



BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email info.bmjopen@bmj.com

BMJ Open

Developing a set of key principles for care planning within older adult care homes: study protocol for a modified Delphi survey

Journal:	BMJ Open
Manuscript ID	bmjopen-2024-090243
Article Type:	Protocol
Date Submitted by the Author:	20-Jun-2024
Complete List of Authors:	Taylor, Jonathan; University of Oxford, Nuffield Department of Population Health Caprioli, Thais; University of Liverpool, Department of Primary Care and Mental Health Damant, Jacqueline; LSE Hamashima, Yuri; University of Bristol, NIHR ARC West, Population Health Sciences Jasim, Sarah; LSE Smith, Nick; University of Kent Toma, Madalina; University of Kent
Keywords:	Protocols & guidelines < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Social Support, Nursing Homes

SCHOLARONE™
Manuscripts

- This study will collate existing knowledge and experience from experts involved in older adult care homes in England to develop a resource to improve the quality of residents' care plans.
- One of this study's potential weaknesses is a large drop-off in the number of participants between the first and second surveys. Several methods will be used to maximise the response rate.
- The panel selected for this modified Delphi survey will not include the family and friends of care home residents. Feedback from these groups will need to be collected in subsequent research, with a view to developing a related resource for residents' family and friends.
- Gaining consensus through a modified Delphi survey will not result in new evidence. The resulting resource would benefit from being tested in a care home setting.

Introduction

An estimated 260,000 people aged over 65 live in older adult care homes in England (1). These homes are responsible for providing care and support while assisting their residents with daily activities such as eating, washing, dressing, and socialising. To meet these needs, care homes must assess the needs of their residents and develop individual care plans. The health and social care services regulator in England, the Care Quality Commission (CQC), has defined care planning as a process "focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health" (2). Care homes are required by the CQC to ensure that the people they support are involved in the "planning, management and review of their care". The CQC also stipulates that care providers must ensure that a resident's care plan is available to all staff involved in the individual's care (3).

While care planning aims to understand a person's present circumstances and preferences, most research has focused on advanced care planning (ACP) (4-6). ACP, which should form part of the wider care planning process, relates to future care provision and is often focused on palliative care (7). Much of this research has sought to examine the benefits of ACP for residents, families and healthcare systems (8, 9).

Researchers have also investigated specific care planning interventions. Studies have explored, for example, the efficacy of employing a biographical approach (10), integrating quality of life tools into care plan frameworks (11), and implementing a case conference model in care planning (12). Most recently, qualitative research has found that care planning practices can vary considerably between care home settings (13).

This study aims to establish consensus on a set of key principles that will inform care planning in older adult care homes in England. The intended outcome is to create a document whose contents will be acceptable to care home practitioners and will help to ensure that care planning is consistently conducted in a person-centered way.

Method

Justification for study design

A modified Delphi survey will be used to develop an information resource which describes a set of key principles relating to care planning in residential care settings for older adults (14). Delphi surveys have previously been used to develop best practice guidance, including guides relating to the care of older adults (15, 16). The modified Delphi technique will enable panelists to provide feedback that will be anonymous to all but the researchers, thereby minimising bias related to group conformity and the likelihood that a single individual will dominate the discussion (17).

Panel members, recruited from across England, will be invited to comment on a draft key principles document developed by the research steering group (RSG). This document's contents were informed by earlier consultations with care home stakeholders and the findings of a systematic scoping review conducted during an earlier phase of this project (6, 13). Consultations with care home stakeholders involved in the training and delivery of care planning revealed a wide variety of approaches to care planning and limited evidence that care planning was being conducted in a person-centered way (13). Similarly, the scoping review identified inconsistencies in the interventions designed to promote care planning provided to staff and residents' family and friends (6). This study builds upon these findings by seeking to establish a consensus around a set of key principles to inform person-centered care planning in older adult care homes.

Research Steering Group

The RSG will include researchers from five academic institutions across England with backgrounds in care home research, and two patient and public involvement (PPI) experts with lived experience of a relative residing in a care home. The RSG will draft a key principles document and the modified Delphi survey, recruit panel members and circulate the content of the Delphi rounds. The RSG will not participate in the surveys; rather, they will supervise and monitor the process.

Recruitment

Panelists will be recruited by purposive and convenience sampling techniques and will be approached through different methods. First, RSG members will use the CQC's website to identify older adult care homes in their region and invite their staff members, via email, to take part in the study. Second, the study will be publicised by relevant intermediary organisations, such as Enabling Research in Care Homes (ENRICH) network and the British Society of Gerontology's Special Interest Group on Care Homes. Third the RSG will be supported by PPI experts who will raise awareness of the study through their networks. Fourth, the RSG members will approach care homes that have taken part in previous research studies. These homes will include, for example, the people who took part in the previous consultation work (13).

Finally, the RSG will contact key individuals from the following organisations to invite them to participate: CQC, National Care Forum (NCF) and the National Activity Providers Association (NAPA).

All prospective panelists will be made aware of the eligibility criteria, details of which are below. Prospective panelists will also be encouraged to share details about the study with people,

such as those working at a different care home within the same chain, who would meet the eligibility criteria.

Eligibility criteria

To become a panel member, panelists must confirm that they are:

- Over the age of 18
- Someone who has been involved in care planning in older adult care home settings in one or more of the following ways:
 - Writing care plans
 - Reviewing the contents of care plans
 - Using a care plan as part of providing care and support
 - Supervising care planning
 - Delivering training relating to care planning
 - Contributing to one or more sections of a care plan
 - Other [participant to provide more details]

Panel size

The panel size of Delphi studies varies widely, and no standardised size exists (18). Having reflected on several factors, including the purpose of the study, complexity of problem, the homogeneity of the sample and available resources, we aim to recruit a panel comprising a minimum of 50 panel members (18, 19).

Anonymity

This project will be conducted quasi-anonymously. Panelists' responses will be anonymous to one another but not to RSG members (20). Maintaining the anonymity of panelists is important to limit bias relating to group conformity and/or dominance (18). Once the second round of the modified Delphi survey is completed, panelists who have participated in both rounds will be asked if they wish to remain anonymous or receive acknowledgement in the publication.

Survey development

The survey questions directly relate to the information contained within the draft key principles document produced by the RSG. This document (see supplementary file 1) comprises seven sections, each presenting a series of statements.

The survey will be developed in Qualtrics. The round one survey will ask panelists to complete a five-point Likert scale question for each statement. A five-point Likert scale has been selected to meet the conflicting goals of offering enough choice to measure panelists' strength of opinion while also ensuring that the items are easily understood by respondents (21). Respondents will be invited to rate each item as follows: "Not at all important", "Slightly important", "Somewhat important", "Very important", "Extremely important". A midpoint option might potentially be misused for an option when respondents are not familiar with the statements or when they feel

the answer may depend on circumstances. We thus also include a “I don’t know” option in addition to these five options (22).

In the first of two rounds, panelists will also be invited to suggest revisions to the wording of the statements, suggest additional content, comment on the order of the statements and provide further comments. In both the first and second rounds the order of the sections, but not the statements, will be randomised to minimise the risk that panel members will invest more time reviewing early sections or become collectively biased due to previous responses (23).

To pilot the modified Delphi survey, two stakeholders who meet the eligibility criteria will be asked to give feedback on the clarity and appropriateness of the survey questions we plan to use in the first round by completing a draft version of the survey hosted on Qualtrics. These respondents will not take part in the final modified Delphi surveys. The survey will be modified based on the feedback received.

Definition of consensus

There is no agreed definition for what constitutes consensus within a Delphi study. Previous studies have defined a consensus as being between 51% and 80% agreement (20). This study conservatively defines consensus as being when ≥75% of panel members rate a statement as “Very important” or “Extremely important” on the five-point Likert scale. This threshold is consistent with previous research studies (20).

Enhancing response rate

Panelist fatigue is often associated with Delphi surveys (17). Several methods will be used to minimise attrition and improve response rates. The participant information sheet will include a paragraph explaining the importance of completing the Delphi process (24). Panelists will also be made aware that if they complete the survey online, they can submit their answers in more than one sitting. This step will be taken because we anticipate that stakeholders will have competing priorities and so may not have the time to complete the survey in a single sitting.

Offering alternative methods of data collection has been found to improve retention rates in longitudinal surveys (25). For this reason, panelists will also be given the option to complete the survey over the telephone or by emailing their responses to a member of the research team. If survey responses are provided over the telephone or by email, a member of the research team will input panelists’ answers into the online survey on their behalf. Prospective participants will also be made aware that they can request that a printed version of the key principles document be sent to them in the post.

Finally, we will minimise missing data by requiring panelists to answer all the questions. Participants will be free, however, to select “Prefer not to say” when answering questions about their demographic information and professional backgrounds.

Panelists will be provided with a £25 voucher for each survey that they complete. These sums reflect the NIHR’s recommended rates of reimbursement (26).

Rounds

First round

Round one panel members will be provided with (a) a copy of the draft key principles document, (b) a link to the online survey, (c) a participant information sheet, (d) and a briefing document which will explain the process that led to the development of the draft key principles document. Participants will be asked to consult the key principles document when completing the survey questions. This approach is consistent with previous modified Delphi studies which have presented panelists with a set of prepared statements, developed through prior research activity, to establish consensus around a set of guidelines and preferred practices (15, 27-29).

The draft document will comprise seven sections. Each section will present a series of statements. Round one panelists will be asked to complete a five-scale Likert question for each statement. Panelists will also be asked to indicate how frequently they believe care plans should be reviewed. Panelists will have the option to select “I don’t know” for each statement. For each statement, panelists will also be invited to suggest revisions to the wording of the statements, suggest additional content, and provide further comments or questions. Panelists will also be provided with the opportunity to make any additional comments.

The round one survey will also include questions about panelists’ professional backgrounds, such as job title and time spent working within the care home sector, and demographic details. This information will provide a clearer understanding of the panel members' characteristics.

Panel members will be asked to provide their email addresses so that they can take part in the second round. A reminder to complete the survey will be sent via email to everyone who has not completed the round one survey after 10 working days.

Analysis of round one responses

Following the first round, the Likert-scale scores will be summarised and presented as frequencies and mean ratings. The RSG will review all open text responses to contextualise the quantitative responses. The views of all panelists will be given equal weight.

If at least 75% of panelists rate an item in the lower two categories (“Not at all important”, “Slightly important”) or in the higher two categories (“Very important”, “Extremely important”), we will consider consensus as having been reached and the item will be removed or retained, respectively. Items where ratings do not meet the consensus threshold will be reviewed by the RSG considering the qualitative responses that have been received.

A thematic analysis of free text responses will be undertaken in NVivo v.14. After coding a subset of responses, two researchers will meet to compare codes and agree on a coding framework that one researcher will subsequently apply to the remaining data. The RSG will develop a revised key principles document based on the results of the first-round analysis.

Second round

To take part in the second-round panel members will have to have completed the first round. In round two, panel members will be provided with: (a) a copy of the revised key principles document, (b) a revised survey, (c) a copy of their round one response and (d) an anonymous summary of other panel members' responses. Participants will be asked to consult the revised key principles document when completing the second-round survey.

The revised survey will present a series of five-scale Likert questions for each statement in the revised key principles document. Panelists will also have the option to select "I don't know" for each statement. The revised survey will not give respondents the chance to provide further qualitative feedback on the statements.

A reminder to complete the survey will be sent via email to everyone who has not completed the round one survey within 10 working days.

Public involvement

Two relatives of care home residents will serve as members of the RSG and will be actively involved throughout the study. These experts through experience will assist in drafting the original key principles document, support the recruitment of panel members, help to interpret the results from the two rounds of the modified Delphi study and assist in revising the key principles document after round one.

Ethical considerations and dissemination

Panel members will receive an email inviting them to take part and a participant information sheet. Panel members must provide their consent before completing the first and second rounds of the survey. This study has been granted ethical approval by [removed for peer review]. The results of this project will be disseminated through conferences and one or more peer reviewed journals presented using the Conducting and REporting of DELphi Studies (CREDES) reporting standard (16).

Efforts to minimise fraudulent survey responses

Research projects which offer financial reimbursements to online survey respondents can attract fraudulent responses that compromise the validity and interpretability of results (30-32).

Several steps will be taken to minimise the inclusion of fraudulent data. Recruitment conducted via social media can make it easier for fraudulent respondents to take part in online surveys (31). For this reason, panel members will not be recruited through social media and will instead be contacted via emails to individual care homes and relevant intermediary organisations. Email recipients will be asked not to promote this research opportunity via social media.

