



## **BHiRCH Better Health in Residents in Care Homes**

### **Information sheet & consent form for Residents**

IRAS ID: 203344

#### Invitation to take part in a research study

We would like to invite you to take part in our research project which is taking place in your home (Norwood House Nursing Home). Before you decide if you would like to take part, you probably want to know why the research is being done and what it will involve.

#### What is the study about?

Many care home residents have long term health illnesses and complicated health needs. Sometimes these can worsen and you may have to go to hospital for further treatment. This can be distressing for you, for your family and for care home staff. Early identification of changes in your health is essential to ensure active health management in care homes, this may also lead to hospital admissions being avoided.

The care home where you live is testing a new way to ensure better health in residents in care homes and reduce hospital admissions. We have done previous research to find new ways to improve health care in care homes. This involves staff observing you more closely for changes in your physical health. Staff will regularly check for early warning signs of illness such as drowsiness, loss of appetite, changes in how you communicate or change in your heart rate. If changes are noticed care home staff will use a plan of action to investigate the problem further and, if appropriate, contact your GP for further action. In addition care home staff will be receiving extra training and support in how best to look after your physical health.

#### What will taking part in the study involve?

We will collect information from your care home records about how your health has been during the three months of the study. At a convenient time we will also complete a questionnaire with you about your quality of life. This will take about



twenty minutes. We may ask someone who knows you well to tell us about how you have been. We will ask you the same questions twice over 3 months to help us find out whether your health care has improved.

### Do I have to take part?

Your participation in this study is completely voluntary. If you do not want to answer the questions that the researcher is asking please make the researcher aware. If you do not wish to participate, it will not affect your treatment or care in any way, and you can withdraw from the study at any time without giving a reason.

### What are the potential benefits of taking part?

You will be helping to improve the care that care home residents receive in the future. You may value speaking to the research team about your experiences.

### What might be the risk of taking part?

You may become tired when answering the questionnaires. If you do feel tired please let the researcher know and you can either take a break, re-schedule for another time or stop taking part in the project.

### What if there is a problem?

If you wish to know more or are concerned about any aspect of this study, please speak to Dr Alan Blighe at 01274 236284, A.Blighe@bradford.co.uk. If you remain unhappy, or wish to make a complaint about the conduct of the study, you can contact Professor Murna Downs on 01274 233991, email: m.downs@bradford.ac.uk.

University College London (UCL) holds insurance against claims from participants for harm caused by their participation in this study. Participants may be able to claim compensation if they can prove that UCL has been negligent. However, if this study is being carried out in a hospital, the hospital continues to have a duty of care to the participant of the clinical study. University College London does not accept liability for any breach in the hospital's duty of care, or any negligence on the part of



hospital employees. This applies whether the hospital is an NHS Trust or otherwise.

Who is organising and funding the research?

The research study is funded by the National Institute of Health Research and is sponsored by University College London.

Who has reviewed and approved this study?

This research has been looked at by a group of people who are not involved in the study, called a Research Ethics Committee. These people are there to make sure you are kept safe and your rights are respected.

Will your participation in this study be kept confidential?

Yes. Once you have discussed the study with one of the research staff you may also find it helpful to discuss this with family or a friend. If you decide that you would like to take part, then simply sign the consent form. All information collected during the study will be made anonymous and kept strictly confidential to the research team, regulatory authorities and the NHS Trust. All information collected will be stored securely, to enable researchers to continue analysis of the study data in future projects. However, in the unlikely event that we discover serious issues of concern regarding your well being, we are required to break patient confidentiality and inform the medical or social care authorities.

What will happen to the results of the research study?

When the trial has been completed (approximately 2 years), the results will be presented at national and international meetings and published in health and social care journals. We will also provide study progress updates in a Newsletter if you wish to receive this, and invite you to a feedback session where one of the research team will discuss the findings of the study. No individual will be identified in any publication or meeting.



What will happen if I don't want to carry on with the study?

You can withdraw from the study at any time. This will not affect your care in any way. If you wish to withdraw from the study, we would use the information collected up to the time of your withdrawal unless you tell us that you want all information to be destroyed.

Will my General Practitioner/Family doctor (GP) be involved?

With your permission we will inform your doctor that you will be taking part. This is because your GP is responsible for your care and they must be kept up to date with any changes.

What do I do now?

Thank you for taking the time to consider the study and for reading this information. If you do decide that you would like to take part you will be given this information sheet to keep and be asked to sign a consent form at the end of the document.

Who do I contact for information or advice?

If you would like further information please ask a member of staff in your care home who will be able to put you in contact with someone who can help you. You can also contact:

Dr Alan Blighe Research Programme Manager  
School of Dementia Studies  
Faculty of Health Studies  
University of Bradford  
Bradford  
BD7 1DP  
Tel: 0 1274 236284  
Email: A.Blighe@bradford.co.uk

If you would like to speak with someone independent from the project please contact:



Professor Jan Oyebode  
School of Dementia Studies  
Faculty of Health Studies  
University of Bradford  
Bradford  
BD7 1DP  
Tel: 01274 236330  
Email: J.Oyebode@bradford.ac.uk

Thank you for reading this information sheet.



## BHiRCH Better Health in Residents in Care Homes

Centre Number:

Participant Identification Number for this trial:

### Consent form for Residents

Please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the research team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
4. I understand that the information collected about me may be shared pseudo anonymously with other researchers. ☐
5. I agree that my data may be shared with other researchers in a pseudo anonymised form. ☐
6. I agree to my General Practitioner being informed of my participation in the study. ☐
7. I would like to be kept informed of the progress of the study via the newsletter and to be invited to attend the feedback session at the end. ☐
8. I agree to take part in the above study. ☐

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature