DACHA

Developing resources And minimum data set for Care Homes' Adoption

DACHA: (Developing research resources And minimum data set for Care Homes' Adoption and use)

October 2019-November 2023

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NIHR | National Institute for Health and Care Research
NIHR | Applied Research Collaboration East of England
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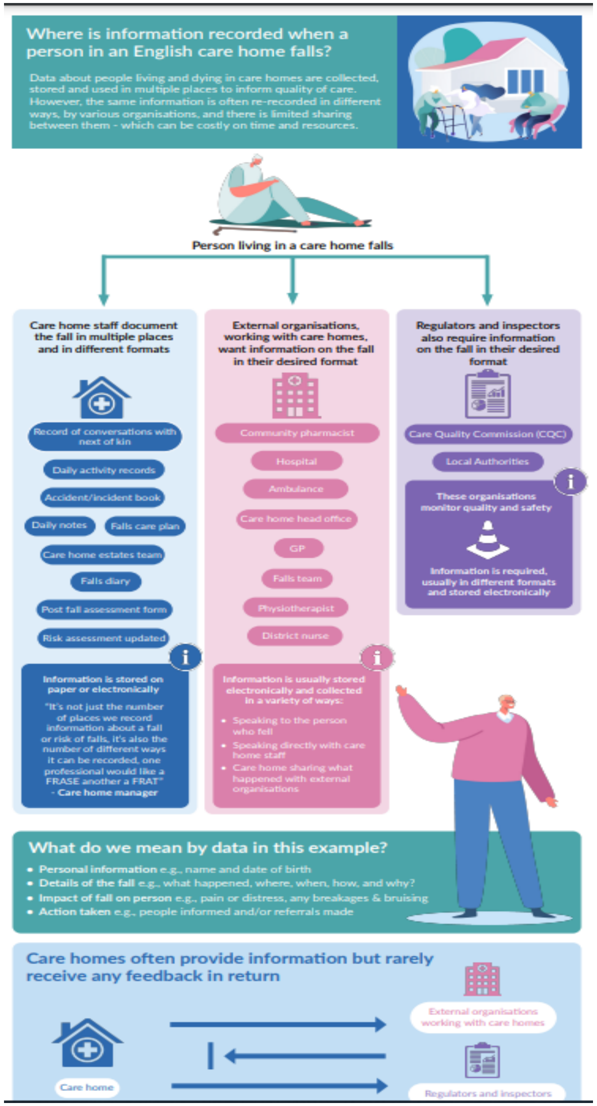
NCF THE NATIONAL CARE FORUM
The Health Foundation
UNIVERSITY OF LEEDS
Newcastle University
UEA University of East Anglia
University of Glasgow
The University of Nottingham

DACHA AIMS

- To develop resources to support research, and innovation in care homes.
- To synthesise evidence and data sources to deliver an agreed data set - (Minimum care home generated resident Data Set) - usable for different stakeholders



Where is information recorded when a person in an English care home falls?

Data about people living and dying in care homes are collected, stored and used in multiple places to inform quality of care. However, the same information is often re-recorded in different ways, by various organisations, and there is limited sharing between them - which can be costly on time and resources.

Person living in a care home falls

Care home staff document the fall in multiple places and in different formats

- Record of conversations with next of kin
- Daily activity records
- Accident/incident book
- Daily notes
- Falls care plan
- Care home estates team
- Falls diary
- Post fall assessment form
- Risk assessment updated

Information is stored on paper or electronically

"It's not just the number of places we record information about a fall or risk of falls, it's also the number of different ways it can be recorded, one professional would like a FRASE another a FRAT" - **Care home manager**

External organisations, working with care homes, want information on the fall in their desired format

- Community pharmacist
- Hospital
- Ambulance
- Care home head office
- GP
- Falls team
- Physiotherapist
- District nurse

Information is usually stored electronically and collected in a variety of ways:

- Speaking to the person who fell
- Speaking directly with care home staff
- Care home sharing what happened with external organisations

Regulators and inspectors also require information on the fall in their desired format

- Care Quality Commission (CQC)
- Local Authorities

These organisations monitor quality and safety

Information is required, usually in different formats and stored electronically

What do we mean by data in this example?

- **Personal information** e.g., name and date of birth
- **Details of the fall** e.g., what happened, where, when, how, and why?
- **Impact of fall on person** e.g., pain or distress, any breakages & bruising
- **Action taken** e.g., people informed and/or referrals made

Care homes often provide information but rarely receive any feedback in return

Work package 1: Review of Care home intervention research assessment, outcome measurement and process : Sarah Kelly, Guy Peryer Andy Cowan

Work package 2: Creation of a Care home trial repository: **Lisa Irvine**, Jenni Burton Myzoon Ali

Work package 3: Review of content and use of Minimum Data Sets (MDS) and Survey of data care homes collect **Barbara Hanratty**, Claire Goodman Gizdem Akdur Jenny Liddle

Work package 4: Mapping and characterisation of resident data in existing NHS and Local Authority data sets in two Integrated Care Systems (ICS) Arne Wolters Richard brine, Liz Crellin, Kaat de Corte

Work package 5: Piloting and implementation of a MDS in 60 care homes in two ICS: **Ann-Marie Towers**, Adam Gordon Jenni Burton Stacey Rand, Stephen Allan, Nicholas Fox, Lucy Webster Sinead Palmer Rachel Carroll, Ian Spencer

National consultation groups Gizdem Akdur Iain Lang, Anne Killett, Adam Gordon, Barbara Hanratty, Karen Spilsbury, THIS Institute

Patient and Public Involvement and engagement group panel and residents' panels working with NAPA Anne Killett, Julienne Meyer, Pamela Blades, Kerry Micklewright

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Developing resources And minimum data set for Care Homes' Adoption

DACHA: Developing research resources And minimum data set for Care Homes' Adoption and use is an ARC East of England supported study being led by the University of Hertfordshire

This leaflet provides a summary for a a journal article by Burton et al. (2022) as part of the DACHA Study. You can access the full paper here https://www.sciencedirect.com/science/article/pii/S2666756822000101

You can also read the extended version of this summary at http://dachastudy.com/deliverables/

Developing a minimum data set for older adult care homes in the UK: Key principles

Summary written by: Liz Jones
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Designed and edited by: Jo Morton, Chloe Bennett & Gizdem Akdur

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This leaflet provides a summary for a journal article by Peryer et al. (2022) as part of DACHA Work Package 1. You can read the full paper here:

A review of specific factors influencing complex interventions in care homes

Summary written by: Dr Gizdem Akdur
Email: g.akdur@herts.ac.uk
Designed and edited by: Jo Morton and Chloe Bennett

Introduction

Care homes play a vital role in supporting citizens with complex needs. Care homes are complex organisations supporting older people with a variety of needs. Conducting research can have its challenges. In a care home, the people, work practices, technologies, the physical environment, and the care home culture can affect how well an intervention is understood. The process evaluations built into randomised controlled trials (RCT) explore the relationship, similarities and differences between an intervention as planned and as implemented. We aimed to explore the challenges of implementing complex interventions in care homes and provide recommendations for research and care home teams.

Definitions

What is implementation?
Implementation is the process of carrying out of planned activities, such as a research intervention designed to improve the care of residents.

What is an intervention?
An intervention is a combination of strategies designed to improve health status in care homes by changing how care is organised and delivered.

What is a process evaluation?
A process evaluation of an RCT describes the services, activities, policies, and procedures that were needed to deliver the trial intervention. It wants to know if the intervention being tested was implemented as planned.

What is a randomised controlled trial?
A randomised control trial (RCT) is a type of trial that is viewed as the best way to test the effectiveness of new interventions.

Why is it needed?

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The realist review of minimum data set (MDS) use in care homes

Introduction

About 420,000 older people in England and Wales live in care homes. Care homes offer 24-hour care, sometimes with nursing support for older people. Unlike the UK, many countries have standards of how they collect information on care home residents. These are referred to as minimum data sets (MDS). They cover information about the residents' personal details, health, care needs and quality of life. This structured approach to collecting data helps people working in

Definitions

What is a realist review?
A realist review of the evidence asks what works in what circumstances. It focuses on what can be learnt from published studies and interviews about how the outcomes of an intervention (in this case, the introduction and day-to-day use of an MDS) were linked to

The Lancet Healthy Longevity
Volume 3, Issue 3, March 2022, Pages e186-e193

ELSEVIER

Personal View

Developing a minimum data set for older adult care homes in the UK: exploring the concept and defining early core principles

Jennifer Kirsty Burton PhD [a], Arne Timon Wolters MSc [b], Ann-Marie Towers MSc [c, e], Liz Jones BA [f], Prof

NIHR | National Institute for Health Research

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Ensuring trial interventions in care homes have their best chance of success

A Visual Guide

Inside: Key considerations for research and care home teams across each stage of the research process - from designing the protocol to undertaking an evaluation.

Back: A visual summary of the most important features of collaboration.

Guidance on assessment, measurement and implementation of innovation

New methods for staff and resident engagement

Trial repository for secondary data analysis

Prototype MDS tested in three ICS with 60 care homes

Informing post Covid debate and national policy on MDS for social care

Editorials

Covid-19 and lack of linked datasets for care homes

BMJ 2020 ; 369 doi: https://doi.org/10.1136/bmj.m2463 (Published 24 June 2020)
Cite this as: *BMJ* 2020;369:m2463

Read our latest coverage of the coronavirus pandemic

BMC Geriatrics

Research | Open Access | Published: 07 January 2022

The uptake and use of a minimum data set (MDS) for older people living and dying in care homes: a realist review

Massirfufulay Kpehe Musa, Gizdem Akdur, Sarah Brand, Anne Killett, Karen Spilsbury, Guy Peryer, Jennifer Kirsty Burton, Adam Lee Gordon, Barbara Hanratty, Ann-Marie Towers, Lisa Irvine, Sarah Kelly, Liz Jones, Julienne Meyer & Claire Goodman

Volume 51, Issue 3
March 2022

JOURNAL ARTICLE

Contextual factors influencing complex intervention research processes in care homes: a systematic review and framework synthesis

Guy Peryer, Sarah Kelly, Jessica Blake, Jennifer K Burton, Lisa Irvine, Andy Cowan, Gizdem Akdur, Anne Killett, Sarah L Brand, Massirfufulay Kpehe Musa ... Show more

Age and Ageing, Volume 51, Issue 3, March 2022, afac014,

Data Collection in Care Homes: an English Survey

- COVID-19 highlighted the gap in accessible, aggregate data on the care home population in England
- Care homes faced multiple requests for data from external agencies who had little knowledge of what care homes were already collecting
- Recent, rapid growth in plans for digital social care records & a minimum dataset

DACHA Survey of Care Homes:

To find out:

- What information is being collected in care homes? How is it collected and stored?
- What do care homes feel about sharing data?
- If a Minimum Dataset was introduced, would it generate extra work for care homes?

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Who responded?