To detect bots, the survey will include a Completely Automated Public Turing test to tell Computers and Humans Apart (CAPTCHA). Panel members who pass the CAPTCHA test will

be asked to complete a series of questions to assess their eligibility. When developing the survey in Qualtrics the “Bot Detection” option will be enabled. This makes it possible to track which responses are likely bots using reCAPTCHA V3 (33). Participants will be asked to type out “I am answering the screening questions honestly”. Only participants whose answers meet our eligibility criteria will be invited to complete the full survey.

Once panel members have completed the full survey, responses will be reviewed by at least two members of the RSG who will be attentive to the following issues: inconsistencies in the participant’s name and email address, the time taken to complete the full survey, and many responses received within a short period. If the RSG reviewers believe a survey response is fraudulent, they will discuss this with the wider RSG before informing the participant of their decision. The participant information sheet will explain that the RSG reserves the right to withhold a voucher if they believe the response is fraudulent.

Discussion

This paper details the design of a study using a modified Delphi survey to develop an information resource setting out the key principles to consider when conducting care planning in older adult care homes. The study aims to collect stakeholders’ opinions and gain consensus on a set of key principles which relate to care planning in older adult care homes. The outcomes of this study have the potential to improve care planning for older people living in care homes, and could help care home staff to have a better understanding of what person-centered care planning looks like. This is significant as personalised care planning has been found as more beneficial compared to usual care for people living with chronic health conditions (34, 35).

There are methodological strengths and weaknesses associated with using a modified Delphi technique. Panel members’ feedback, in the form of written comments and Likert scale ratings, will help to establish a consensus on the key principles that should inform care planning in older adult care homes. The modified Delphi technique will enable stakeholders from across England to contribute to this study at a time convenient to them. Panelists will remain anonymous, minimising the likelihood that a single individual will dominate the discussion.

One of this study’s potential weakness is a large drop-off in the number of participants who complete the second survey. Several methods will be used to maximize the response rate between the first and second surveys. Panelists who complete the survey online can submit their answers in more than one sitting. Panelists will also be given the option to complete the survey over the telephone or by emailing their responses to a member of the research team.

The health and social care services regulator in England, the CQC (3), has made it clear that care homes are required to ensure that the people they support are involved in the “planning, management and review of their care”. Recent qualitative research, however, has suggested that care planning practices can vary considerably between care home settings (13). To improve the consistency of care planning this study design attempts to achieve an expert consensus on the key principles for care planning in older adult care homes. This study aims to produce a set of key principles that will be acceptable to care home practitioners and will promote person-centred

care planning. In the future, the RSG intends to share the key principles document developed through this survey with care home residents’ family and friends and invite their feedback through a series of focus groups, with a view to developing a similiar resource for residents’ friends and family.

Contributors: [Removed for peer review]

Funding: This work was supported by [removed for peer review]

Competing interests: None declared.

Ethics approval: Ethical approval has been granted from [removed for peer review].

References

1. Statistics OfN. Older people living in care homes and changes over time, England and Wales, Census 2021. 2023 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/datasets/olderpeoplelivingincarehomesandchangesovertimeenglandandwalescensus2021>].
2. Commission CQ. Person-centred care 2022 [Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/person-centred-care-good>].
3. Commission CQ. Regulation 9: Person centred care 2023 [Available from: <https://www.cqc.org.uk/guidance-providers/regulations/regulation-9-person-centred-care>].
4. De Vleminck A, Pardon K, Beernaert K, Houttekier D, Vander Stichele R, Deliens L. How Do General Practitioners Conceptualise Advance Care Planning in Their Practice? A Qualitative Study. PLoS One. 2016;11(4):e0153747.
5. Weathers E, O’Caoimh R, Cornally N, Fitzgerald C, Kearns T, Coffey A, et al. Advance care planning: A systematic review of randomised controlled trials conducted with older adults. Maturitas. 2016;91:101-9.
6. Taylor J, Smith N, Prato L, Damant J, Jasim S, Toma M, et al. Care Planning Interventions for Care Home Residents: A Scoping Review. Journal of Long-Term Care. 2023.
7. NHS. Capacity, care planning and advance care planning in life limiting illness: A Guide for Health and Social Care Staff. NHS Improving Quality; 2014.
8. Detering KM, Hancock AD, Reade MC, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. BMJ. 2010;340:c1345.
9. Martin RS, Hayes B, Gregorevic K, Lim WK. The Effects of Advance Care Planning Interventions on Nursing Home Residents: A Systematic Review. J Am Med Dir Assoc. 2016;17(4):284-93.
10. Brown Wilson C, Swarbrick C, Pilling M, Keady J. The senses in practice: enhancing the quality of care for residents with dementia in care homes. J Adv Nurs. 2013;69(1):77-90.
11. Towers A-M, Nelson K, Smith N, Razik K. Using ASCOT in care planning conversations. Australian Journal of Dementia Care. 2019;7(6):31-5.
12. Nakrem S, Stensvik GT, Skjong RJ, Ostaszkievicz J. Staff experiences with implementing a case conferencing care model in nursing homes: a focus group study. BMC Health Serv Res. 2019;19(1):191.

13. Smith N., Damant J, Hamashima Y, Jasim S, McLeod H, Prato L, et al. Care planning in older adult care homes: A qualitative study of care staff experience. Under Review.
14. Hsu C-C, Sandford BA. The Delphi Technique: Making Sense of Consensus Practical Assessment, Research, and Evaluation. 2007;12.
15. Temkin-Greener H, Ladwig S, Caprio T, Norton S, Quill T, Olsan T, et al. Developing palliative care practice guidelines and standards for nursing home-based palliative care teams: a Delphi study. *J Am Med Dir Assoc.* 2015;16(1):86 e1-7.
16. Jünger S, Payne SA, Brine J, Radbruch L, Brearley SG. Guidance on Conducting and REporting DELphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. *Palliat Med.* 2017;31(8):684-706.
17. Page A, Potter K, Clifford R, McLachlan A, Etherton-Beer C. Prescribing for Australians living with dementia: study protocol using the Delphi technique. *BMJ Open.* 2015;5(8):e008048.
18. Nasa P, Jain R, Juneja D. Delphi methodology in healthcare research: How to decide its appropriateness. *World J Methodol.* 2021;11(4):116-29.
19. de Villiers MR, de Villiers PJ, Kent AP. The Delphi technique in health sciences education research. *Med Teach.* 2005;27(7):639-43.
20. Keeney S, Hasson F, McKenna H. Consulting the oracle: ten lessons from using the Delphi technique in nursing research. *J Adv Nurs.* 2006;53(2):205-12.
21. Revilla MA, Saris WE, Krosnick JA. Choosing the Number of Categories in Agree–Disagree Scales. *Sociological Methods & Research.* 2013;43(1):73-97.
22. Chyung SY, Roberts K, Swanson I, Hankinson A. Evidence-Based Survey Design: The Use of a Midpoint on the Likert Scale. *Performance Improvement.* 2017;56(10):15-23.
23. Beiderbeck D, Frevel N, von der Gracht HA, Schmidt SL, Schweitzer VM. Preparing, conducting, and analyzing Delphi surveys: Cross-disciplinary practices, new directions, and advancements. *MethodsX.* 2021;8:101401.
24. Sinha IP, Smyth RL, Williamson PR. Using the Delphi technique to determine which outcomes to measure in clinical trials: recommendations for the future based on a systematic review of existing studies. *PLoS Med.* 2011;8(1):e1000393.
25. Teague S, Youssef GJ, Macdonald JA, Sciberras E, Shatte A, Fuller-Tyszkiewicz M, et al. Retention strategies in longitudinal cohort studies: a systematic review and meta-analysis. *BMC Med Res Methodol.* 2018;18(1):151.
26. NIHR. Payment guidance for researchers and professionals 2024 [Version 1.5]:[Available from: <https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392#paymentmethods>].
27. Campbell M, Stewart T, Brunkert T, Campbell-Enns H, Gruneir A, Halas G, et al. Prioritizing supports and services to help older adults age in place: A Delphi study comparing the perspectives of family/friend care partners and healthcare stakeholders. *PLoS One.* 2021;16(11):e0259387.
28. Chan HY, Chan CN, Man CW, Chiu AD, Liu FC, Leung EM. Key Components for the Delivery of Palliative and End-of-Life Care in Care Homes in Hong Kong: A Modified Delphi Study. *Int J Environ Res Public Health.* 2022;19(2).
29. McCarthy L, Borley K, Ancelin T, Carroll R, Chadborn N, Blundell AG, et al. Developing a list of core competencies for medical aspects of healthcare delivery in care homes: scoping review and Delphi process. *Age Ageing.* 2023;52(12).
30. Pratt-Chapman M, Moses J, Arem H. Strategies for the Identification and Prevention of Survey Fraud: Data Analysis of a Web-Based Survey. *JMIR Cancer.* 2021;7(3).

31. Wang J, Calderon G, Hager ER, Edwards LV, Berry AA, Liu Y, et al. Identifying and preventing fraudulent responses in online public health surveys: Lessons learned during the COVID-19 pandemic. *PLOS Glob Public Health*. 2023;3(8):e0001452.

32. Agans JP, Schade SA, Hanna SR, Chiang S-C, Shirzad K, Bai S. The inaccuracy of data from online surveys: A cautionary analysis. *Quality & Quantity*. 2023;58(3):2065-86.

33. Qualtrics. Fraud Detection 2024 [Available from: https://www.qualtrics.com/support/survey-platform/survey-module/survey-checker/fraud-detection/?utm_medium=product&utm_source=survey-builder#BotDetection].

34. Coulter A, Entwistle VA, Eccles A, Ryan S, Shepperd S, Perera R. Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database of Systematic Reviews*. 2015;2015(3).

35. Whitehead L. The effects of personalized care planning for adults living with chronic conditions. *International Journal of Nursing Practice*. 2016;22(2):138-40.

Key Principles for Care Planning

1. What is the purpose of a(n advanced) care plan?

An effective **care plan** provides a snapshot of a resident's whole life, including their goals, skills, abilities and how they would like to manage their health and wellbeing. A strong care plan will acknowledge that a person's needs and interests can change over time, sometimes in response to changes to their health. When done well, care plans will empower residents to have as much independence and control over their daily life as possible.

The information contained within a strong care plan should help to:

- Identify residents' preferences and wishes each time staff provide care or support
- Identify the views of residents or their family and friends, where possible, regarding the care and support they receive
- Maintain continuity of care among external partners and collaborators
- Assess resident's health and wellbeing over time
- Assist in managing staffing levels and resources
- Demonstrate that the identified care needs comply with quality-of-care standards
- Set out what the resident's best life in the home would look like

An effective **advance care plan** will enable a care home resident to set out their preferences and priorities for future care. Advance care planning (ACP) is designed to help ensure that the care that people receive in the future is consistent with their values, goals and preferences. If not already in place, ACP can lead to the appointment of a health and welfare Lasting Power of Attorney who is legally empowered to make decisions about the treatment a resident would receive if they no longer had the mental capacity to consent.

Advanced care plans often include information about a resident's **end of life care** including where the resident would like to die, if the resident has completed a "do not attempt cardiopulmonary resuscitation" (DNACPR) form, and any, religious and/or spiritual requests. Advanced care plans may also document a resident's future treatment preferences and where they would like to spend their last days.

Key Principles for Care Planning

2. How can care planning be approached in a person-centred way?

A **person-centred care** plan will help to meet a person's needs and preferences. A person-centred care plan has the following qualities:

- It provides a holistic understanding of a resident as an individual, including their history, current interests and future ambitions. It will detail:
 - The social, emotional, and health issues for which a resident requires support
 - The resident’s personal values and priorities for their care
 - The resident’s capabilities as well their needs
- It engages the resident, and key stakeholders, in decision-making. This can be achieved by:
 - Inviting residents to take the lead in discussing the care plan’s contents, wherever possible
 - Taking reasonable steps to meet residents’ communication (e.g., plain English, information available in Braille, translators) and sensory needs (e.g., hearing aids, glasses).
 - Including input from important people in their life
 - Ensuring that residents are aware of all the available options and provide them with the information necessary to make informed decisions. With residents’ consent*, family and friends can also be provided with this information to help them assist the resident in a making a decision.

* This consent may be delegated to a person(s) granted Lasting Power of Attorney.

