ISRCTN73027559 https://doi.org/10.1186/ISRCTN73027559

The Learning to Care (LtC) in care homes study

Submission date 01/12/2025	**Recruitment status** Recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [X] Record updated in last year
Registration date 27/01/2026	**Overall study status** Ongoing	
Last Edited 13/03/2026	**Condition category** Other	

Plain English summary of protocol

Background and study aims
Most people who live in the 15,000+ care homes in England are aged 65+ and have complex needs such as dementia and/or multiple health conditions. Care home staff need the right knowledge and skills to provide people who live in care homes with good care. They gain knowledge and skills from training courses and learning from other experienced staff at work. But we know it can be difficult for care home staff to put into practice what they have learnt.

Working in a supportive or effective 'learning environment' can help staff to learn better and also to put learning into practice. An effective learning environment includes formal training opportunities and informal learning, such as shadowing and reflecting on situations. Learning is also influenced by the care home's current practices, policies and culture.

Not much is known about what an effective learning environment looks like in a care home or how this can be achieved. Without an effective learning environment, there is a risk that learning will not be put into practice, which can lead to low job satisfaction. This research will address this important gap by:
- Working out what an effective learning environment looks like in different care homes
- Working together with care home staff, residents and relatives to design a toolkit to help care homes assess and improve their learning environment
- Exploring how the toolkit can be put into practice and the impacts it has on staff and care practices
- Refining and sharing the toolkit so it can be used more widely

Who can participate?
Care homes, their staff and residents can take part in one of our three recruitment areas (Yorkshire, Bournemouth and Kent).

What does the study involve?
The study has 3 phases:
1.
a) Review papers/reports on supportive learning environments in care settings
b) Study the learning environments in 9 care homes in Yorkshire, the South East and the South West. In each home, the team will:
- observe the learning of 6 staff and talk with them and the residents they deliver care to

- interview up to 10 staff
- examine training documents

2. Set up workshops involving care home staff, residents and family members to work together to design a toolkit to help care homes assess and improve their learning environment using information from 1a and 1b

3. Test the toolkit in 4 care homes. The research team will observe, carry out interviews, surveys and document reviews, to find out what impact the toolkit has on the learning environment. They will assess the cost of the toolkit, its benefits, and any changes needed ahead of wider use.

What are the possible benefits and risks of participating?
There are no immediate benefits to those taking part. Participation could help to improve how staff learn in care homes in the future.

Staff participants might find talking about their experiences of learning how to deliver person-centred care upsetting. Staff or residents might find having their care/practice observed uncomfortable. If this happens, they will be supported and they can choose to take a break, be interviewed/observed at another time, or stop altogether. They will be signposted to further support if they need it.

Where is the study run from?
Leeds Beckett University, UK.

When is the study starting and how long is it expected to run for?
February 2026 to September 2028.

Who is funding the study?
The National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research (HSDR), UK.

Who is the main contact?
Prof Claire Surr, c.a.surr@leedsbeckett.ac.uk

Contact information

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Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
343113

Central Portfolio Management System (CPMS)
62089

National Institute for Health and Care Research (NIHR)
164416

Study information

Scientific Title
Effective workplace learning environments in care homes: Developing, implementing and evaluating a model and implementation toolkit

Study objectives
OB1: Understand what supportive learning environments inclusive of diverse staff groups (including those aged 25, night staff, international staff, staff from ethnic minority groups) look like in CHs and to operationalise this through refinement of the LtC model
OB2: Co-design an LtC model implementation toolkit and associated logic model
OB3: Understand how the LtC toolkit can be implemented in diverse CHs for older adults, including barriers and facilitators and the impact on staff outcomes and care practices
OB4: Refine the LtC toolkit, make it available for, and encourage and support wider adoption

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 19/09/2025, Wales REC 6 (Floor 4, Institute of Life Science 2 Swansea University Singleton Park, Swansea, SA2 8PP, United Kingdom; -; Wales.REC6@wales.nhs.uk), ref: 25/WA /0269

Primary study design
Observational

Secondary study design
Mixed quantitative/qualitative methodology

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Generic health relevance

Interventions
A mixed-methods, three-phase study with iterative work packages (WP) as follows:

Phase 1:
WP1a: systematic reviews (no details included in this ethics application) of learning environments in care homes (CHs) and a review of reviews of components of learning environments in health and care settings.

