

Research Ready Care Home Network - Application Form

Contact Details

Name of care home: _____

Address: _____

_____ Post code: _____

Telephone: _____ Website: _____

Email: _____

Name of owner / company: _____

Manager's name: _____ Time in post: _____

Main contact name *(if not Manager)*: _____ Title: _____

Main contact's telephone: _____ Email: _____

Care Home Details

Type of home:

Nursing

Residential

Both

Intermediate

Registered For:

Dementia

Mental health

Over 65's

Under 65's

Substance misuse

Learning disabilities

Sensory impairment

Physical disabilities

Number of beds: _____

How many places of respite care: _____

How many places of day care: _____

Approx. % of residents with Dementia: _____%

Approx. % of residents with Parkinson's disease: _____%

Approx. % of residents receiving Palliative care: _____%

Approx. % of residents who have had a Stroke: _____%

Approx. % of residents with Diabetes: _____%

Do residents suffer from any other disease / conditions worth noting:

Staffing

Number of care staff: _____

Number of registered nurses: _____

Number of ancillary staff: _____

Other healthcare regular staff:

Occupational therapist

Speech and language therapist

Dietician

Other:

Regulatory

Date of last CQC inspection:

CQC Standards:

Were all standards met when last inspected?

Yes No

Has the care home been the subject of any legal action: Yes No

Specify: _____

Links to Local Healthcare

Name all GP practices involved with the care home:

Practice name: _____ Address: _____

Practice name: _____ Address: _____

Practice name: _____ Address: _____

Practice name: _____ Address: _____

Practice name: _____ Address: _____

Which Community Mental Health Teams support the care home?

Does the care home have specific relationships with named clinicians / hospital departments?

Is the Care Home involved in any improvement initiatives e.g. community matrons / telemedicine / my home life:

Research

Does the care home have any previous experience of supporting research / research studies?

Yes No

If yes then provide more information: e.g. name of study / role etc.

If the care home was to be involved in a research study are there any particular days of the week / times of day that researchers should avoid:

Will researchers be able to access residents care home healthcare records / notes:
(subject to resident agreement)

Are the notes centrally held? Electronic Paper Both Don't know

Will researchers be able to access Medical Administration Records (MARs):
(subject to resident agreement)

Yes No Maybe

Would the care home be willing to facilitate contact with the relatives of residents if they are deemed appropriate for participation in a research study:

Yes No Maybe

Research Cont.

Are there any specific areas of research / diseases that your care home would like to be involved in?

Miscellaneous

Is the care home in anyway funded or supported by NHS funding: Yes No Not Sure

Are any of the resident's places fully or partly funded by NHS funding: Yes No Not Sure

Can we share your contact information (only) with other carefully selected researchers / institutions / commercial and non-commercial who may have research not linked to the National Institute for Health Research e.g. PhD Students

Yes No Only with prior consent

Declaration

I declare that the statements made on this form are true, and I understand that any false statements could result in the care homes application to join the Research Ready Care Home Network being rejected / or the care home being removed from the network:

Signed: _____ Name: _____

Title: _____ Date: _____

Tick here to confirm you have reviewed the ENRICH Toolkit and understand the aims and requirements of participation in the Research Ready Care Home Network -

Internal Use Only

Entered into database Date: _____

Interview arranged Date: _____

Certificate Issued: Date: _____

Return Address