 - Including input from external care providers, professionals and organisations involved in promoting the resident’s health and wellbeing

Key Principles for Care Planning

3 . What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

1. A recent photograph of the resident
2. Details about the **care plan itself**:
 - A record of when the plan has been created, reviewed, updated and modified and when the care plan will next be reviewed
3. Background information about the **resident's history**, including details of:
 - The resident's life immediately prior to moving into the care home
 - The resident's family, culture and religion
 - Key dates and life events, such as significant holidays, anniversaries, and service honours
4. Information about a resident's **hobbies, interests and aspirations, past and present**:
 - Information about how to support the resident's current goals
 - Information about activities the resident would/would not like to take part in and environments that they feel/do not feel comfortable in
5. Information about the **risks** that the resident may face, and **steps that can be taken to mitigate them** in a person centred way
6. Information about **forthcoming appointments** and details of who will be responsible for arranging transportation and accompanying the resident, these could be medical or social appointments
7. Information about the **resident's health**, including, but not limited to:
 - Vital signs
 - Medication
 - Nutrition and hydration needs
 - History of physical and mental health
8. Information about the resident's **day-to-day care needs and preferences**, including:
 - The resident's capability to meet their own day-to-day needs and any preferences for receiving support
 - Details of any specialist equipment that the resident may need, such as adapted cutlery or hearing and mobility aids
9. Information about a resident's **end of life care**, including:
 - Where the resident would like to be cared for
 - Details of religious, spiritual and/or cultural practices
 - Key people to involve
 - Who the resident would like to be with them in their final moments
 - Palliative medical care and resuscitation preferences
 - Funeral arrangements
 - Whether arrangements have been made for organ or body donations

Key Principles for Care Planning

4. When will a care plan be developed and updated?

A well-developed care plan will provide an accurate and up-to-date account of a resident’s needs and interests. Care plans should be thought of as a “live” document that will be continually updated. With this in mind, there are three key time points at which care plans are likely to be developed and revised:

1. Prior to, or shortly after, a resident begins residence at a care home.
 - Where possible, key information about a resident (such as their health conditions, significant bereavements, important people in their life, the equipment that they use, and their medical needs) should be included in a care plan prior to them moving into a care home. This information – which could be gathered as part of a pre-admission assessment - may be obtained by talking to the resident, their General Practitioners (GP) or social worker and, with the resident’s consent, their family and friends.
 - In the first 2-4 weeks following a resident’s arrival at a care home, as staff begin to get to know the resident better, it is often helpful to set aside time to develop a care plan.
2. A care plan should also be updated in response to significant changes or incidents in a resident’s life, such as a fall, the development of new friendships, personal achievements, new hobbies and interests, a change in their health, or a hospital admission.
3. Thereafter, an effective care plan will be routinely updated, possibly in the form of regular and more meaningful and holistic reviews, to ensure the document reflects a resident’s current needs and interests. Where possible, and with a resident’s permission, family members may contribute to these reviews.
 - To ensure that care plans remain accurate and up-to-date, regular reviews are likely to take place at least every 6 weeks. These reviews can provide an opportunity to assess the contents of a resident’s care plan and discuss whether any changes need to be made
 - More detailed care plan reviews may take place every six months

5. Who is likely to contribute to a care plan?

- Where possible, residents should be involved in developing and reviewing their care plans
- Were possible, with a resident’s agreement, involve their family and friends as they can often provide valuable information
- Senior care or nursing staff are usually responsible for writing care plans; however, valuable information can also be provided by front line care workers and non-care staff - such as members of the housekeeping and catering teams.
- External health and care professionals, such as medical consultants, social workers, GPs, and occupational therapists, may contribute to specific parts of the care plan.

Key Principles for Care Planning

6. Who should have access to a care plan?

To be most useful, care plans will need to be accessible to:

- The residents themselves
- People who have legal power of attorney for the resident
- Members of a resident's 'circle of care', such as named family and friends, that the resident or their LPA has consented to see their care plan/ certain sections of the care plan
- Care home staff, including bank and agency staff
- External health and care professionals, such as social workers, GPs, and pharmacists

7. Future developments in care planning

Technology, such as digital care planning software, is playing an increasingly important role in supporting care planning. Digital care plans can:

- Help to reduce the amount of time to complete care plans
- Improve staff engagement in care planning
- Produce aggregate data which can help the home plan for the future
- Allow information to be securely and quickly shared with relevant stakeholders, such as health and social care professionals and a resident's family and/or friends

Care homes that are interested in adopting digital care plans may need to consider:

- Whether they have sufficient internet coverage across their site(s)
- The associated costs of software licences/updates, devices, network and data security, support and maintenance
- If the software selected allows staff to develop person-centred care plans
- Whether the digital care plan can be made accessible to all the relevant people involved in supporting the resident, while ensuring that only appropriate people will be able to update the digital care plan
- The time commitment likely to be associated with:
 - Transitioning from paper to digital care plans
 - Training and supporting staff to use digital care planning packages as well as meeting ongoing training needs

BMJ Open

Developing a set of key principles for care planning within older adult care homes: study protocol for a modified Delphi survey

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2024-090243.R1
Article Type:	Protocol
Date Submitted by the Author:	12-Nov-2024
Complete List of Authors:	Taylor, Jonathan; University of Oxford, Nuffield Department of Population Health Caprioli, Thais; University of Liverpool, Department of Primary Care and Mental Health Damant, Jacqueline; LSE Hamashima, Yuri; University of Bristol, Population Health Sciences Jasim, Sarah; LSE Smith, Nick; University of Kent Toma, Madalina; University of Kent
Primary Subject Heading:	Nursing
Secondary Subject Heading:	Geriatric medicine, Health services research, Patient-centred medicine
Keywords:	Protocols & guidelines < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Social Support, Nursing Homes, Person-Centered Care, Caregivers, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

SCHOLARONE™
Manuscripts

Developing a set of key principles for care planning within older adult care homes: study protocol for a modified Delphi survey

Abstract

Background: Older adult care homes in England are required to develop care plans on behalf of each of their residents, and to make these documents available to those providing care. However, there is a lack of formal agreement around the key principles that should inform the development of care plans in care homes for older adults. Using a modified Delphi survey, we intend to generate consensus on a set of key principles that should inform the care planning process.

Methods and analysis: A two-stage modified Delphi survey will be used to try to reach consensus on a set of key principles to inform care planning within older adult care homes in England. An interdisciplinary panel of approximately 50 people with experience of care planning will be convened and invited to provide feedback on a set of key principles. We will use an iterative, quasi-anonymous, multistage approach with controlled feedback. In the first round, panelists will be asked to provide feedback on a draft document whose contents have been informed by a systematic scoping review and consultations with care home staff. The first round will be administered and subsequently analyzed. The results from the first round will be fed back to the panel members and panelists will be asked to complete a second survey. In each round, panel members will use a 5-point Likert scale to rate their agreement with the item. Consensus will be considered if $\geq 75\%$ of participants rate an item as 4-5.

Ethics and dissemination: The study to which this protocol relates has been granted ethical approval by the University of Kent's Division for the Study of Law, Society, and Social Justice School Research Committee (SRC) Ethical Panel (reference: 1006).. The results of this project will be disseminated through conferences and one or more peer reviewed journals. In a subsequent research phase, the research team plans to share the key principles document developed through this modified Delphi survey with care home residents and their family and friends. We plan to invite their feedback through a series of focus groups with a view to developing a related document for the family and friends of care home residents.

Key words: advanced care planning, care home, care planning, Delphi survey, nursing home, older adults,

Strengths and limitations of this study

- A widely accepted modified Delphi consensus process, involving an interdisciplinary expert panel, will be used to develop a written resource to inform care planning in older adult care homes.
- This study will collate existing knowledge and experience from experts involved in older adult care homes in England to develop a resource to improve the quality of residents' care plans.
- One of this study's potential weaknesses is a large drop-off in the number of participants between the first and second surveys and so several steps will be undertaken to maximise the response rate.

- The panel selected for this modified Delphi survey will not include the family and friends of care home residents; their feedback will be collected as part of a future research project, with a view to developing a related resource for residents' family and friends.
- Gaining consensus through a modified Delphi survey will not result in new evidence and so the resulting resource would benefit from being tested in a care home setting.

Introduction

An estimated 260,000 people aged over 65 live in older adult care homes in England [1]. These homes are responsible for providing care and support while assisting their residents with daily activities such as eating, washing, dressing, and socialising. To meet these needs, care homes must assess the needs of their residents and develop individual care plans. The health and social care services regulator in England, the Care Quality Commission (CQC), has defined care planning as a process “focused on the person’s whole life, including their goals, skills, abilities and how they prefer to manage their health” [2]. Care homes are required by the CQC to ensure that the people they support are involved in the “planning, management and review of their care”. The CQC also stipulates that care providers must ensure that a resident’s care plan is available to all staff involved in the individual’s care [3].

While care planning aims to understand a person’s present circumstances and preferences, most research has focused on advance care planning (ACP) [4-6]. ACP, which should form part of the wider care planning process, relates to future care provision and is often focused on palliative care. ACP often takes place if it is anticipated that someone’s condition will deteriorate in the future. [7]. Much of this research has sought to examine the benefits of ACP for residents, families and healthcare systems [8, 9].

Researchers have also investigated specific care planning interventions. Studies have explored, for example, the efficacy of employing a biographical approach [10], integrating quality of life tools into care plan frameworks [11], and implementing a case conference model in care planning [12]. Most recently, qualitative research has found that care planning practices can vary considerably between care home settings [13].

This study aims to establish consensus on a set of key principles that will inform care planning in older adult care homes in England. The intended outcome is to create a document whose contents will be acceptable to care home practitioners and will help to ensure that care planning is consistently conducted in a person-centered way.

Method

Justification for study design

A modified Delphi survey will be used to develop an information resource which describes a set of key principles relating to care planning in residential care settings for older adults [14]. Delphi surveys have previously been used to develop best practice guidance, including guides relating to the care of older adults [15, 16]. The modified Delphi technique will enable panelists to provide

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

feedback that will be anonymous to all but the researchers, thereby minimising bias related to group conformity and the likelihood that a single individual will dominate the discussion [17]. This study will further seek to minimize potential bias during both the recruitment and survey phases. Survey questions will be written in a neutral tone to reduce data collection bias. In order to reduce selection bias, a diverse range of organizations will be contacted to recruit participants, reducing the risk of overrepresentation from particular regions or professional backgrounds [18].

Panel members, recruited from across England, will be invited to comment on a draft key principles document developed by the research steering group (RSG). The contents of this document will be turned into a series of statements each comprising a single sentence or bullet point. Panel members will be provided with a copy of the document as a PDF and will be invited to rate each of the statements through an online survey developed in Qualtrics.

- The first draft of the key principles document was informed by three strands of work:
1. Consultations with people involved in providing care and support within care home setting - including activity coordinators, general practitioners, nurses, care home managers and deputy managers -
 2. The findings of a systematic scoping review conducted during an earlier phase of this project [6, 13]
 3. Ongoing input from two relatives of care home residents. These individuals assisted in developing the topic guide used as part of the consultations and the search strategy used as part of the systematic scoping review. As part of this modified Delphi study, these individuals were actively involved in drafting the first version of the key principles.

Consultations with people who provide care and support within care homes and were involved in care planning revealed a wide variety of approaches to care planning and limited evidence that care planning was being conducted in a person-centered way [13]. Similarly, the scoping review identified inconsistencies in the interventions designed to promote care planning provided to staff and residents' family and friends [6]. This study builds upon these findings by seeking to establish a consensus around a set of key principles to inform person-centered care planning in older adult care homes in England.

Research Steering Group

The RSG (n = 9) will include researchers from five academic institutions across England with backgrounds in care home research, and two patient and public involvement and engagement (PPIE) members who are experts with lived experience of a relative residing in a care home. The RSG will draft a key principles document and the modified Delphi survey, recruit panel members and circulate the content of the Delphi rounds. The RSG will not participate in the surveys; rather, they will supervise and monitor the process.

Recruitment

Panelists will be recruited by purposive and convenience sampling techniques and will be approached through different methods. First, RSG members will use the CQC's website to

identify older adult care homes in their region and invite their staff members, via email, to take part in the study. Second, the study will be publicised by relevant intermediary organisations. These will include care home associations: local Enabling Research in Care Homes (ENRICH) networks, the National Activity Providers Association, the National Care Forum, the British Society of Gerontology's Special Interest Group on Care Homes, trade unions and charities that advocate for care workers. Third the RSG will be supported by PPI experts who will raise awareness of the study through their networks. Fourth, the RSG members will approach care homes that have taken part in previous research studies. These homes will include, for example, the people who took part in the previous consultation work [13]. This recruitment strategy, which will engage organizations across England and groups representing various sectors of the care home workforce, is designed to maximize the likelihood of assembling a multidisciplinary panel.

Finally, the RSG will contact key individuals from the following organisations to invite them to participate: CQC, National Care Forum (NCF) and the National Activity Providers Association (NAPA).