- 273 respondents (England)
- **Organisations** of >5000 care homes
- **Beds** 71% >25 beds
- **Group size**: 45% one home, 48% 1 -100 care homes
- **Care home ownership**: For-profit 41%, Not for-profit P 31%, Local authority 1.8%

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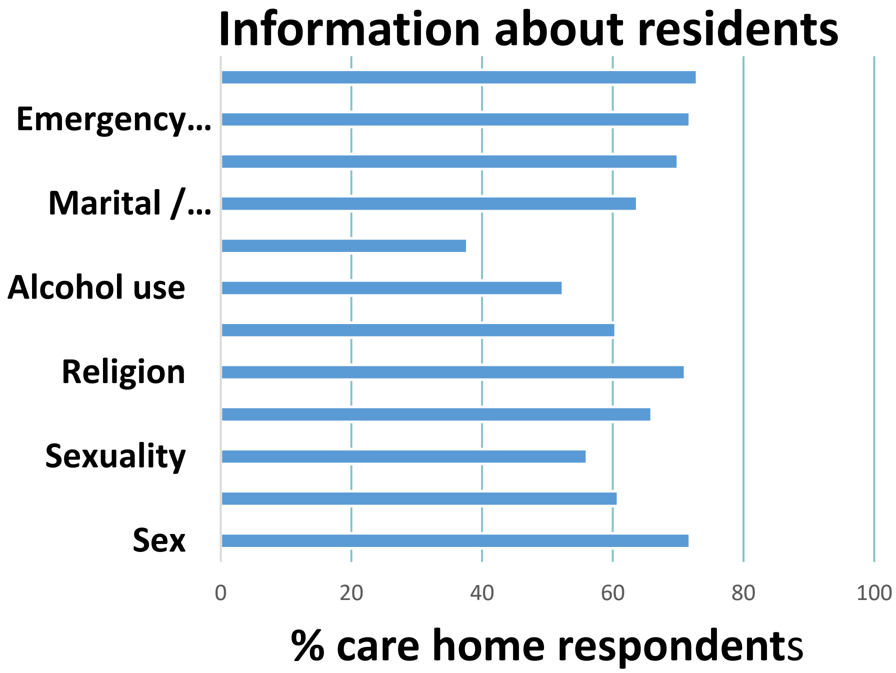
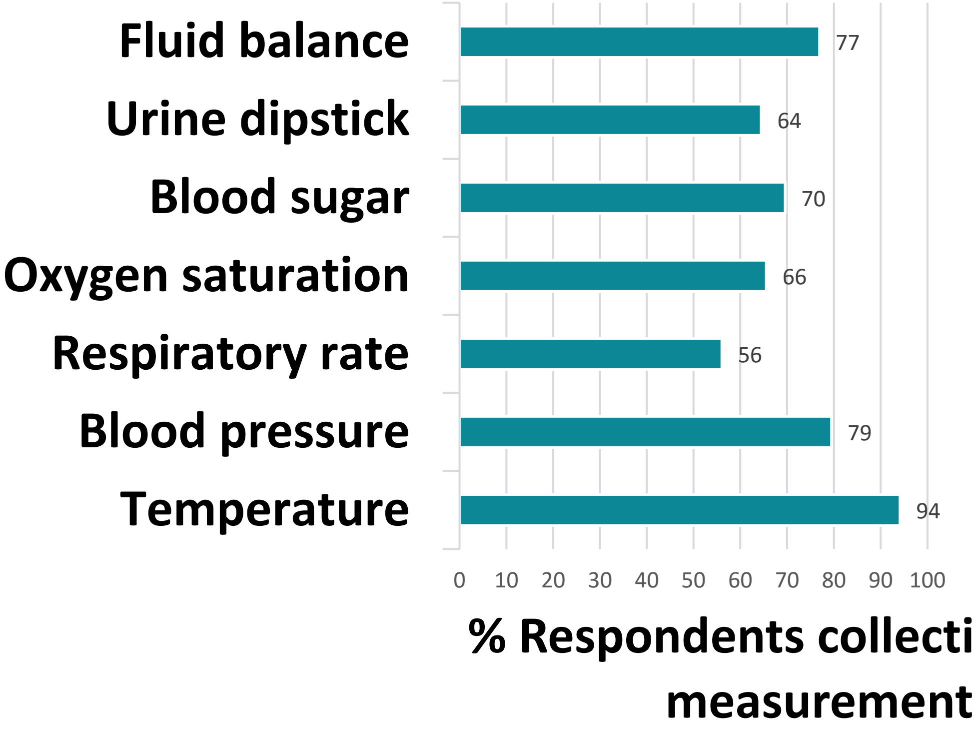


*LPOA: Lasting Power of attorney

Topic	% of respondents whose homes collect these data
Independence	>95%
Activities	>95%
Preferences and priorities for care	> 90%
Continence	*>86%*
Hygiene	*>90%*
Diet and nutrition	>95%
Communication	*>90%*
Consultations with health professionals	>98%

Clinical measurements



Clinical measurements common, despite only **45% of respondents from homes with nursing beds**