WP1b: ethnographic case studies

Phase 2:
WP2: intervention co-design

Phase 3:
WP3: mixed methods evaluative case studies.

PHASE 1 - WP1b
An ethnographic multiple case study in nine diverse CHs located in Yorkshire, Kent/East London and the South West (3 sites per location).

Staff and their learning opportunities will be the primary focus of the case studies.

Case studies will consist of ethnographic observations, informal conversations with key informants, semi-structured interviews and document analysis.

Initial GENERAL OBSERVATIONS of up to 12 hours per CH will familiarise researchers with staff and the CH learning environment, including training activities and opportunities for informal and incidental learning, at a general, anonymous level. They will take place over a 2-3 week period, in communal and public spaces, training rooms and offices and in bedrooms during non-intimate /personal care, e.g. offering drinks and meals, waking residents up. Formal training (including induction) will be observed when it occurs.

FOCUSSED OBSERVATIONS of up to 24 hours per CH will focus on
a) informal staff induction and other learning opportunities (e.g. shadowing, mentoring, supervision)

b) care practices that require specific skills/knowledge acquired through mandatory and non-mandatory training (mealtimes, personal care, hoisting/transfers, activity provision, supporting distress).

They will follow individual staff members to explore staff practices that influence learning and to understand concurrent informal and incidental learning (e.g. through interactions with /feedback from peers, residents, trial and error etc). Up to six staff members per CH will be consented and the researcher will accompany them for periods of time over different shifts and times of day when induction or specified care practices are taking place (4-6 hours per staff member over a 4-week period).

SEMI-STRUCTURED INDIVIDUAL/SMALL GROUP INTERVIEWS
Will be conducted with up to 10 staff per CH (c.8 care, c.2 managerial) (length approx. 30-45 mins per interview).

These will be in-person or online, based on staff preference. Interviews will explore how staff learn (including exploring informal, incidental and formal learning) and how wider learning environment components influence their practice.

DOCUMENTARY ANALYSIS
Will be conducted of relevant informal and formal training documentation (e.g. induction materials and records, training courses attended, mentorship and supervision processes and records etc).

STAFF MEASURES
Staff will complete a survey piloting the staff measures to be used in WP3

PHASE 2 - WP2
A series of five co-design workshops drawing on the principles of Experience-Based Co-Design (EBCD)

Three stakeholder groups will be purposefully sampled: diverse CH staff (n=6-8), residents (n=3-5) and family supporters (n=4-6), recruited per locality (Leeds/West Yorkshire, Kent/East London and Bournemouth/the South West). Alongside this, there will be a single national group of 5-6 operational staff working in senior roles in CH provider groups (e.g. owners, training or quality leads).

At each locality, staff, resident and family groups will meet separately (workshops 1 & 2) to ensure opportunities for trust building, open discussion and for all voices to be heard. A joint workshop at each site (workshop 3) and workshops involving a sample of members from all 3 sites (workshops 4 & 5) will refine and agree on the final toolkit.

Workshops 1-3 will be held in-person for residents, families and staff, and online for the national operational group.

Methods used within workshops will be flexible to inclusively meet individual needs and tailored to group participants.

They will include visual and creative methods such as problem tree analysis, collage and the use of visual images. We will ensure regular communication with groups and the provision of accessible summaries of discussions between meetings. Additional individual follow-up meetings or support between workshops will facilitate ongoing engagement.

While the exact workshop content will be designed in consultation with the advisory groups and the co-design groups themselves, the general content of each workshop will be as follows:

Workshop 1 will explain the study, co-design process, and what we want to achieve, offer opportunities for members to get to know each other, build trust, and agree how they want to work together.

Workshop 2 will review Phase 1 findings using 'Trigger materials' in the form of artist-created storyboards summarising key findings and case studies. It will identify priorities and suggest initial toolkit components.

- Workshop 3 will share the discussions and priorities from the three local stakeholder groups and decide on priorities for the toolkit to take to workshops 4 and 5.

Workshops 4 and 5 will review initial drafts of the toolkit, guided by the APEASE (Acceptability, Effectiveness, Affordability, Side-effects or unintended effects, Equity) intervention ideas evaluation criteria

PHASE 3-WP3
A collective mixed-methods (qualitative and quantitative) longitudinal case study of the LtC toolkit implementation and evaluation over 6-months in four CHs.