All prospective panelists will be made aware of the eligibility criteria, details of which are below. Prospective panelists will also be encouraged to share details about the study with people, such as those working at a different care home within the same chain, who would meet the eligibility criteria.

Eligibility criteria

To become a panel member, panelists must confirm that they are:

- Over the age of 18
- Someone who has been involved in care planning in older adult care home settings in one or more of the following ways:
 - Writing care plans
 - Reviewing the contents of care plans
 - Using a care plan as part of providing care and support
 - Supervising care planning
 - Delivering training relating to care planning
 - Contributing to one or more sections of a care plan
 - Other [participant to provide more detail]

Panel size

The panel size of Delphi studies varies widely, and no standardised size exists [19]. Having reflected on several factors, including the purpose of the study, complexity of problem, the homogeneity of the sample and available resources, we aim to recruit a panel comprising a minimum of 50 panel members [19, 20].

Anonymity

This project will be conducted quasi-anonymously. Panelists' responses will be anonymous to one another but not to RSG members [21]. Maintaining the anonymity of panelists is important

to limit bias related to group conformity and/or dominance [19]. Once the second round of the modified Delphi survey is completed, panelists who have participated in both rounds will be asked if they wish to remain anonymous or receive acknowledgement in the publication.

Survey development

The survey questions directly relate to the information contained within the draft key principles document produced by the RSG. This document comprises seven sections, each presenting a series of statements. The statements will comprise a single sentence or bullet point contained within the key principles document.

The survey will be developed in Qualtrics. The round one survey will ask panelists to complete a five-point Likert scale question for each statement. A five-point Likert scale has been selected to meet the conflicting goals of offering enough choice to measure panelists' strength of opinion while also ensuring that the items are easily understood by respondents [22]. Respondents will be invited to rate each item as follows: "1 = Not at all important", "2 = Slightly important", "3 = Somewhat important", "4 = Very important", "5 = Extremely important". The wording of these statements has been used in previous Delphi studies [23, 24]. A midpoint option might potentially be misused for an option when respondents are not familiar with the statements or when they feel the answer may depend on circumstances. We will therefore also include a "I don't know" option in addition to these five options [25].

In the first of two rounds, panelists will also be invited to suggest revisions to the wording of the statements, suggest additional content, comment on the order of the statements and provide further comments. In both the first and second rounds the order of the sections, but not the statements, will be randomised to minimise the risk that panel members will invest more time reviewing early sections or become collectively biased due to previous responses [26].

To pilot the modified Delphi survey, and to avoid introducing bias when drafting the key principles, two people involved in providing care and support within care home settings who meet the eligibility criteria will be asked to give feedback on the clarity and appropriateness of the survey questions we plan to use in the first round by completing a draft version of the survey hosted on Qualtrics (see supplementary files 1 and 2). These respondents will not take part in the final modified Delphi surveys. The survey will be modified based on the feedback received.

Definition of consensus

There is no agreed definition for what constitutes consensus within a Delphi study. Previous studies have defined a consensus as being between 51% and 80% agreement [21]. This study conservatively defines consensus as being when $\geq 75\%$ of panel members rate a statement as "4 = Very important" or "5 = Extremely important" on the five-point Likert scale. This threshold is consistent with previous research studies [21].

Enhancing response rate

Panelist fatigue is often associated with Delphi surveys [17]. Several methods will be used to minimise attrition and improve response rates. The participant information sheet will include a paragraph explaining the importance of completing the Delphi process [27]. Panelists will also be made aware that if they complete the survey online, they can submit their answers in more than one sitting. This step will be taken because we anticipate that people involved in providing care and support within care home settings, will have competing priorities and so may not have the time to complete the survey in a single sitting.

Offering alternative methods of data collection has been found to improve retention rates in longitudinal surveys [28]. For this reason, panelists will also be given the option to complete the survey over the telephone or by emailing their responses to a member of the research team. If survey responses are provided over the telephone or by email, a member of the research team will input panelists' answers into the online survey on their behalf. Prospective participants will also be made aware that they can request that a printed version of the key principles document be sent to them in the post.

Finally, we will minimise missing data by requiring panelists to answer all the questions. Participants will be free, however, to select "Prefer not to say" when answering questions about their demographic information and professional backgrounds.

Panelists will be provided with a £25 voucher for each survey that they complete. These sums reflect the National Institute for Health and Care Research's (NIHR) recommended rates of reimbursement [29].

Rounds

First round

Round one panel members will be provided with (a) a copy of the draft key principles document, (b) a link to the online survey, (c) a participant information sheet, (d) and a briefing document which will explain the process that led to the development of the draft key principles document. Participants will be asked to consult the key principles document when completing the survey questions. This approach is consistent with previous modified Delphi studies which have presented panelists with a set of prepared statements, developed through prior research activity, to establish consensus around a set of guidelines and preferred practices [15, 30-32].

The draft document will comprise seven sections. Each section will present a series of statements. Round one panelists will be asked to complete a five-scale Likert question for each statement. Panelists will also be asked to indicate how frequently they believe care plans should be reviewed. Panelists will be asked to respond to approximately 70 statements. Panelists will have the option to select "I don't know" for each statement. For each statement, panelists will also be invited to suggest revisions to the wording of the statements, the order of the statements, suggest additional content, and provide further comments or questions. Panelists will also be provided with the opportunity to make any additional comments.

The round one survey will also include questions about panelists' professional backgrounds, such as job title and time spent working within the care home sector, and demographic details. This information will provide a clearer understanding of the panel members' characteristics.

Panel members will be asked to provide their email addresses so that they can take part in the second round. A reminder to complete the survey will be sent via email to everyone who has not completed the round one survey after 10 working days.

Analysis of round one responses

Following the first round, the Likert-scale scores will be summarised and presented as frequencies and mean ratings. The RSG will review all open text responses to contextualise the quantitative responses. The views of all panelists will be given equal weight.

If at least 75% of panelists rate an item in the lower two categories ("Not at all important", "Slightly important") or in the higher two categories ("Very important", "Extremely important"), we will consider consensus as having been reached and the item will be removed or retained, respectively. Items where ratings do not meet the consensus threshold will be reviewed by the RSG considering the qualitative responses that have been received.

A thematic analysis of free text responses will be undertaken in NVivo v.14. After coding a subset of responses, two researchers will meet to compare codes and agree on a coding framework that one researcher will subsequently apply to the remaining data. The RSG will develop a revised key principles document based on the results of the first-round analysis.

Second round

To take part in the second-round panel members will have to have completed the first round. In round two, panel members will be provided with: (a) a copy of the revised key principles document, (b) a revised survey, (c) a copy of their round one response and (d) an anonymous summary of other panel members' responses, (e) an explanation of the revisions that have been made. The explanations will be based on participants' responses to the free text questions included in the first Delphi survey. This information will be presented in an anonymized form to reduce the risk of authority bias [33]. This approach is consistent with previous modified Delphi studies [34]. Participants will be asked to consult the revised key principles document along with the explanation of the changes when completing the second-round survey.

The revised survey will present a series of five-scale Likert questions for each statement in the revised key principles document. Panelists will also have the option to select "I don't know" for each statement. The revised survey will not give respondents the chance to provide further qualitative feedback on the statements.

A reminder to complete the survey will be sent via email to everyone who has not completed the round one survey within 10 working days.

Public involvement

Two relatives of care home residents will serve as members of the RSG and will be actively involved throughout the study. These PPIE members, who helped to draft the original key principles document, will support the recruitment of panel members, help to interpret the results from the two rounds of the modified Delphi study and will assist in revising the key principles document.

We are mindful that this modified Delphi survey is seeking input from people involved in providing care and support within care home settings and so is not looking to hear the family and friends of care home residents, a group that can play an important role in care planning. Once this modified Delphi survey has been completed, we plan to develop a related resource for residents' family and friends and invite their feedback through a series of focus groups. Much like the current study, our PPIE members will play a central role in drafting this information resource, recruiting focus group members, and in analyzing the feedback received.

Ethical considerations and dissemination

Panel members will receive an email inviting them to take part and a participant information sheet. Panel members must provide their informed consent before completing the first and second rounds of the survey. The study to which this protocol relates has been granted ethical approval by [removed for peer review]. The results of this project will be disseminated through conferences and one or more peer reviewed journals presented using the Conducting and REporting of DELphi Studies (CREDES) reporting standard [16].

Efforts to minimise fraudulent survey responses

Research projects which offer financial reimbursements to online survey respondents can attract fraudulent responses that compromise the validity and interpretability of results [35-37].

Several steps will be taken to minimise the inclusion of fraudulent data. Recruitment conducted via social media can make it easier for fraudulent respondents to take part in online surveys [36]. For this reason, panel members will not be recruited through social media and will instead be contacted via emails to individual care homes and relevant intermediary organisations. Email recipients will be asked not to promote this research opportunity via social media.

To detect bots, the survey will include a Completely Automated Public Turing test to tell Computers and Humans Apart (CAPTCHA). Panel members who pass the CAPTCHA test will be asked to complete a series of questions to assess their eligibility. When developing the survey in Qualtrics the "Bot Detection" option will be enabled. This makes it possible to track which responses are likely bots using reCAPTCHA V3 [38]. Participants will be asked to type out "I am answering the screening questions honestly". Only participants whose answers meet our eligibility criteria will be invited to complete the full survey.

Once panel members have completed the full survey, responses will be reviewed by at least two members of the RSG who will be attentive to the following issues: inconsistencies in the participant's name and email address, the time taken to complete the full survey, and many

responses received within a short period. If the RSG reviewers believe a survey response is fraudulent, they will discuss this with the wider RSG before informing the participant of their decision. The participant information sheet will explain that the RSG reserves the right to withhold a voucher if they believe the response is fraudulent.

Discussion

This paper details the design of a study using a modified Delphi survey to develop an information resource setting out the key principles to consider when conducting care planning in older adult care homes. The study aims to collect the opinions of people involved in providing care and support within care home settings and gain consensus on a set of key principles which relate to care planning in older adult care homes. The outcomes of this study have the potential to improve care planning for older people living in care homes, and could help care home staff to have a better understanding of what person-centered care planning looks like. This is significant as personalised care planning has been found to be more beneficial than usual care for people living with chronic health conditions [39, 40].

There are methodological strengths and weaknesses associated with using a modified Delphi technique. Panel members’ feedback, in the form of written comments and Likert scale ratings, will help to establish a consensus on the key principles that should inform care planning in older adult care homes. The modified Delphi technique will enable people involved in providing care and support within care home settings from across England to contribute to this study at a time convenient to them. Panelists will remain anonymous, minimising the likelihood that a single individual will dominate the discussion.

One of this study’s potential weaknesses is a large drop-off in the number of participants who complete the second survey. Several methods will be used to maximize the response rate between the first and second surveys. Panelists who complete the survey online can submit their answers in more than one sitting. Panelists will also be given the option to complete the survey over the telephone or by emailing their responses to a member of the research team.

The health and social care services regulator in England, the CQC [3], has made it clear that care homes are required to ensure that the people they support are involved in the “planning, management and review of their care”. Recent qualitative research, however, has suggested that care planning practices can vary considerably between care home settings [13]. To improve the consistency of care planning this study design attempts to achieve an expert consensus on the key principles for care planning in older adult care homes. This study aims to produce a set of key principles that will be acceptable to care home practitioners and will promote person-centred care planning. In the future, the RSG intends to share the key principles document developed through this survey with care home residents’ family and friends and invite their feedback through a series of focus groups, with a view to developing a similar resource for residents’ friends and family.

Contributors: [1] Jonathan Taylor is the guarantor and was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Original Draft Preparation, Writing – Review and Editing, [2] Thais Caprioli was responsible for:

Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing, [3] Jacqueline Damant was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing, [4] Yuri Hamashima was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing, [5] Sarah Jasim was responsible for: Conceptualization and Design, Writing – Review and Editing [6] Nick Smith was responsible for: Conceptualization and Design, Writing – Review and Editing, Supervision and Project Administration [7] Madalina Toma was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing.

Funding: This work was supported by National Institute for Health and Care Research (NIHR300099)

Competing interests: None declared.

Ethics approval: The study to which this protocol relates has been granted ethical approval by the University of Kent's Division for the Study of Law, Society, and Social Justice School Research Committee (SRC) Ethical Panel (reference: 1006).