Examples of clinical measures and tools in use

Stool Charts 86%

Frailty measures 55%

Pain scales 89%

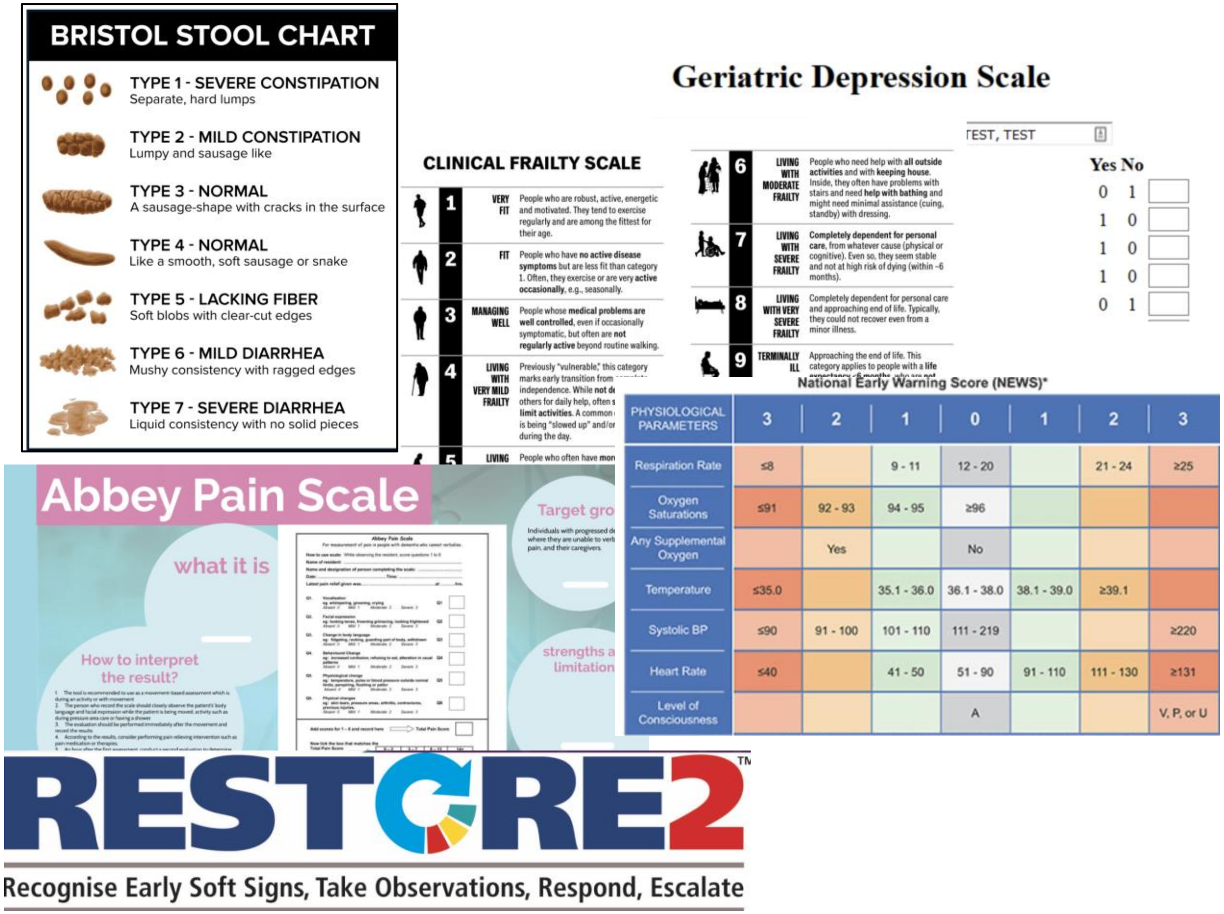
National Early Warning scores 36%

Nutrition scores 72%

Skin status scores 85%

Depression & anxiety 25%

Quality of life 15%



BRISTOL STOOL CHART

TYPE 1 - SEVERE CONSTIPATION
Separate, hard lumps

TYPE 2 - MILD CONSTIPATION
Lumpy and sausage like

TYPE 3 - NORMAL
A sausage-shape with cracks in the surface

TYPE 4 - NORMAL
Like a smooth, soft sausage or snake

TYPE 5 - LACKING FIBER
Soft blobs with clear-cut edges

TYPE 6 - MILD DIARRHEA
Mushy consistency with ragged edges

TYPE 7 - SEVERE DIARRHEA
Liquid consistency with no solid pieces

CLINICAL FRAILTY SCALE

1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
2	FIT	People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g., seasonally.
3	MANAGING WELL	People whose **medical problems are well controlled**, even if occasionally symptomatic, but often are **not regularly active** beyond routine walking.
4	LIVING WITH VERY MILD FRAILTY	Previously "vulnerable," this category marks early transition from … independence. While **not d**… others for daily help, often s… **limit activities.** A common … is being "slowed up" and/or … during the day.
5	LIVING	People who often have mor…
6	LIVING WITH MODERATE FRAILTY	People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.
7	LIVING WITH SEVERE FRAILTY	**Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
8	LIVING WITH VERY SEVERE FRAILTY	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
9	TERMINALLY ILL	Approaching the end of life. This category applies to people with a **life** …

Geriatric Depression Scale

TEST, TEST

Yes	No	
0	1	☐
1	0	☐
1	0	☐
1	0	☐
0	1	☐

National Early Warning Score (NEWS)*

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

Abbey Pain Scale

what it is

How to interpret the result?

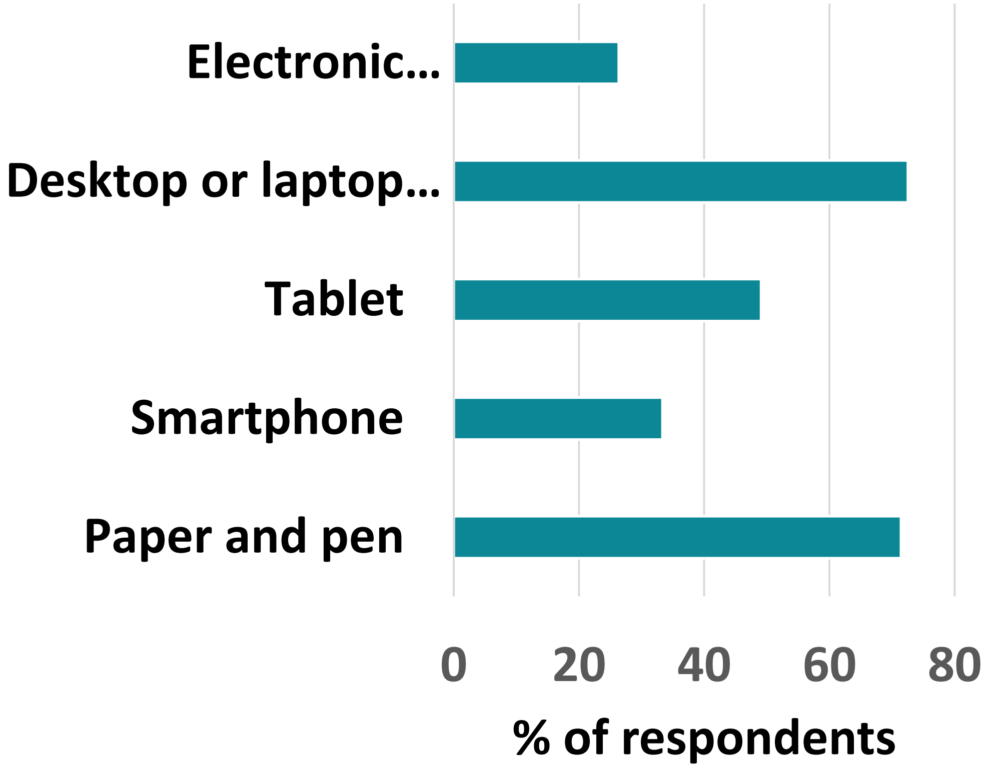
Target gro…

strengths a… limitation…

RESTORE2™

Recognise Early Soft Signs, Take Observations, Respond, Escalate

How are data being collected?