We will convene an implementation leadership group (manager, senior staff and key 'champions' n=6-8) in each CH who will lead implementation. A researcher will support the leadership group to apply the LtC toolkit in practice and then plan and lead change in the learning environment. This will likely include auditing current practice, identifying priority areas for change, developing a tailored implementation plan, identifying potential implementation barriers and facilitators and responses to these, and identifying anticipated outcomes of changes that will be made.

Implementation leadership will also include ongoing implementation monitoring, including 'trouble-shooting', reassessing barriers and facilitators to implementation and associated review and updating of the implementation plan.

Data collection methods will be similar to those in WP1b but will also include quantitative measures collected from staff and a researcher-observed measure. Data will be collected 1 month prior to implementation (TO) and in months 3 (T1) and 6 (T2) of implementation.

Process of toolkit implementation
We will collect data on the process of toolkit implementation through methods including observations of intervention leadership group meetings, informal conversations with intervention leadership team members and review of documentation relating to implementation. We will conduct one focus group per CH with the intervention leadership team at T1 and T2 exploring implementation experiences and usefulness of the LtC toolkit, contextual factors impacting implementation, perceptions of learning environment changes, and perceived impacts of this on staff learning, practices and care quality.

Observations
Will take place in each CH at T0, T1 and T2 of up to 30 hours per time point and associated informal conversations (both recorded as described in WP1b).

General observations of up to 6 hours per CH per time point will familiarise researchers with staff and typical CH routines at a general, anonymous level (TO), and will explore opportunities for informal and incidental learning and observe formal training when occurring. They will take place in public spaces (lounge, dining room etc), training rooms and offices and in bedrooms during non-personal or non-intimate care (e.g. offering drinks and meals, waking residents up). General observations at T1 and T2 will focus on changes in the general formal and informal learning opportunities from earlier time points and if and how these impact practice.

Focussed observations of approximately 24 hours across up to 6 staff per CH, per time point, will focus on looking for any changes over time in staff induction and other informal learning opportunities (e.g. shadowing, mentoring, supervision) and - care practices that require specific skills/knowledge acquired through mandatory and non-mandatory training (mealtimes, personal care, hoisting/transfers, activity provision, supporting distress).

They will explore in-depth what staff do and concurrent informal and incidental learning (e.g. through interactions with/feedback from peers, residents, trial and error etc). Up to six staff members will be consented and the researcher will accompany them for periods of time over different times and days of the week when learning activities or care in the specific areas of practice are taking place. Researchers will observe 4-6 hours per staff member over a 2-3 week period.

Semi-structured individual or small group interviews
We will conduct interviews at time points T1 and T2 with up to 8 staff per CH exploring their perceptions of how they learn, the learning environment and learning opportunities in the CH and any changes to this, and the influences of the learning environment on care practices and care quality and any changes to this. Interviews will ask about experiences of using the toolkit and any barriers and facilitators to implementation.

Documentary analysis will be conducted of relevant informal and formal training documentation (e.g. induction materials and records, training courses attended, mentorship and supervision processes and records etc). It will compare documentation from TO to that from T1 and T2

Measures of staff and practice-related outcomes
These will be collected at T0, T1 and T2 in each CH to examine change over time. Outcomes will be assessed via staff-completed measures available in digital and paper-based formats, with all permanent and bank members of staff invited to take part.

Researchers will also complete the 'dignity domain' of the ASCOT CH, with observations for this undertaken alongside the general CH observations. This will provide data on how staff treat residents. It will be completed at T0, 1 and 2.

We will also collect relevant routine CH data on CH level outcomes (staff sickness and turnover rates, average hourly rates of pay, use of agency staff) over the period 3-months prior to TO and then during implementation and T1 and T2.

Intervention Type
Behavioural

Primary outcome(s)
Not applicable - this is a mixed methods case study.