References

1. Statistics OfN. Older people living in care homes and changes over time, England and Wales, Census 2021. 2023 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/datasets/olderpeoplelivingincarehomesandchangesovertimeenglandandwalescensus2021>.
2. Commission CQ. Person-centred care 2022 [Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/person-centred-care-good>.
3. Commission CQ. Regulation 9: Person centred care 2023 [Available from: <https://www.cqc.org.uk/guidance-providers/regulations/regulation-9-person-centred-care>.
4. De Vleminck A, Pardon K, Beernaert K, Houttekier D, Vander Stichele R, Deliens L. How Do General Practitioners Conceptualise Advance Care Planning in Their Practice? A Qualitative Study. *PLoS One*. 2016;11(4):e0153747.
5. Weathers E, O'Caoimh R, Cornally N, Fitzgerald C, Kearns T, Coffey A, et al. Advance care planning: A systematic review of randomised controlled trials conducted with older adults. *Maturitas*. 2016;91:101-9.
6. Taylor J, Smith N, Prato L, Damant J, Jasim S, Toma M, et al. Care Planning Interventions for Care Home Residents: A Scoping Review. *Journal of Long-Term Care*. 2023.
7. NHS. Capacity, care planning and advance care planning in life limiting illness: A Guide for Health and Social Care Staff. NHS Improving Quality; 2014.
8. Detering KM, Hancock AD, Reade MC, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. *BMJ*. 2010;340:c1345.
9. Martin RS, Hayes B, Gregorevic K, Lim WK. The Effects of Advance Care Planning Interventions on Nursing Home Residents: A Systematic Review. *J Am Med Dir Assoc*. 2016;17(4):284-93.

10. Brown Wilson C, Swarbrick C, Pilling M, Keady J. The senses in practice: enhancing the quality of care for residents with dementia in care homes. *J Adv Nurs*. 2013;69(1):77-90.

11. Towers A-M, Nelson K, Smith N, Razik K. Using ASCOT in care planning conversations. *Australian Journal of Dementia Care*. 2019;7(6):31-5.

12. Nakrem S, Stensvik GT, Skjong RJ, Ostaszkievicz J. Staff experiences with implementing a case conferencing care model in nursing homes: a focus group study. *BMC Health Serv Res*. 2019;19(1):191.

13. Smith N., Damant J, Hamashima Y, Jasim S, McLeod H, Prato L, et al. Care planning in older adult care homes: A qualitative study of care staff experience. Under Review.

14. Hsu C-C, Sandford BA. The Delphi Technique: Making Sense of Consensus Practical Assessment, Research, and Evaluation. 2007;12.

15. Temkin-Greener H, Ladwig S, Caprio T, Norton S, Quill T, Olsan T, et al. Developing palliative care practice guidelines and standards for nursing home-based palliative care teams: a Delphi study. *J Am Med Dir Assoc*. 2015;16(1):86 e1-7.

16. Jünger S, Payne SA, Brine J, Radbruch L, Brearley SG. Guidance on Conducting and REporting DELphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. *Palliat Med*. 2017;31(8):684-706.

17. Page A, Potter K, Clifford R, McLachlan A, Etherton-Beer C. Prescribing for Australians living with dementia: study protocol using the Delphi technique. *BMJ Open*. 2015;5(8):e008048.

18. Smith J, Noble H. Bias in research. *Evidence Based Nursing*. 2014;17(4):100-1.

19. Nasa P, Jain R, Juneja D. Delphi methodology in healthcare research: How to decide its appropriateness. *World J Methodol*. 2021;11(4):116-29.

20. de Villiers MR, de Villiers PJ, Kent AP. The Delphi technique in health sciences education research. *Med Teach*. 2005;27(7):639-43.

21. Keeney S, Hasson F, McKenna H. Consulting the oracle: ten lessons from using the Delphi technique in nursing research. *J Adv Nurs*. 2006;53(2):205-12.

22. Revilla MA, Saris WE, Krosnick JA. Choosing the Number of Categories in Agree–Disagree Scales. *Sociological Methods & Research*. 2013;43(1):73-97.

23. Leitch S, Li J-R, Stokes T. Establishing the research priorities of a national primary care research network in New Zealand: a Delphi exercise. *Journal of Primary Health Care*. 2024:-.

24. Goodman MS, Ackermann N, Pierce KA, Bowen DJ, Thompson VS. Development and Validation of a Brief Version of the Research Engagement Survey Tool. *Int J Environ Res Public Health*. 2021;18(19).

25. Chyung SY, Roberts K, Swanson I, Hankinson A. Evidence-Based Survey Design: The Use of a Midpoint on the Likert Scale. *Performance Improvement*. 2017;56(10):15-23.

26. Beiderbeck D, Frevel N, von der Gracht HA, Schmidt SL, Schweitzer VM. Preparing, conducting, and analyzing Delphi surveys: Cross-disciplinary practices, new directions, and advancements. *MethodsX*. 2021;8:101401.

27. Sinha IP, Smyth RL, Williamson PR. Using the Delphi technique to determine which outcomes to measure in clinical trials: recommendations for the future based on a systematic review of existing studies. *PLoS Med*. 2011;8(1):e1000393.

28. Teague S, Youssef GJ, Macdonald JA, Sciberras E, Shatte A, Fuller-Tyszkiewicz M, et al. Retention strategies in longitudinal cohort studies: a systematic review and meta-analysis. *BMC Med Res Methodol*. 2018;18(1):151.

29. NIHR. Payment guidance for researchers and professionals 2024 [Version 1.5:[Available from: <https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392#paymentmethods>.]
30. Campbell M, Stewart T, Brunkert T, Campbell-Enns H, Gruneir A, Halas G, et al. Prioritizing supports and services to help older adults age in place: A Delphi study comparing the perspectives of family/friend care partners and healthcare stakeholders. *PLoS One*. 2021;16(11):e0259387.
31. Chan HY, Chan CN, Man CW, Chiu AD, Liu FC, Leung EM. Key Components for the Delivery of Palliative and End-of-Life Care in Care Homes in Hong Kong: A Modified Delphi Study. *Int J Environ Res Public Health*. 2022;19(2).
32. McCarthy L, Borley K, Ancelin T, Carroll R, Chadborn N, Blundell AG, et al. Developing a list of core competencies for medical aspects of healthcare delivery in care homes: scoping review and Delphi process. *Age Ageing*. 2023;52(12).
33. Silvester C. Authority Bias. In: Raz M, Pouryahya P, editors. *Decision Making in Emergency Medicine: Biases, Errors and Solutions*. Singapore: Springer Singapore; 2021. p. 41-6.
34. Toma M, Dreischulte T, Gray NM, Guthrie B. A balanced approach to identifying, prioritising and evaluating all potential consequences of quality improvement: modified Delphi study. *BMJ Open*. 2019;9(3):e023890.
35. Pratt-Chapman M, Moses J, Arem H. Strategies for the Identification and Prevention of Survey Fraud: Data Analysis of a Web-Based Survey. *JMIR Cancer*. 2021;7(3).
36. Wang J, Calderon G, Hager ER, Edwards LV, Berry AA, Liu Y, et al. Identifying and preventing fraudulent responses in online public health surveys: Lessons learned during the COVID-19 pandemic. *PLOS Glob Public Health*. 2023;3(8):e0001452.
37. Agans JP, Schade SA, Hanna SR, Chiang S-C, Shirzad K, Bai S. The inaccuracy of data from online surveys: A cautionary analysis. *Quality & Quantity*. 2023;58(3):2065-86.
38. Qualtrics. Fraud Detection 2024 [Available from: https://www.qualtrics.com/support/survey-platform/survey-module/survey-checker/fraud-detection/?utm_medium=product&utm_source=survey-builder#BotDetection.]
39. Coulter A, Entwistle VA, Eccles A, Ryan S, Shepperd S, Perera R. Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database of Systematic Reviews*. 2015;2015(3).
40. Whitehead L. The effects of personalized care planning for adults living with chronic conditions. *International Journal of Nursing Practice*. 2016;22(2):138-40.

Key Principles for Care Planning – Round 1

1. What is the purpose of a(n advanced) care plan?

An effective **care plan** provides a snapshot of a resident’s whole life, including their goals, skills, abilities and how they would like to manage their health and wellbeing. When done well, care plans will empower people to have as much control and independence over their daily life as possible.

The information contained within a strong care plan should help to:

- Identify residents' preferences and wishes each time staff provide care or support
- Identify the views of residents or their family and friends regarding the care and support they receive
- Maintain continuity of care among external partners and collaborators
- Assess resident’s health and wellbeing over time
- Assist in managing staffing levels and resources
- Demonstrate that the care provided complies with quality-of-care standards
- Set out what the resident’s best life in the home would look like

An effective **advance care plan** will enable a care home resident to set out their preferences and priorities for future care. Advance care planning (ACP) is designed to help ensure that the care that people receive in the future is consistent with their values, goals and preferences. If not already in place, ACP can lead to the appointment of a Lasting Power of Attorney who is legally empowered to make decisions about the treatment a resident would receive if they no longer had the mental capacity to consent.

Advanced care plans often include information about a resident’s **end of life care** including where the resident would like to die, if the resident has completed a “do not attempt cardiopulmonary resuscitation” (DNACPR) form, and any, religious and/or spiritual requests. Advanced care plans may also document a resident’s future treatment preferences, such as whether they want to receive intravenous antibiotics or be admitted to hospital if their condition becomes acute.

Key Principles for Care Planning – Round 1

2. How can care planning be approached in a person-centred way?

A **person-centred care** plan will help to ensure that all a resident's needs and preferences are met. A person-centred care plan has the following qualities:

- It provides a holistic understanding of a resident as an individual, including their history, current interests and future ambitions. It will detail:
 - The health, social and emotional issues for which a resident requires support
 - The resident's personal values and priorities for their care
 - The resident's capabilities as well their needs
- It engages the resident, and key stakeholders, in decision-making. This can be achieved by:
 - Inviting residents to take the lead in discussing the care plan's contents, wherever possible
 - Taking reasonable steps to meet residents' communication (e.g., plain English, information available in Braille, translators) and sensory needs (e.g., hearing aids, glasses).
 - Including input from important people in the resident's life
 - Ensuring that residents and their family and friends are aware of all the available options and providing them with the information necessary to make informed decisions
 - Including input from external care providers, professionals and organisations involved in promoting the resident's health and wellbeing

Key Principles for Care Planning – Round 1

3. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

1. A recent photograph of the resident
2. Details about the **care plan itself**:
 - A record of when the plan has been created, reviewed, updated and modified and when the care plan will next be reviewed
3. Background information about the **resident's history**, including details of:
 - The resident's life immediately prior to moving into the care home
 - The resident's family, culture and religion
 - Key dates and life events, such as significant holidays, birthdays or anniversaries
4. Information about a resident's **hobbies, interests and aspirations, past and present**:
 - Information about how to support the resident's current goals
 - Information about activities the resident would/would not like to take part in
5. Information about the **risks** that the resident may face, and **steps that can be taken to mitigate them** in a person centred way
6. Information about **forthcoming appointments** and details of who will be responsible for arranging transportation and accompanying the resident, these could be medical or social appointments
7. Information about the **resident's health**, including, but not limited to:
 - Vital signs
 - Medication
 - Dietary and hydration needs
 - History of physical, mental, and oral health
8. Information about the resident's **day-to-day care needs** and **preferences**, including:
 - The resident's capability to meet, and their preferences for receiving support for, their day-to-day needs
 - Details of any specialist equipment that the resident may need, such as adapted cutlery or mobility aids
9. Information about a resident's **end of life care**, including:
 - Where the resident would like to be cared for
 - Details of religious, spiritual and/or cultural practices
 - Key people to involve
 - Who the resident would like to be with them in their final moments
 - Palliative medical care and resuscitation preferences
 - Funeral arrangements

Key Principles for Care Planning – Round 1

4. When will a care plan be developed and updated?

A well-developed care plan will provide an accurate and up-to-date account of a resident's needs and interests. Care plans should be thought of as a "live" document that will be continually updated. With this in mind, there are three key time points at which care plans are likely to be developed and revised:

1. Prior to, or shortly after, a resident begins residence at a care home.
 - Where possible, key information about a resident (such as their health conditions and medical needs) should be included in a care plan prior to their admission to a care home. This information – which could be collected as part of a pre-admission assessment - may be obtained by talking to the resident and/or their family, friends, their General Practitioners (GP) or social worker
 - In the first 2-4 weeks following a resident's arrival at a care home, as staff begin to get to know the resident better, it is often helpful to set aside time to develop a care plan.
2. Thereafter, an effective care plan will be routinely updated, possibly in the form of regular and extensive reviews, to ensure the document reflects a resident's current needs and interests.
 - To ensure that care plans remain accurate and up-to-date, regular reviews are likely to take place at least every 6 weeks. These reviews can provide an opportunity to assess the contents of a resident's care plan and discuss whether any changes need to be made
 - More detailed care plan reviews may take place every six months, and where possible, include family members
3. A care plan should also be updated in response to significant changes or incidents in a resident's life, such as a fall, a deterioration in their mental and physical health, or a hospital admission.

