



Department  
of Health &  
Social Care



The  
Queen's  
Nursing  
Institute

Care Home Nurses Network meeting

# SUMMARY

## 'Research in Adult Social Care Nursing'

Wednesday 29 January 2025

2pm - 3.30pm, via Zoom

#CareHomeNursing

## Chair's Welcome

Dr Agnes Fanning MSc MA BSc DN RN QN, Fellow HEA, Care Home Nurse Network Lead

- The Care Home Nurses Network was created in 2020 and is a national network of nurses working in care home settings. It's a network for nurses to share ideas, innovations and research about care homes as well as raising the profile of care home nursing.
- It's now funded by the Department of Health and Social Care.
- There are currently 2158 members of the Care Home Nurses Network, 900 of these are on the QNI's dedicated Facebook group.
- To join the Care Home Nurses Network, please visit:

<https://qni.org.uk/nursing-in-the-community/care-home-nurses-network/>

- To join the Care Home Nurses Facebook page, please go to:  
<https://www.facebook.com/groups/carehomenursesforum>
- We have an excellent agenda today, thank you to all our speakers for giving their time and expertise
- To get in touch with me, please email me at [agnes.fanning@qni.org.uk](mailto:agnes.fanning@qni.org.uk)

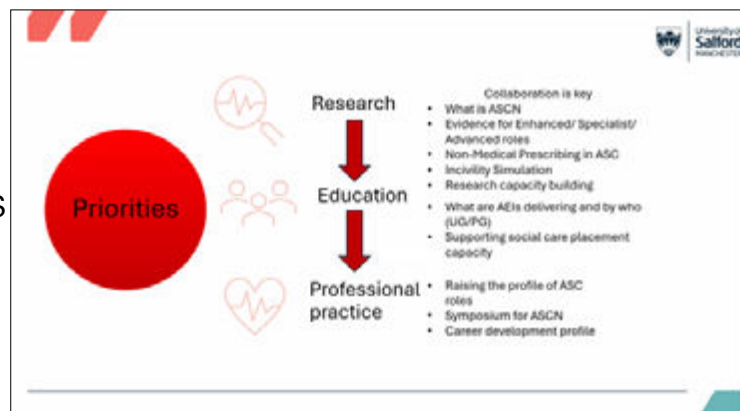


# Embedding Research in Adult Social Care Nursing

Professor Claire Pryor, University of Salford, Manchester

## My background

- I am a professor for Adult Social Care across the 4 nations. I'm here to talk about the research that I'm doing and the utility and validity of doing your own research on how to improve your services.
- Sometimes it can be scary navigating research, but it's how we demonstrate the good work we're doing.
- When I was 18 I started working for St John's ambulance, I got a job as a care assistant in a big provider home, worked there for 3 years and started my nurse training. My first placement was in a care home and I think it sparked a love of helping people to live well and independently and look after their long term conditions.
- I moved to university and started looking at how we understand nursing and research - with a big R or little r.
- Some of my work is around the question, 'what do we mean when we say social care nursing?'
- There's another aim to my work, looking at NMC standards, we're about to launch some mapping exercises and see what universities are providing in terms of education for adult social care nurses.





# Embedding Research in Adult Social Care Nursing

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## Resources

- Research is many things, it's scary and fun, empowering, collaborative, future proofing. It makes a difference. It's about filling those gaps. It's really liberating that you are contributing to making a difference.
- The Adult Social Care Nursing pages on the University of Salford website are a great resource, find out more here: <https://adult-social-care-nursing.salford.ac.uk/>
- Social Care Nurse Advisory Councils (SNACs) are very useful, their primary role is to provide information + guidance to the regions about Adult Social Care Nursing. They serve as a reference point or a reliable source of advice for matters related to Adult Social Care Nursing within their respective regions.
- SCNACs are regionally structured, with each council representing a specific geographic area. Each council is typically led by a Chair and Co-Chair who work collaboratively with council members to develop strategies and initiatives aimed at addressing local and national challenges in Adult Social Care.
- [Find out more here.](#)
- I really recommend you look up the chair in your region.



## Research study in Social Care

Jacinta Ibe, Advanced Nurse Practitioner, Researcher at London South Bank University

### My Thesis

- I'm looking at exploring the lived experience of registered nurses using telehealth in care homes to support person-centred care of the residents
- I used to work in a care home and have carried out training for nurses on telehealth
- At the moment I'm recruiting participants for interview, anyone who wants to volunteer to be involved, please do get in touch: [ibe2@lsbu.ac.uk](mailto:ibe2@lsbu.ac.uk)

### Background to study

- People aged 85 or older are said to represent 1.5% of the UK. About one in 7 of this demographic lives in a care home.
- Care home residents account for 185,000 emergency admissions each year, 1.46 million emergency bed days and 35-40% of emergency admissions which could be avoided.
- Research shows that person-centred care provision in care homes in the UK is often inadequate and it's suggested that telehealth technology could be one way of addressing this problem.
- Often the problem is that there is not enough staff to give person-centred care. Telehealth could be a way of supporting the staff.