Key secondary outcome(s)
1. Care home learning culture measured using the Supportive Learning Environment Scale of the Short-Form Learning Organisation Survey (LOS-27) at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

2. Person-centred care measured using the Person-Centred Care Assessment Tool (P-CAT) at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

3. Job satisfaction measured using the Measure of Job Satisfaction (MJS) at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

4. Intention to leave role measured using a single question with a yes/no response at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

5. Perceived ability to put learning into practice measured using the Barriers and Facilitators Questionnaire at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

6. Work-related quality of life (WRQOL) measured using ASCOT-workforce at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

7. Health-related quality of life (QoL) measured using the EQ-5D-5L at 1 month before implementation (TO) and 3 (T1) and 6 (T2) months of implementation

Completion date
30/09/2028

Eligibility

Key inclusion criteria
For case studies in WP1 and WP3
Care homes
1. Care home of any type (residential, nursing, specialist dementia care) that provides care for older adults (aged 65+ years)
2. Has a CQC rating of requires improvement, good or outstanding
3. Is located in Yorkshire, Kent/East London or the South West of England

Staff
Inclusion criteria for staff who provide written consent to participate
1. Staff members who are responsible for frontline care delivery to residents (care worker, senior care worker, activities worker) (interviews and focused observations)
2. Staff members who are responsible for the delivery of training or other learning and development within the care home (interviews and in some cases, focused observations)
3. CH managers or other senior staff members within the CH or organisation who have a primary role in overseeing or providing learning or development to staff (interviews)

Residents
1. Resident who is likely to be residing in the CH for the duration of the data collection period

2. Has the capacity to give informed consent, or where there is a lack of capacity, has someone willing to act as a personal or nominated consultee

For co-design in WP2
Residents
1. Is a permanent resident of a care home for older adults in England
2. Has the cognitive and communication abilities to participate in an inclusive small group workshop and contribute meaningfully to the co-design process with reasonable adjustments /support/interpretation as required
3. Is willing to attend at least one co-design workshop
4. Residing in a CH willing to support the resident to participate in the co-design process, e.g. by providing space for meetings and support for residents to attend

Relatives/supporters
1. Is the relative/carer/supporter of someone currently or who was previously residing as a permanent resident in a care home for older adults in England
2. Is able to attend and participate in a minimum of two face-to-face or online workshops and contribute meaningfully to the co-design process with reasonable adjustments/support /interpretation as required

Staff
1. Is a member of permanent or bank staff currently working in a management, direct care or training/development role in a care home in England
2. Has the permission of their employer to attend co-design workshops during working hours, OR is willing to attend outside of working hours
3. Is willing to attend at least two co-design workshops

Participant type(s)
Carer, Health professional, Resident

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
0

Key exclusion criteria
For case studies in WP1 and WP3
Care homes
1. Is rated CQC inadequate

Staff
Exclusion criteria for staff who provide written consent to participate
1. Temporary or agency member of staff or student
2. Member of bank staff

3. Visiting members of staff to the care home, e.g. healthcare practitioners
4. Volunteers

Residents
1. Is deemed unfit to participate by a senior member of CH staff (e.g. due to being physically unwell, at the end of life or for other personal reasons that may make observation of their care inappropriate)

For co-design in WP2
Residents
1. Lacks capacity to give informed consent and has no one willing/able to act as a consultee to provide advice on their wishes
2. Is a respite or other temporary resident in a care home
3. Is considered by the care home manager to be too unwell to participate or to have other ongoing personal circumstances that would make them unsuitable for participation

Relatives/supporters
1. Is recently bereaved (in the last 3-months)
2. Lacks capacity to give informed consent

Staff
1. Is a member of agency staff, a student or a volunteer working in a care home

Date of first enrolment
01/03/2026

Date of final enrolment
30/04/2028

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
-
-
NO COUNTRY SPECIFIED, assuming England
England
-

Sponsor information

Organisation

Leeds Beckett University

ROR
https://ror.org/02xsh5r57

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
Any data that can be fully anonymised will be deposited in the UK Data Service Archive https://www.data-archive.ac.uk/ within 12 months of the end of the study. Consent for this will be provided by participants.

Any data that is not able to be fully anonymised will be stored in pseudo-anonymised format at Leeds Beckett University for a period of 10 years from study completion and will be available on reasonable request for further research. Requests should be made in writing to the Chair of the Research Ethics Committee. Consent for this has been provided by participants.

IPD sharing plan summary
Available on request, Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 2	13/11/2025	13/03/2026	No	No