5. Who is likely to contribute to a care plan?

- Where possible, residents should be involved in developing and reviewing their care plans
- People who are important to residents, including their family and friends, should be involved
- Senior care or nursing staff are usually responsible for writing care plans; however, valuable information can also be provided by front line care workers and non-care staff - such as members of the housekeeping and catering teams.
- External health and care professionals, such as medical consultants, social workers, GPs, and occupational therapists, may contribute to specific parts of the care plan.

Key Principles for Care Planning – Round 1

6. Who should have access to a care plan?

To be most useful, care plans will need to be accessible to:

- The residents themselves
- People who have legal power of attorney for the resident
- Members of a resident’s ‘circle of care’, such as family and friends nominated by the resident
- Care home staff, including bank and agency staff
- External health and care professionals, such as social workers, GPs, and pharmacists

7. Future developments in care planning

Technology, such as digital care planning software, is playing an increasingly important role in supporting care planning. Digital care plans can:

- Help to reduce the amount of time to complete care plans
- Improve staff engagement in care planning
- Produce aggregate data which can help the home plan for the future
- Allow information to be securely and quickly shared with relevant stakeholders, such as health and social care professionals and a resident’s family and/or friends

Care homes that are interested in adopting digital care plans may need to consider:

- Whether they have the necessary resources to purchase the software licences and accompanying electronic devices
- If the software selected allows staff to develop person-centred care plans
- Whether they have sufficient internet coverage across their site(s)
- Whether the digital care plan can be made accessible to all the relevant people involved in supporting the resident, while ensuring that only appropriate people will be able to update the digital care plan
- The time commitment likely to be associated with:
 - Transitioning from paper to digital care plans
 - Training and supporting staff to use digital care planning packages as well as meeting ongoing training needs



First Block

Care Planning – Key Principles

Thank you so much for your interest in this research project.

Your feedback will be invaluable in helping us to develop a set of key principles which relate to care planning in older adult care homes.

To start with, we need to gather your consent to take part.

Please complete the questions on the next page to proceed.

Participant Consent

Participant Consent Form

I confirm that I have read and understand the information sheet for the study ["Care Planning: Developing a set of key principles", version 3.0, 31 May 2024]. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐ Yes

☐ No

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without any adverse consequences.

☐ No

☐ Yes

I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project

☐ No

☐ Yes

I understand that information about me would only be disclosed in the very rare circumstance that I or someone else was judged to be at immediate risk of serious harm.

☐ Yes

☐ No

I give permission for the researcher(s) to quote me directly [anonymously].

☐ Yes

☐ No

I am happy to take part in this research.

☐ Yes

☐ No

I consent to be contacted after the second round of the survey has been completed with information about the project. (*optional*)

☐ Yes

☐ No

I consent to my data being shared with the UK Data Service (*optional*)

- ☐ Yes
- ☐ No


Please provide your full name

Please provide your email address

If possible, please do not provide an email address for a shared inbox

Please confirm that you are human.

☐ I'm not a robot


reCAPTCHA
Privacy - Terms

Block 11

Thank you for your interest in this research.

Unfortunately the information you have provided indicates that it would not be appropriate for you to take part. If you would like any further information, please contact Jono Taylor on: jonathan.taylor@ndph.ox.ac.uk

Screening questions

Screening questions

Please complete the following screening questions

I am 18 years of age or older

☐ Yes

☐ No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Please indicate how you have been involved in care planning for residents living in an older adult care home in England.

- ☐ Writing care plans
- ☐ Reviewing the contents of care plans
- ☐ Using a care plan as part of providing care and support
- ☐ Supervising care planning
- ☐ Delivering training relating to care planning
- ☐ Contributing to one or more sections of a care plan
- ☐ Other
- ☐ I am not involved in any way in care planning for residents living in an older adult care home

Please type out "I am answering the screening questions honestly"

Opening Page

About this survey

Thank you for your interest in this research project.

When completing this survey please ensure that you can consult the PDF entitled "Key Principles for Care Planning – Round 1"

This survey has seven sections which each relate to a different part of care planning. Please read each statement carefully and answer the questions that follow.

This is the first of two surveys that you will be asked to complete. It is very important that you complete both questionnaires. The reliability of the results could be compromised if people drop out of the study before it is completed, because they feel that the rest of the group does not share their opinions. If people drop out because they feel their opinions are in the minority, the results will overestimate how much the sample of participants agreed on certain aspects of care planning.

This survey should take approximately 25 minutes to complete.

Section 1

This section answers the following question: "What is the purpose of a(n

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

advanced) care plan?"

Please read through each of the statements carefully before providing feedback.

1. What is the purpose of a care plan?

*An effective care plan provides a **snapshot of a resident's whole life**, including their goals, skills, abilities and how they would like to manage their health and wellbeing.*

How important do you think this statements is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What is the purpose of a care plan?

*When done well, care plans will **empower resident's** to have as much control and independence over their daily life as possible.*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

3. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- **Identify residents' preferences** and wishes each time staff provide care or support

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

4. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- **Identify the views of residents** or their family and friends regarding the care and support they receive

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Maintain **continuity of care** among external partners and collaborators

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- **Assess** resident's **health and wellbeing** over time

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

7. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Assist in **managing staffing levels** and resources

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

8. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Demonstrate that the **care provided complies with quality-of-care standards**

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Set out what the **resident's best life** in the home would look like.

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What is the purpose of an advanced care plan?

An effective advanced care plan will enable a care home resident to set out their **preferences and priorities for future care**.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

11. What is the purpose of an advanced care plan?

*Advanced care planning is designed to help ensure that the **care that people receive in the future is consistent with their values, goals and preferences.***

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

12. What is the purpose of an advanced care plan?

*If not already in place, advanced care planning can lead to the appointment of a **Lasting Power of Attorney** who is legally empowered to make decisions about the treatment a resident would receive if they no longer had the mental capacity to consent.*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. What is the purpose of an advanced care plan?

Advanced care plans often include information about a person's **end of life care** including where the person would like to die, if the person has completed a "do not attempt cardiopulmonary resuscitation" (DNACPR) form, and any, religious and/or spiritual requests.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What is the purpose of an advanced care plan?

Advanced care plans may also document a resident's **future treatment preferences** such as whether they want to receive intravenous antibiotics or be admitted to hospital if their condition becomes acute.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements
2. The order of the statements
3. Any missing information
4. Any additional comments you may have



Section 2

This section answers the following question: "How can care planning be approached in a person centred way?"

Please read through each of the statements carefully before providing feedback

1
2
3
4
5
6 **1. How can care planning be approached in a person**
7 **centred way?**
8
9

10
11
12
13 A **person-centred care plan** will help to ensure that all a
14 resident's needs and preferences are met.
15
16

17
18
19
20 How important do you think this statement is?
21

22
23 Not at all Slightly Moderately Very Extremely I don't know
24 important important important important important
25 ☐ ☐ ☐ ☐ ☐ ☐

26
27
28
29
30
31
32
33 **2. How can care planning be approached in a person**
34 **centred way?**
35
36

37
38
39
40 A person-centred care plan has the following qualities:
41
42

- 43
44
45
46 • It provides a **holistic understanding** of a resident
47 as an individual, including their **history, current**
48 **interests** and **future ambitions**. It will detail:
49
50
51 ◦ *The health, social and emotional issues for which*
52 *a resident requires support*
53
54
55
56
57
58
59
60

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

3. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It provides a **holistic understanding** of a resident as an individual, including their **history, current interests** and **future ambitions**. It will detail:
 - *The resident's personal values and priorities for their care*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

4. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It provides a **holistic understanding** of a resident as an individual, including their **history, current interests** and **future ambitions**. It will detail:
 - *The resident's capabilities as well their needs*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

5. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Inviting residents to take the lead in discussing the care plan's contents, wherever possible*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

6. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Taking reasonable steps to meet residents' communication (e.g., plain English, information available in Braille, translators) and sensory needs (e.g., hearing aids, glasses).*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

7. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Including input from important people in the resident's life*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Ensuring that residents and their family and friends are aware of all the available options and providing them with the information necessary to make informed decisions*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

9. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Including input from external care providers, professionals and organisations involved in promoting the resident's health and wellbeing*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

- 1. The wording of one or more of the statements,
- 2. The order of the statements
- 3. Any missing information
- 4. Any additional comments you may have

Section 3

This section answers the following question: "What should be contained within a care plan?"

Please read through each of the statements carefully before providing feedback.

1. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- A recent **photograph** of the resident

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

2. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- **Details** about the **care plan itself**:
 - A record of when the plan has been created, reviewed, updated and modified and when the care plan will next be reviewed.

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

1 **4. What should be contained within a care plan?**

2
3
4
5 Care plans will contain different sections. High quality
6 care plans are likely to include:
7
8
9

- 10
11
- 12 • Background information about the **resident's**
13 **history**, including details of:
14
 - 15 ◦ *The resident's life immediately prior to moving*
16 *into the care home*
17
18
19
20
21
22
23
24

25
26 How important do you think these statements are?
27

28

29 Not at all	30 Slightly	31 Moderately	32 Very	33 Extremely	34 I don't know
35 important	36 important	37 important	38 important	39 important	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32
33
34
35
36
37
38

39 **5. What should be contained within a care plan?**

40
41
42
43 Care plans will contain different sections. High quality
44 care plans are likely to include:
45
46
47
48

- 49
- 50 • Background information about the **resident's**
51 **history**, including details of:
52
 - 53 ◦ *The resident's family, culture and religion*
54
55
56
57
58
59
60

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

6. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Background information about the **resident's history**, including details of:
 - *Key dates and life events, such as significant holidays, birthdays or anniversaries*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

7. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **hobbies, interests and aspirations, past and present:**

- *Information about how to support the resident's current goals*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **hobbies, interests and aspirations, past and present:**
 - *Information about activities the resident would/would not like to take part in*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **risks that the resident may face**, and steps that can be taken to mitigate them in a person centred way

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

10. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about **forthcoming appointments** and details of who will be responsible for arranging transportation and accompanying the resident, these could be medical or social appointments

How important do you think these statements are?

1

2

3

4

5

6

7

8

9

Not at all
important

Slightly
important

Moderately
important

Very
important

Extremely
important

I don't know

☐

☐

☐

☐

☐

☐

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

11. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - **Vital signs**

How important do you think these statements are?

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

Not at all
important

Slightly
important

Moderately
important

Very
important

Extremely
important

I don't know

☐

☐

☐

☐

☐

☐

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

12. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - **Medication**

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

13. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - ***Dietary and hydration needs***

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

14. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - History of **physical, mental and oral health**

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's day-to-day care needs and preferences**, including:
 - The **resident's capability** to meet, and their preferences for receiving support for, their day-to-day needs

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's day-to-day care needs and preferences**, including:
 - *Details of any **specialist equipment** that the resident may need, such as adapted cutlery or mobility aids*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

17. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - *Where the resident would like to be cared for*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - Details of religious, spiritual and/or cultural practices*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - *Key people to involve*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

20. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - *Who the resident would like to be with them in their final moments*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

21. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident’s **end of life care**, including:
 - *Palliative medical care and resuscitation preferences*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident’s **end of life care**, including:
 - *Funeral arrangements*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have



Section 4

This section answers the following question: "When will a care plan be developed and updated?"

Please read through each of the statements carefully before providing feedback.

1
2
3
4
5
6
7 **1. When will a care plan be developed and updated?**
8
9

10
11 ***Prior to, or shortly after, a person begins residence** at a*
12 *care home.*
13
14

15
16
17
18 How important do you think this statement is?
19

20
21
22 Not at all Slightly Moderately Very Extremely I don't know
23 important important important important important
24 ☐ ☐ ☐ ☐ ☐ ☐

25
26
27
28
29
30
31
32 **2. When will a care plan be developed and updated?**
33
34

35
36 *Where possible, **key information** about a resident (such*
37 *as their health conditions and medical needs) should be*
38 ***included in a care plan prior to their admission** to a*
39 *care home.*
40
41
42
43
44

45
46
47
48 How important do you think this statement is?
49

50
51 Not at all Slightly Moderately Very Extremely I don't know
52 important important important important important
53 ☐ ☐ ☐ ☐ ☐ ☐

Enseignement Supérieur (ABES)
Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

3. When will a care plan be developed and updated?

Information collected prior to someone being admitted to a care home – which could be collected as part of a pre-admission assessment – may be obtained by **talking to the resident** and/or their **family, friends**, their **General Practitioner (GP)** or **social worker**.