How are data being stored?

Paper records 80%

Computer records 82%

Using dedicated software 62%

- Most data updated at least monthly

Care homes and data collection

- Care homes have unique data on the person, dependency and disability
- Clinical measurements tools are common
- Health, rather than social care outcomes are emphasized
- Digital technology is in widespread use
- Are the tools in use validated / appropriate for this setting?

Conclusions

- Data collection in care homes is extensive, without incentives or mandate.
- Care home organisations are collecting an extensive range of resident level information for their own uses.
- Countries that are considering introducing social care records or an MDS should start by working with care home organisations to review existing data collection and evaluate the implications of collecting and sharing data.
- A critical approach to the appropriateness of health-related tools in this setting is overdue.

Funding Acknowledgement

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The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

DACHA Study Research Management Team

University of Hertfordshire: Prof Claire Goodman, Dr Gizdem Akdur, Lisa Irvine
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Newcastle University: Professor Barbara Hanratty
University of Nottingham: Professor Adam Gordon
National Care Home Forum: Professor Julienne Meyer, Liz Jones
The Health Foundation: Arne Wolters
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Developing the Care Homes Trials Archive

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PROBLEM

Lack of reliable data
on care home populations

OPPORTUNITY

Randomised controlled trials (RCTs) collect detailed, high quality data on all care homes and residents recruited

Regular observations for up to one year

BENEFITS

Pooling individual participant data (IPD):
More data, more power

- Low risk, low cost
- Anonymised data sharing
- Inform clinical trial design
- Exploratory analysis

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Virtual International Care Homes Trial Archive

Type of data	Examples of data available from care home RCTs
Trial level	Duration of follow-up, Timing of assessment points, Intervention details Region / geographical area covered
Care home level	Number of beds; bed occupancy rates (at baseline and follow-up) Case mix; funding mix; ownership; CQC rating; staff ratios; staff retention
Participant level	Inclusion & exclusion criteria for residents Age at randomisation / Time living in care home / Sex / Ethnicity / BMI Medical conditions e.g. dementia, diabetes, COPD, previous stroke Status at end of follow-up (alive/dead/lost to follow-up) / Cause of death Health resource use including hospitalisations and medications Events during follow-up e.g. falls, infections, advanced care planning, change in funding
Outcome measures	Individual domain levels & summary scores Resident-reported, carer-reported, or researcher-reported responses Baseline measures & follow-up measures

Developing the trials archive

Inclusion criteria:

- RCTs conducted in UK older adult care homes, published since 2010
- Any intervention, any clinical area
- Documented protocol, evidence of consent, data validation

Role of Trialist Steering Committee (TSC)

Original trialists act as gatekeeper for their respective datasets

  - Oversight of how trial data will be used
  - Opportunity to contribute to novel research
  - Recognition in any future publications using their data

- As new trials are added, new trialists join the Committee

Process for sharing pooled trial data

Pooling IPD from multiple sources – considerable effort
Need to establish as a longer term resource

Virtual Trials Archives

This collaborative venture collates data from completed clinical trials and provides access to anonymised data for novel exploratory analyses to inform clinical trial design.

Working with **Virtual Trials Archive (VTA)**
at University of Glasgow

- VTA established 2002 – Stroke trials
- All trial data stored securely on the University of Glasgow (UG) server
- Management transferred from Herts to VTA at end of DACHA funding
- External researchers send proposals/data access request via VTA website
- VTA manage data requests with oversight from Trialist Steering Committee
- Analysis completed on VTA data platform

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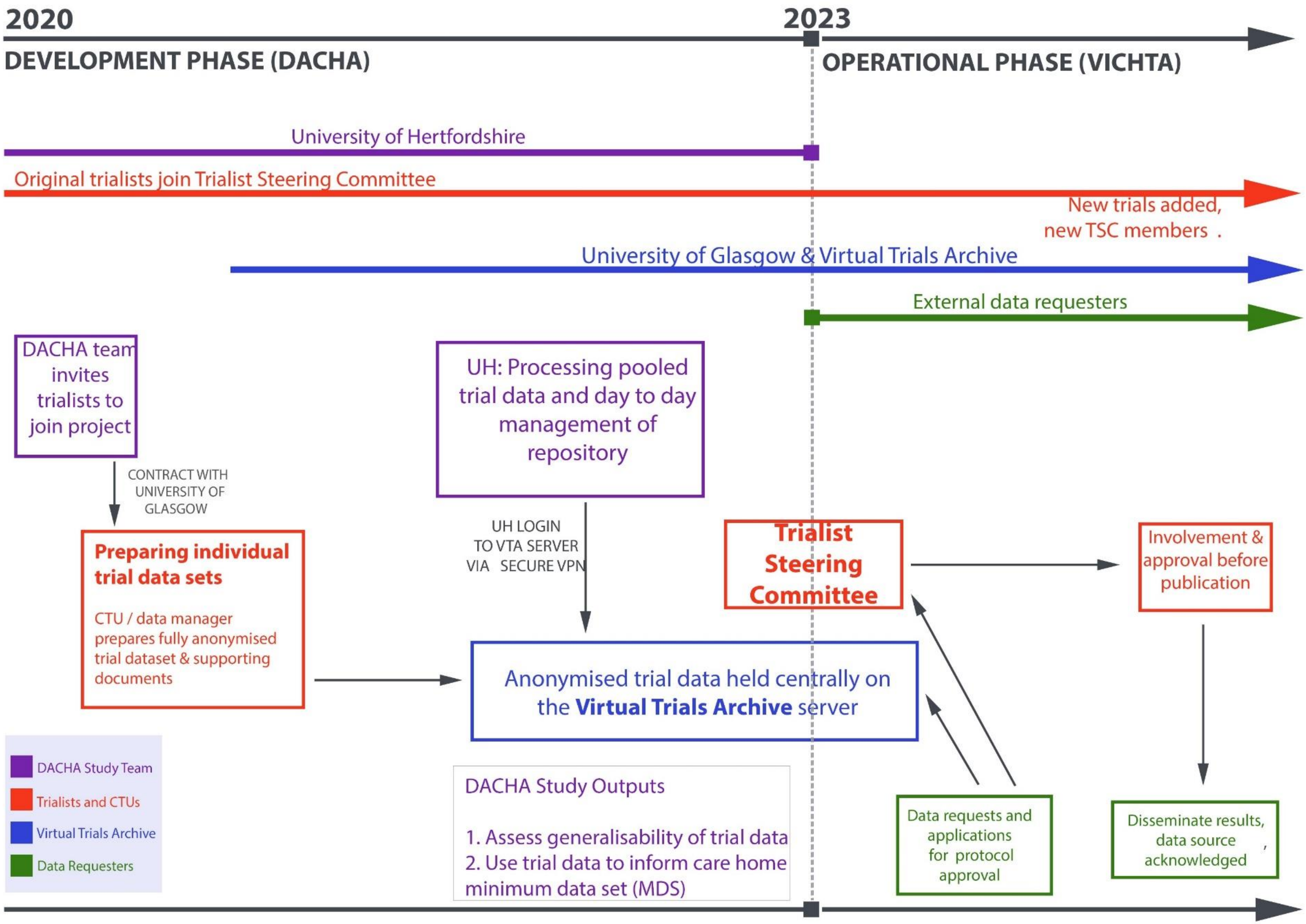
Virtual
International
Care Homes
Trial Archive

