Care Home Network pilot
4. Evaluating the Care Home Network
5. Findings, challenges and rewards
Background

- Almost 3 times as many care home beds as hospital beds
- 250,000 residents with dementia
- Dementia a recent focus of policy and research
- Recent increase in care home research (Gordon et al, 2012) BUT care homes often excluded from studies
- MAGDR (2009) proposed networks of care homes to:
  - Improve care
  - Share expertise
  - Develop staff
  - Facilitate recruitment
ENRICH 2 components

1. ENRICH toolkit for care home research
   www.dendron.org.uk/enrich

2. ENRICH Care Home Network
   (Communities of practice, Wenger, 2006)
ENRICH toolkit is a resource to support researchers, care home staff, residents & relatives deliver research in care homes.

www.dendron.org.uk/enrich
Network aims

• Increase access to care home residents
• Develop systems to support recruitment and consent in care homes
• Increase research awareness amongst care home providers and staff
• Improve links with researchers
Network evaluation

- Current research arrangements
- Care home organisation’s priorities
- Minimum requirements for an effective research enabled care home
- Impact on recruitment, care home staff engagement, family/consultees, costs
Evaluation – Phase 1

Map care home involvement / priorities:

1. NIHR Portfolio, SCRR searches, email requests to study co-ordinators and established care home researchers, Age and Ageing Network

2. LRN interviews – to establish care home contact

3. Interviews – Care Home Managers, Relative’s & Resident’s Groups
Phase 2: Care Home Network

40 care homes across 4 DeNDRoN LRNs - Monitor over 6 months to:

• Document and cost set up /maintenance
• Establish the impact on recruitment
• Uptake of ENRICH toolkit
• Consultee / family involvement
• Development of links with other care homes
• Care home experience of participation
ENRICH care home network: Analysis

1. Comparative analysis – impact of the network on recruitment numbers and type

2. Process evaluation – effectiveness of the network infrastructure in meeting the study objectives

3. Costs – detailed costing of setting up and running the network for Enrich team and care homes involved.
Phase 1: Care home studies profile (n=37)

- **SOURCE:** UKCRN portfolio 25, Social Care Research Register 8, Personal communication 4
- **CONDITION:** 21 dementia, 4 PD, 3, all diseases, 1 cancer, 8 No information
- **FOCUS:** Disease/Symptoms- 21, Process of care -16
- **DESIGN:** 15 Interventional, 21 observational, 1 unknown
- **STATUS:** 20 open, 16 closed, 1 in set up
- **CARE HOMES:** included 28, ‘Possible’s’ 8, Not included 1
## Care home involvement (n=15):

<table>
<thead>
<tr>
<th>TYPE</th>
<th>SOURCE</th>
<th>STUDY RECRUITMENT</th>
<th>OTHER SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Residential only</td>
<td>8 - CQC website</td>
<td>7 - Care homes directly</td>
<td>Community mental health teams</td>
</tr>
<tr>
<td>3 Nursing only</td>
<td>5 – clinician links</td>
<td>3 - GPs</td>
<td>GPs, paramedics</td>
</tr>
<tr>
<td>6 Nursing &amp; Residential</td>
<td>2 – previous study involvement</td>
<td>2 - Community mental health teams</td>
<td>Pharmacists, Community nurses</td>
</tr>
<tr>
<td>4 No information</td>
<td>1 – provided student placements</td>
<td>1 - Secondary care</td>
<td>Old age psychiatrists, Physio, OT, SW</td>
</tr>
</tbody>
</table>
Facilitators to recruitment

- ‘Warm contacts’ – previous relationships
- Clinical links e.g. student placements
- Studies that include benefits for staff & residents
- Early involvement of relatives & significant others
- Dedicated care home staff for studies
- Working closely with care home’s schedules
- Clear explanations – brochures, presentations

ENRICH
Enabling Research In Care Homes

University of Hertfordshire
DeNDRoN
National Institute for Health Research
Barriers/Threats to recruitment

- Staff turnover – managers and care staff
- Interventions don’t fit with care home operation
- Individual care homes need provider permission
- ‘Research burnout’ - network care homes
- Exclusion of care homes from the network
Challenges and Rewards

- Establishing a baseline of care home research
- Upcoming studies may be region specific BUT generally increasing overall
- Corporate care home network may increase recruitment
- Infrastructure to support care home research
- How to embed the network – draw on international examples e.g. Academic care homes USA; Research Boards, Netherlands.
Conclusions

• Need to establish recognised ways of identifying and recording care home research
• Care home networks represent one way of increasing research in particular with corporate members

BUT:
• Change to doing research ‘with’ not ‘to’ care homes
• Ensure that Network Care Homes are not overloaded and that others are not excluded
Thank you for listening!
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Disclaimer: The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the Department of Health.

For more information
ENRICH Toolkit: www.dendron.org.uk
DeNDRoN: www.dendron.nihr.ac.uk