How important do you think this statement?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. When will a care plan be developed and updated?

In the **first 2-4 weeks** following a person's arrival at a care home, as staff begin to get to know the resident better, it is often helpful to **set aside time to develop a care plan**.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. When will a care plan be developed and updated?

Thereafter, an effective **care plan will be routinely updated**, possibly in the form of regular and extensive reviews, to ensure the document reflects a resident's current needs and interests.

How important do you think this statement is?

Not at all important

Slightly important

Moderately important

Very important

Extremely important

I don't know

6. When will a care plan be developed and updated?

To ensure that care plans remain accurate and up-to-date, **regular reviews** are likely to take place **at least every six weeks**.

How important do you think this statement is?

Not at all important

Slightly important

Moderately important

Very important

Extremely important

I don't know

7. When will a care plan be developed and updated?

Regular reviews can provide an opportunity to **assess**

the **contents** of a resident's care plan and **discuss** whether any **changes** need to be made.

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

8. When will a care plan be developed and updated?

More **detailed** care plan **reviews** may take place **every six months**, and where possible, **include family members**

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

9. When will a care plan be developed and updated?

A care plan should also be updated in response to **significant changes** or **incidents** in a resident's life such as a **fall**, a **deterioration** in a their mental and physical **health**, or a **hospital admission**.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Above, in statement 6, we have suggested that **regular reviews of care plans** are likely to take place at least every **six weeks**.

How often do you think these regular reviews should take place?

<input type="radio"/> Once a week	<input type="radio"/> Once every six weeks
<input type="radio"/> Once every two weeks	<input type="radio"/> Once every seven weeks
<input type="radio"/> Once every three weeks	<input type="radio"/> Once every eight weeks
<input type="radio"/> Once every four weeks	<input type="radio"/> Other
<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Once every five weeks	<input type="radio"/> I don't know

Above, in statement 8, we have suggested that more **detailed care plan reviews** may take place every **six months**.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

How often do you think these more detailed care plan reviews should take place?

- ☐ Once a month ☐ Once every six months
- ☐ Once every two months ☐ Once every seven months
- ☐ Once every three months ☐ Once every eight months
- ☐ Once every four months ☐ Other
- ☐
- ☐ Once every five months ☐ I don't know

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Section 5

This section answers the following question: "Who is likely to contribute to a care plan?"

Please read through each of the statements carefully before providing feedback.

1. Who is likely to contribute to a care plan?

- *Where possible, **residents should be involved** in developing and reviewing their care plans*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Who is likely to contribute to a care plan?

- ***People** who are **important to residents**, including their **family** and **friends**, should be involved*

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

3. Who is likely to contribute to a care plan?

- **Senior care or nursing staff** are usually responsible for writing care plans; however, valuable information can also be provided by **front line care workers** and **non-care staff** – such as members of the **housekeeping** and **catering teams**.

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

4. Who is likely to contribute to a care plan?

- **External health and care professionals**, such as **medical consultants, social workers, GPs, and occupational therapists**, may contribute to specific parts of the care plan.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

- 1. The wording of one or more of the statements,
- 2. The order of the statements
- 3. Any missing information
- 4. Any additional comments you may have

Section 6

This section answers the following question: "Who should have access to a care plan?"

Please read through each of the statements carefully before providing feedback.

1. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- The residents themselves*

How important do you think this statement is?

Not at all important Slightly important Moderately important Very important Extremely important I don't know

2. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- People who have legal power of attorney for the care home resident*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- Members of a resident's 'circle of care', such as family and friends nominated by the resident

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- Care home staff, including bank and agency staff

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

5. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- *External health and care professionals, such as social workers, GPs, and pharmacists*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information

4. Any additional comments you may have

Section 7

This section relates to the following topic: "Future developments in care planning"

Please read through each of the statements carefully before providing feedback.

1. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Help to reduce the amount of time to complete care plans*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

2. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Improve staff engagement in care planning*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

3. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Produce aggregate data which can help the home plan for the future*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Allow information to be securely and quickly shared with relevant stakeholders, such as health and social care professionals and a person's family and/or friends*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- Whether they have the necessary resources to purchase the software licences and accompanying electronic devices*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- If the software selected allows staff to develop person-centred care plans*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1
2
3
4
5
6 **7. Future developments in care planning**
7
8
9

10 Care homes that are interested in adopting digital care
11 plans may **need to consider**:
12
13

- 14 • *Whether they have sufficient internet coverage*
15 *across their site(s)*
16
17
18
19
20
21
22
23
24

25 How important do you think this statement is?
26

27
28
29 Not at all Slightly Moderately Very Extremely I don't know
30 important important important important important
31 ☐ ☐ ☐ ☐ ☐ ☐
32
33
34
35
36
37
38

39 **8. Future developments in care planning**
40
41
42

43 Care homes that are interested in adopting digital care
44 plans may **need to consider**:
45
46
47
48

- 49 • *Whether the digital care plan can be made*
50 *accessible to all the relevant people involved in*
51 *supporting the resident, while ensuring that only*
52 *appropriate people will be able to update the digital*
53 *care plan*
54
55
56
57
58
59
60

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

9. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- The time commitment likely to be associated with transitioning from paper to digital care plans*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

10. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- The time commitment likely to be associated with training and supporting staff to use digital care*

planning packages as well as meeting ongoing training needs

How important do you think this statement is?

Not at all	Slightly	Moderately	Very	Extremely	I don't know
important	important	important	important	important	

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have

Additional comments

Additional comments

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

Please add any final comments you wish to make in the box below.



Respondents' details

Your details

Finally, please could you provide us with some information about yourself.

How do you identify yourself?

- ☐ Male
- ☐ Female
- ☐ Non-binary/third gender
- ☐ Prefer to self-describe as
- ☐ Prefer not to say

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Please indicate your age by selecting one of the categories below:

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 or older
- ☐ Prefer not to say

What is your ethnic group?

- ☐ White: English/Welsh/Scottish/Northern Irish/British
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Any other White background, please describe
-
- ☐ Mixed/Multiple: White and Black Caribbean
- ☐ Mixed/Multiple: White and Black African
- ☐ Mixed/Multiple: White and Asian
- ☐ Mixed/Multiple: Any other Mixed/Multiple ethnic background, please describe
-
- ☐ Asian/Asian British: Indian
- ☐ Asian/Asian British: Pakistani

- ☐ Asian/Asian British: Bangladeshi
- ☐ Asian/Asian British: Chinese
- ☐ Any other Asian background, please describe
- ☐ Black/ African/Caribbean/Black British
- ☐ Black/ African/Caribbean/Black British: Caribbean
- ☐ Black/ African/Caribbean/Black British: Any other
Black/African/Caribbean background, please describe
- ☐
- ☐ Other ethnic group: Arab
- ☐ Other ethnic group: Any other ethnic group, please describe
- ☐
- ☐ Prefer not to say

How long have you been involved in supporting the older adult care home sector?

- ☐ Up to 1 year
- ☐ 1 - 2 years
- ☐ 2 - 5 years
- ☐ 5 - 10 years
- ☐ More than 10 years
- ☐ Prefer not to say

In what organisation(s) have/are you involved in care

planning?

- ☐ Care home
- ☐ Nursing home
- ☐ Dual-registered care home
- ☐ Third sector organisation (e.g. National Care Forum)
- ☐ Regulator of health and social care (e.g. Care Quality Commission)
- ☐ Professional body (e.g. National Care Association)
- ☐ Prefer not to say
- ☐ Other

When you have been involved in care planning what was/is your job title?

- ☐ Job title(s):
- ☐ Prefer not to say

Powered by Qualtrics

Enseignement Supérieur (ABES) .
Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

BMJ Open

Developing a set of key principles for care planning within older adult care homes: study protocol for a modified Delphi survey

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2024-090243.R2
Article Type:	Protocol
Date Submitted by the Author:	29-Nov-2024
Complete List of Authors:	Taylor, Jonathan; University of Oxford, Nuffield Department of Population Health Caprioli, Thais; University of Liverpool, Department of Primary Care and Mental Health Damant, Jacqueline; LSE Hamashima, Yuri; University of Bristol, Population Health Sciences Jasim, Sarah; LSE Smith, Nick; University of Kent Toma, Madalina; University of Kent
Primary Subject Heading:	Nursing
Secondary Subject Heading:	Geriatric medicine, Health services research, Patient-centred medicine
Keywords:	Protocols & guidelines < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Social Support, Nursing Homes, Person-Centered Care, Caregivers, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

SCHOLARONE™
Manuscripts

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

Developing a set of key principles for care planning within older adult care homes: study protocol for a modified Delphi survey

Abstract

Background: Older adult care homes in England are required to develop care plans on behalf of each of their residents, and to make these documents available to those who provide care. However, there is a lack of formal agreement around the key principles that should inform the development of care plans in care homes for older adults. Using a modified Delphi survey, we intend to generate consensus on a set of key principles that should inform the care planning process.

Methods and analysis: A two-stage modified Delphi survey will be used to try to reach consensus on a set of key principles to inform care planning within older adult care homes in England. An interdisciplinary panel of approximately 50 people with experience of care planning will be convened and invited to provide feedback on a set of key principles. We will use an iterative, quasi-anonymous, multistage approach with controlled feedback. In the first round, panelists will be asked to provide feedback on a draft document whose contents have been informed by a systematic scoping review and consultations with care home staff. The first round will be administered and subsequently analyzed. The results from the first round will be fed back to the panel members and panelists will be asked to complete a second survey. In each round, panel members will use a 5-point unipolar scale to rate their agreement with the item. Consensus will be considered if $\geq 75\%$ of participants rate an item as 4-5.

Ethics and dissemination: This study to which this protocol relates has been granted ethical approval by the University of Kent's Division for the Study of Law, Society, and Social Justice Research Committee Ethics Panel (reference: 1006) on the 9 April 2024. The results of this project will be disseminated through conferences and one or more peer reviewed journals. In a subsequent research phase, the research team plans to share the key principles document developed through this modified Delphi survey with care home residents and their family and friends. We plan to invite their feedback through a series of focus groups with a view to developing a related document for the family and friends of care home residents.

Key words: advanced care planning, care home, care planning, Delphi survey, nursing home, older adults

Strengths and limitations of this study

- The Delphi method enables people with a range of professional experiences to anonymously share their knowledge and experience through a structured and iterative feedback process
- The decision to collect participants' feedback through an online survey will allow for faster data collection than an in-person survey.
- One of this study's potential weaknesses is a large drop-off in the number of participants between the first and second surveys and so several steps will be undertaken to maximise the response rate.

- One of the study's weaknesses is that Delphi panel will not include care home residents or their family and friends; family and friends' feedback will be collected as part of a future research project, with a view to developing a related resource for this group.
- Gaining consensus through a modified Delphi survey will not result in new evidence and so the resulting resource would benefit from being tested in a care home setting.

Introduction

An estimated 260,000 people aged over 65 live in older adult care homes in England [1]. These homes are responsible for providing care and support while assisting their residents with daily activities such as eating, washing, dressing, and socialising. To meet these needs, care homes must assess their residents' needs and develop individual care plans. The health and social care services regulator in England, the Care Quality Commission (CQC), has defined care planning as a process "focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health" [2]. Care homes are required by the CQC to ensure that the people they support are involved in the "planning, management, and review of their care". The CQC also stipulates that care providers must ensure that a resident's care plan is available to all staff involved in the individual's care [3].

While care planning aims to understand a person's present circumstances and preferences, most research has focused on advance care planning (ACP) [4-6]. ACP, which should form part of the wider care planning process, relates to future care provision and is often focused on palliative care. ACP often takes place if it is anticipated that someone's condition will deteriorate in the future. [7]. Much of this research has sought to examine the benefits of ACP for residents, families and healthcare systems [8, 9].

Researchers have also investigated specific care planning interventions. Studies have explored, for example, the efficacy of employing a biographical approach [10], integrating quality of life tools into care plan frameworks [11], and implementing a case conference model in care planning [12]. Most recently, qualitative research has found that care planning practices can vary considerably between care home settings [13].

This study aims to establish consensus on a set of key principles that will inform how care planning is conducted by health and social care professionals in older adult care homes in England. The intended outcome is to create a document whose contents will be acceptable to care home practitioners and will help to ensure that care planning is consistently conducted in a person-centered way.