DATA PROCESSING FLOWCHART



Preparing and Pooling IPD

- **Data access via Glasgow server** - 2 part log-in, similar to future users
- **Checking data** – received all we need? Nothing identifiable? Linkage possible? Long or wide format? Labels defined? How are missing values coded? Compare IPD received to published consort diagram, baseline characteristics, sense-check dates, number ranges, categorical values within range?
- **Resolving discrepancies** – original trialists in Steering Committee, contact CTUs
- **Standardisation** – rename variables, recode categorical/binary variables, all measures on the same scale? Seek advice from TSC and record all decisions
- **Creating Master IPD & codebook**

Trials included so far…

	Challenge DemCare	CAREMED	FINCH	CHIPPS	DCM-EPIC	ELECTRIC
Recruitment	2011-12	2011-12	2016-18	2017-19	2014-16	2018-19
Location	England	England	England	Eng, Scot & NI	England	Engl & Scot
Budget (£ 2020)	£2.9M	£350k	£2.3M	£2.2M	£2.7M	£1.3M
N participants	832	826	1698	WP6: 880 WP5 Pilot: 40	Cohort 1: 726 Cohort 2: 261	406
N care homes	63	30	84	44	50	37
Follow up (months)	4	12	12	6	16	4
Intervention type	Dementia	Medication management	Falls prevention	Pharmacist review	Dementia	Incontinence
Outcome measures	**Challenging behaviour**; CMAI; Clinical dementia; EQ5D3L; Neuropsych inventory	**Falls**, STOPP/START	**Falls**; Barthel; DEMQoL; EQ5D5L; Fear of Falling	**Falls**, Barthel; EQ5D5L; STOPP/START; MMSE	**CMAI**;EQ5D5L DEMQoL; QUALIDEM QOLAD-CH NPI; Clinical dementia	Barthel; Clinical frailty; DEMQoL; MMSE; Minnesota Toilet, Bladder

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Virtual International Care Homes Trial Archive

Total data availability – "VICHTA Key Dem"

- **Variables with complete data** (n=5669)
  - Age : range 23 – 106 Mean 85
  - Sex - 72% female
  - Duration follow-up
  - Death status at study end (DeathYN)
  - Capacity / Ability to consent
  - Year of follow-up
  - Country, Region
  - Timepoints

- Other factors collected in some trials
  - Education level, Previous residence
  - Care home mix, funding
  - Staffing, occupancy

- **Outcome measures**
- Proxy(staff)
  - QoL: EQ5D, DEMQoL,
  - Cognitive: MMSE, QUALID, QUALIDEM, DEMQoL
  - Physical: Barthel, Clinical Frailty Score, PAM-RC
  - Disease specific: Minnesota toilet, Waterlow

- **Co-morbidities – varying denominator**
  - Dementia diagnosis
  - Stroke, Diabetes, CHD, Parkinsons
  - Charlson index
  - Later – try to map to medications?

Potential future uses for VICHTA

- Identifying subgroups of residents
- Data harmonization and/or multiple imputation – simulation studies
- Mapping / crosswalk for outcome measures (esp. Quality of life)
- Focus on health resource use / medications data
- Social care workforce issues (linked with resident outcomes)
- Macroeconomic studies based on care home characteristics
- “A year in the life of a care home resident”

- Role of PPIE in DACHA –next steps: priority setting
- Promoting to research centres

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Virtual International Care Homes Trial Archive