### Definition of telehealth

- Telehealth is the delivery and facilitation of health and health related services including medical care, provider and patient education, health information services and self care through telecommunications and digital community technologies.



## Research study in Social Care

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### **Some telehealth technologies currently in use**

- Whzan Blue box: monitoring and NEWS scoring
- Docobo: monitoring people with lung conditions, heart failure or diabetes
- Doccia: virtual ward service
- Telecare: monitoring
- Web-cam: video consultation
- Healthy IO: remote testing with Smartphone
- Safe Step: app to prevent falls
- V Care: monitoring app

### **Study Rationale**

- The literature review highlights that telehealth in care homes mainly focuses on cost and time efficiency, service delivery, and reducing hospitalizations.
- There is limited research on registered nurses' experiences using telehealth for person-centered care.
- This study aims to amplify nurses' voices, emphasizing the critical role of nursing leadership in realizing telehealth's benefits beyond mere system implementation.

### **Benefits of telehealth in Care homes**

- Telehealth provides timely care, keeping residents in the right place at the right time.
  - It enables staff to receive GP updates remotely, reducing in-person visits.
  - Positive feedback highlights its role in empowering staff, reassuring residents, and improving access to specialists. It also prevents unnecessary hospital admissions and enhances communication among
- 6 residents, families, and carers, improving care continuity.



## Research study in Social Care

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### Research aim

- To gain an in-depth understanding of registered nurses' experience of providing person-centre care for residents in care homes with the support of telehealth

### Project details

- Research question: What are the lived experiences of registered nurses providing person-centred care with the use of telehealth in the care home
- Research design: qualitative method.
- Methodology: phenomenology (lived experience), interpretation of meanings from participants' point of view
- Sampling: sampling of a minimum of 15 participants with a maximum of 25
- Recruitment: through the QNI's Care Home Nurse network Facebook page and newsletter
- Data collection: semi-structured interviews
- Data analysis: thematic analysis
- I'll come back to tell you what my findings are!

#### Areas of Interest

- Registered nurses experiences of using telehealth in the provision of person-centred care in the care home
- Registered nurses feeling when using telehealth during shifts
- Registered nurses opinion, on the main advantages and disadvantages of using telehealth in a care home
- The specific task registered nurses regularly perform using telehealth technology
- What registered nurses typically see or hear when monitoring a resident through telehealth
- The kind of formal education or training registered nurses receive before starting to use telehealth in the care homes



## My current research

Kim Whitlock, Tissue Viability Matron

### Background

- I've always been interested in wound care, starting in care homes, then as a CQC-registered manager before leaving in 2021. I don't just view it from an acute care perspective.
- When I was a district nurse, I often treated patients with leg ulcers. Hospitals typically don't apply compression bandaging, removing it instead—but there's no reason compression shouldn't be used in acute settings.
- In my project on venous leg ulcers, it took 18 months to introduce compression in hospitals due to various barriers, including concerns from wards and the challenge of keeping bedridden patients mobile.
- I worked on a Lower Limb Pathway project in collaboration with the district nurse team at SIRONA. The goal is to keep patients in compression upon admission and ensure they are discharged with it to prevent deterioration.
- We also identified gaps in ABPI assessments and how interactions were managed, despite working with limited funding in a small team. Hospitals frequently discharge patients without ensuring proper pathways, and care homes face significant challenges accessing bandaging despite their efforts.

### My question

- I'm here to ask: How can we better support residents for improved clinical outcomes at discharge? I'd love to hear your thoughts. The project is ongoing and has won an award at Wound UK.
- Please do get in touch, you can contact me at [kim.whitlock@nbt.nhs.co.uk](mailto:kim.whitlock@nbt.nhs.co.uk).





## Next meeting:

Thursday 27 March, 2pm - 3.30pm

**Theme:** Public Health Impact of the Health and Social Care Workforce

### Speakers:

- Michele Lawrence, Head of Safeguarding, Public Health England
- Steph Lawrence MBE, Director of Nursing and Deputy Chief Executive Officer, The QNI

Please go to <https://qni.org.uk/news-and-events/events/care-home-nurses-event/> to book your free place.



Thank you to all delegates who attended today's meeting.

FEEDBACK:

Thank you for  
an interesting  
meeting

Thank you has been my  
first network meeting  
and it was great

Thank you for today,  
very interesting.

Very interesting topic,  
thank you

Thank you  
great support

Thankyou  
to both  
presenters.  
Very interesting