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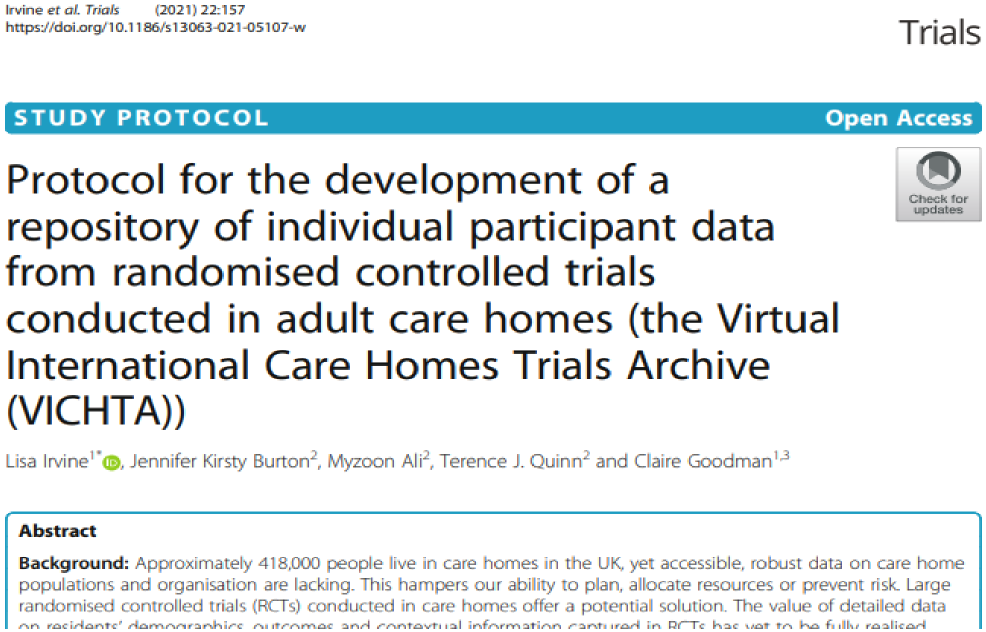
More information in our protocol paper:



Irvine *et al. Trials* (2021) 22:157
https://doi.org/10.1186/s13063-021-05107-w

Trials

STUDY PROTOCOL **Open Access**

Protocol for the development of a repository of individual participant data from randomised controlled trials conducted in adult care homes (the Virtual International Care Homes Trials Archive (VICHTA))

Lisa Irvine[1*], Jennifer Kirsty Burton[2], Myzoon Ali[2], Terence J. Quinn[2] and Claire Goodman[1,3]

Abstract

Background: Approximately 418,000 people live in care homes in the UK, yet accessible, robust data on care home populations and organisation are lacking. This hampers our ability to plan, allocate resources or prevent risk. Large randomised controlled trials (RCTs) conducted in care homes offer a potential solution. The value of detailed data on residents' demographics, outcomes and contextual information captured in RCTs has yet to be fully realised

More information on the DACHA study is also available at:
www.dachastudy.com

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This study is funded by the National Institute for Health and Care Research (NIHR) Health Service Research and Delivery programme (HS&DR NIHR127234) and supported by the NIHR Applied Research Collaboration (ARC) East of England.
The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Bringing together administrative data and data from digital care records to create a minimum dataset for care home residents

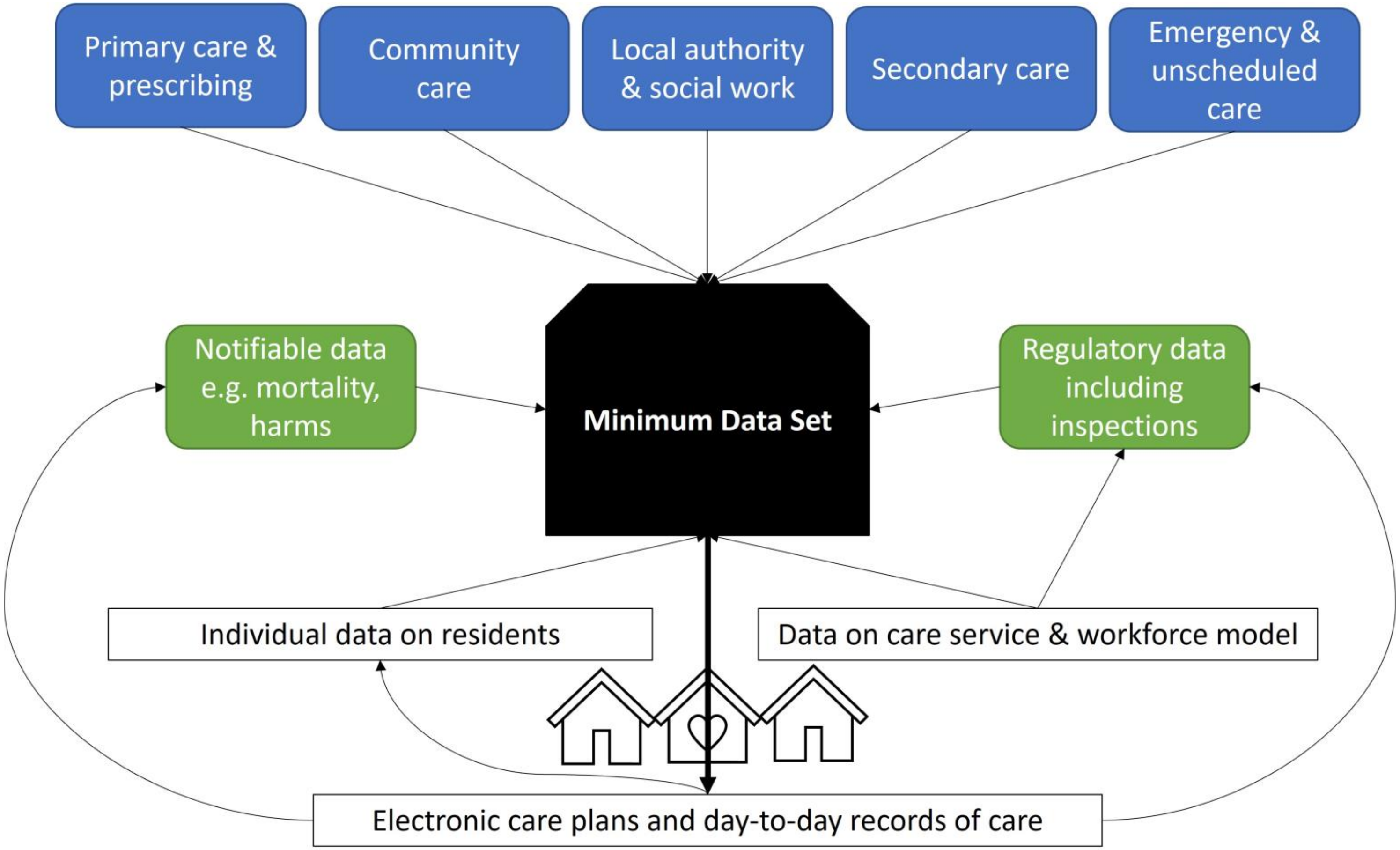
Prof Ann-Marie Towers on behalf of the WP4/WP5 team:

Prof Adam Gordon, Arne Wolters, Dr Stacey Rand, Dr Stephen Allan, Dr Lucy Webster, Sinead Palmer, Richard Brine, Liz Crellin, Prof Barbara Hanratty, Dr Jenny Burton, Dr Rachael Carroll, Kaat de Corte, Nick Smith

Research Questions

- Can we collect resident data directly from care homes and match this to routinely collected health and social care data?
- What is the quality of the data we collect?
- How can the data be used to provide better, joined up health and social care for residents?
- What do we need to consider to enable wider roll out of a minimum data set for care homes in England?

Proposed structure of the DACHA care home MDS



Primary care & prescribing

Community care

Local authority & social work

Secondary care

Emergency & unscheduled care

Notifiable data e.g. mortality, harms

Minimum Data Set

Regulatory data including inspections

Individual data on residents

Data on care service & workforce model

Electronic care plans and day-to-day records of care

Burton et al (2022): https://doi.org/10.1016/S2666-7568(22)00010-1

Study design

- Mixed-methods longitudinal pilot of a prototype MDS
- 3 Integrated Care Systems Sites (ICSs)
  - Regional partnerships between NHS, local councils and others to coordinate and provide health and social care.
  - Nottingham and Nottinghamshire, Surrey Heartlands, and North East and North Cumbria
- 20 care homes per ICS
- Working with Care Software Providers Association (CASPA), and two software companies: Person Centred Software (PCS) and Nourish.

Content of the MDS

- Demographics
- Palliative care needs
- Care home stay
- Resident needs
- Quality of Life
- Complications and adverse events
- Diagnoses
- Medication and vaccination
- Health care utilisation
- Home and workforce characteristics

Data from digital care records

- Demographics (DOB, NHS ID, ethnicity, marital status)
- Care home stay (date of entry, date of death)
- Resident needs (communication, cognitive impairment*, functioning*)
- Quality of life*
- Complications and adverse events (e.g. falls, infections)

- *Being added to the software

New measures

- Lots of relevant information in the software but not in a format suitable for quantitative analysis (e.g. care notes, ‘about me’ information).
- Adding some additional measures:
- Quality of life (out for consultation now)
- Cognition
- Delirium
- Activities of daily living

Other data sources

- Demographics: Personal Demographics Service
- Palliative care: GP data
- Resident needs: GP data (cognition), Secondary User Services data (oral/nutrition status), community datasets (continence).
- Complications/adverse events (GP data, secondary user services data, ambulance data, 999 data)
- Diagnoses (GP data)
- Medication and vaccination (GP data)
- Healthcare utilisation (GP data, 111, 999, community services, ambulance, secondary user services data.
- Care home characteristics (CQC)
- Workforce characteristics (Skills for Care)

How will it work?

PCS: The home will create a ‘DACHA extraction community’ within the software and add consented residents to this.

Nourish: The home will be able to ‘tag’ consented residents to highlight they are participating in DACHA.

Participating care homes will be the data controllers.

The software providers will be the data processors (they will pseudonymise the data and transfer securely to THF)

The pseudonymised data will be stored securely on THF servers.

Final year of the study

- Two extractions 6 months apart
- Pilot the process
- Examine data quality and make recommendations about future data sources
- Use the data to answer priority research questions for stakeholders in our ICSs
- Focus group interviews with managers and staff (implementation focus)
- Staff interviews (how do they complete the new measures; how do they use the information?)

Public involvement in DACHA: approaches and implications with tailored involvement for different groups

Dr Anne Killett on behalf of the PPIE team:

Julienne Meyer, Liz Jones, Pamela Blades, Kerry Micklewright and Chloe Bennet

University of East Anglia

Collaboration in care home research

- Key partners
- Range of needs and interest
- Risks if insufficient collaboration

Approaches to public involvement in DACHA

- Co-applicants
- PPIE Panel
- Collaboration with National Activity Providers' Association
- Consultations with varied experts
- Advisory group membership

Co-applicants

- Input at key developmental stage
- Developing shared expectations
- Maintaining relationships

Family carers, care staff and care home managers

- PPIE Panel
- Mixed membership
- Facilitating to draw out contributions from all
- Supporting participation

Older people living in care homes

DACHA

- Aim to build relationships and trust
- Working with National Activity Providers Association
- Involvement materials co-produced between researchers and activity providers
- Range of activities carried out by activity providers with interested residents
- Fed back to research team

Care home industry, regulators, commissioners and policy expertise

- Tailored consultation activities at 3 points in the programme
- Brought together specific expertise
- On-line consultation for detailed engagement

What is valued: wellbeing and quality of life

- Measuring what is valued may be challenging
- Implications for the MDS in this project
- Potential to advance MDS beyond other examples

Desire for real time information sharing in MDS

- To bring major return for care home staff for their contribution to data
- For deepening family engagement without adding to burden on staff
- For residents wanting better information on their health care
- But beyond scope of DACHA

Responsibility for recommendations

- Tendency for organisations, systems and ways of working to shift in response to data collection requirements
- What will be valued in routine care influenced by data that is expected
- Informative data may underpin planning, inform policy
- Varied sector with varied capacity for responding to expectations to provide data

Emphasising the importance of collaboration with the relevant groups throughout the programme

Thank you for your interest

https://dachastudy.com

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Developing resources And minimum
data set for Care Homes' Adoption

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