Methods and analysis

Justification for study design

A modified Delphi survey will be used to develop an information resource which describes a set of key principles relating to care planning in residential care settings for older adults [14]. Delphi surveys have previously been used to develop best practice guidance, including guides related to the care of older adults [15, 16]. The modified Delphi technique will enable panelists to provide

feedback that will be anonymous to all but the researchers, thereby minimising bias related to group conformity and the likelihood that a single individual will dominate the discussion [17]. This study will further seek to minimize potential bias during both the recruitment and survey phases. Survey questions will be written in a neutral tone to reduce data collection bias. In order to reduce selection bias, a diverse range of organizations will be contacted to recruit participants, reducing the risk of overrepresentation from particular regions or professional backgrounds [18].

Panel members recruited from across England will be invited to comment on a draft key principles document developed by the research steering group (RSG). The contents of this document will be turned into a series of statements each comprising a single sentence or bullet point. Panel members will be provided with a copy of the document as a PDF and will be invited to rate each of the statements through an online survey developed in Qualtrics.

The first draft of the key principles document was informed by three strands of work:

1. Consultations with people involved in providing care and support within care home setting - including activity coordinators, general practitioners, nurses, care home managers and deputy managers -
2. The findings of a systematic scoping review conducted during an earlier phase of this project [6, 13]
3. Ongoing input from two relatives of care home residents. These individuals assisted in developing the topic guide used as part of the consultations and the search strategy used as part of the systematic scoping review. As part of this modified Delphi study, these individuals were actively involved in drafting the first version of the key principles.

Consultations with people who provide care and support within care homes and were involved in care planning revealed a wide variety of approaches to care planning and limited evidence that care planning was being conducted in a person-centered way [13]. Similarly, the scoping review identified inconsistencies in the interventions designed to promote care planning provided to staff and residents' family and friends [6]. This study builds upon these findings by seeking to establish a consensus around a set of key principles to inform person-centered care planning in older adult care homes in England.

Research Steering Group

The RSG (n = 9) will include researchers from five academic institutions across England with backgrounds in care home research, and two patient and public involvement and engagement (PPIE) members who are experts with lived experience of a relative residing in a care home. The RSG will draft a key principles document and the modified Delphi survey, recruit panel members and circulate the content of the Delphi rounds. The RSG will not participate in the surveys; rather, they will supervise and monitor the process.

Recruitment

Panelists will be recruited by purposive and convenience sampling techniques and will be approached through different methods. First, RSG members will use the CQC's website to identify older adult care homes in their region and invite their staff members, via email, to take

part in the study. Second, the study will be publicised by relevant intermediary organisations. These will include care home associations: local Enabling Research in Care Homes (ENRICH) networks, the National Activity Providers Association, the National Care Forum, the British Society of Gerontology's Special Interest Group on Care Homes, trade unions and charities that advocate for care workers. Third the RSG will be supported by PPI experts who will raise awareness of the study through their networks. Fourth, the RSG members will approach care homes that have taken part in previous research studies. These homes will include, for example, people who took part in the previous consultation work [13]. This recruitment strategy, which will engage organizations across England and groups representing various sectors of the care home workforce, is designed to maximize the likelihood of assembling a multidisciplinary panel.

Finally, the RSG will contact key individuals from the following organisations to invite them to participate: CQC, National Care Forum (NCF) and the National Activity Providers Association (NAPA).

All prospective panelists will be made aware of the eligibility criteria, details of which are below. Prospective panelists will also be encouraged to share details about the study with people, such as those working at a different care home within the same chain, who would meet the eligibility criteria. We plan to begin recruitment of round one panel members in June 2024 and close data collection for the second round in October 2024.

Eligibility criteria

To become a panel member, panelists must confirm that they are:

- Over the age of 18
- Someone who has been involved in care planning in older adult care home settings in one or more of the following ways:
 - Writing care plans
 - Reviewing the contents of care plans
 - Using a care plan as part of providing care and support
 - Supervising care planning
 - Delivering training relating to care planning
 - Contributing to one or more sections of a care plan
 - Other [participant to provide more detail]

Panel size

The panel size of Delphi studies varies widely, and no standardised size exists [19]. Having reflected on several factors, including the purpose of the study, complexity of problem, the homogeneity of the sample and available resources, we aim to recruit a panel comprising a minimum of 50 panel members [19, 20].

Anonymity

This project will be conducted quasi-anonymously. Panelists' responses will be anonymous to one another but not to RSG members [21]. Maintaining the anonymity of panelists is important

to limit bias related to group conformity and/or dominance [19]. Once the second round of the modified Delphi survey is completed, panelists who have participated in both rounds will be asked if they wish to remain anonymous or receive acknowledgement in the publication.

Survey development

The survey questions directly relate to the information contained within the draft key principles document produced by the RSG. This document comprises seven sections, each presenting a series of statements. The statements will comprise a single sentence or bullet point contained within the key principles document.

The survey will be developed in Qualtrics. The round one survey will ask panelists to complete a five-point unipolar scale question for each statement. A five-point unipolar scale has been selected to meet the conflicting goals of offering enough choice to measure panelists’ strength of opinion while also ensuring that the items are easily understood by respondents [22]. Respondents will be invited to rate each item as follows: “1 = Not at all important”, “2 = Slightly important”, “3 = Somewhat important”, “4 = Very important”, “5 = Extremely important”. The wording of these statements has been used in previous Delphi studies [23, 24]. A midpoint option might potentially be misused for an option when respondents are not familiar with the statements or when they feel the answer may depend on circumstances. We will therefore also include a “I don’t know” option in addition to these five options [25].

In the first of two rounds, panelists will also be invited to suggest revisions to the wording of the statements, suggest additional content, comment on the order of the statements and provide further comments. In both the first and second rounds the order of the sections, but not the statements, will be randomised to minimise the risk that panel members will invest more time reviewing early sections or become collectively biased due to previous responses [26].

To pilot the modified Delphi survey, and to avoid introducing bias when drafting the key principles, two people involved in providing care and support within care home settings, who meet the eligibility criteria that panelist are required to fulfill (set out above), will be asked to give feedback on the clarity and appropriateness of the survey questions we plan to use in the first round by completing a draft version of the survey hosted on Qualtrics (see supplementary files 1 and 2). These respondents will not take part in the final modified Delphi surveys. The survey will be modified based on the feedback received.

Definition of consensus

There is no agreed definition for what constitutes consensus within a Delphi study. Previous studies have defined a consensus as being between 51% and 80% agreement [21]. This study conservatively defines consensus as being when ≥75% of panel members rate a statement as “4 = Very important” or “5 = Extremely important” on the five-point unipolar scale. This threshold is consistent with previous research studies [21].

Enhancing response rate

Panelist fatigue is often associated with Delphi surveys [17]. Several methods will be used to minimise attrition and improve response rates. The participant information sheet will include a paragraph explaining the importance of completing the Delphi process [27]. Panelists will also be made aware that if they complete the survey online, they can submit their answers in more than one sitting. This step will be taken because we anticipate that people involved in providing care and support within care home settings, will have competing priorities and so may not have the time to complete the survey in a single sitting.

Offering alternative methods of data collection has been found to improve retention rates in longitudinal surveys [28]. For this reason, panelists will also be given the option to complete the survey over the telephone or by emailing their responses to a member of the research team. If survey responses are provided over the telephone or by email, a member of the research team will input panelists' answers into the online survey on their behalf. Prospective participants will also be made aware that they can request that a printed version of the key principles document be sent to them in the post.

Finally, we will minimise missing data by requiring panelists to answer all the questions. Participants will be free, however, to select "Prefer not to say" when answering questions about their demographic information and professional backgrounds.

Panelists will be provided with a £25 voucher for each survey that they complete. These sums reflect the National Institute for Health and Care Research's (NIHR) recommended rates of reimbursement [29].

Efforts to minimise fraudulent survey responses

Research projects which offer financial reimbursements to online survey respondents can attract fraudulent responses that compromise the validity and interpretability of results [30-32].

Several steps will be taken to minimise the inclusion of fraudulent data. Recruitment conducted via social media can make it easier for fraudulent respondents to take part in online surveys [31]. For this reason, panel members will not be recruited through social media and will instead be contacted via emails to individual care homes and relevant intermediary organisations. Email recipients will be asked not to promote this research opportunity via social media.

To detect bots, the survey will include a Completely Automated Public Turing test to tell Computers and Humans Apart (CAPTCHA). Panel members who pass the CAPTCHA test will be asked to complete a series of questions to assess their eligibility. When developing the survey in Qualtrics the "Bot Detection" option will be enabled. This makes it possible to track which responses are likely bots using reCAPTCHA V3 [33]. Participants will be asked to type out "I am answering the screening questions honestly". Only participants whose answers meet our eligibility criteria will be invited to complete the full survey.

Once panel members have completed the full survey, responses will be reviewed by at least two members of the RSG who will be attentive to the following issues: inconsistencies in the participant's name and email address, the time taken to complete the full survey, and many

responses received within a short period. If the RSG reviewers believe a survey response is fraudulent, they will discuss this with the wider RSG before informing the participant of their decision. The participant information sheet will explain that the RSG reserves the right to withhold a voucher if they believe the response is fraudulent.

First round

Round one panel members will be provided with (a) a copy of the draft key principles document, (b) a link to the online survey, (c) a participant information sheet, (d) and a briefing document which will explain the process that led to the development of the draft key principles document. Participants will be asked to consult the key principles document when completing the survey questions. This approach is consistent with previous modified Delphi studies which have presented panelists with a set of prepared statements, developed through prior research activity, to establish consensus around a set of guidelines and preferred practices [15, 34-36].

The draft document will comprise seven sections. Each section will present a series of statements. Round one panelists will be asked to complete a five-scale unipolar question for each statement. Panelists will also be asked to indicate how frequently they believe care plans should be reviewed. Panelists will be asked to respond to approximately 70 statements. Panelists will have the option to select "I don't know" for each statement. For each statement, panelists will also be invited to suggest revisions to the wording of the statements, the order of the statements, suggest additional content, and provide further comments or questions. Panelists will also be provided with the opportunity to make any additional comments.

The round one survey will also include questions about panelists' professional backgrounds, such as job title and time spent working within the care home sector, and demographic details. This information will provide a clearer understanding of the panel members' characteristics.

Panel members will be asked to provide their email addresses so that they can take part in the second round. A reminder to complete the survey will be sent via email to everyone who has not completed the round one survey after 10 working days.

Second round

To take part in the second-round panel members will have to have completed the first round. In round two, panel members will be provided with: (a) a copy of the revised key principles document, (b) a revised survey, (c) a copy of their round one response and (d) an anonymous summary of other panel members' responses, (e) an explanation of the revisions that have been made. The explanations will be based on participants' responses to the free text questions included in the first Delphi survey. This information will be presented in an anonymized form to reduce the risk of authority bias [37]. This approach is consistent with previous modified Delphi studies [38]. Participants will be asked to consult the revised key principles document along with the explanation of the changes when completing the second-round survey.

The revised survey will present a series of five-scale unipolar questions for each statement in the revised key principles document. Panelists will also have the option to select "I don't know" for

each statement. The revised survey will not give respondents the chance to provide further qualitative feedback on the statements.

A reminder to complete the survey will be sent via email to everyone who has not completed the round one survey within 10 working days.

Analysis of round one responses

Following the first round, the unipolar-scale scores will be summarised and presented as frequencies and mean ratings. The RSG will review all open text responses to contextualise the quantitative responses. The views of all panelists will be given equal weight.

If at least 75% of panelists rate an item in the lower two categories ("Not at all important", "Slightly important") or in the higher two categories ("Very important", "Extremely important"), we will consider consensus as having been reached and the item will be removed or retained, respectively. When calculating panelists' responses, we will include those who select the "I don't know" option to avoid inadvertently inflating the number of statements exceeding the 75% threshold. If a majority of panelists select "I don't know" for a given item or across a majority of items, we will examine the potential reasons for this pattern (for example, a lack of clarity or relevance of the items). Based on this assessment, we will consult with the RSG to determine whether to revise the items or exclude them the second round. Items where ratings do not meet the consensus threshold will also be reviewed by the RSG, considering the qualitative responses received, and revised accordingly.

A thematic analysis of free text responses will be undertaken in NVivo v.14. After coding a subset of responses, two researchers will meet to compare codes and agree on a coding framework that one researcher will subsequently apply to the remaining data. The RSG will develop a revised key principles document based on the results of the first-round analysis.

Analysis of round two responses

Following the second round, the unipolar-scale scores will be summarised and presented as frequencies and mean ratings. The views of all panelists will be given equal weight.

If at least 75% of panelists rate an item in the lower two categories ("Not at all important", "Slightly important") or in the higher two categories ("Very important", "Extremely important"), we will consider consensus as having been reached and the item will be removed or retained, respectively. As with round one, when calculating panelists' responses, we will include those who select the "I don't know" option to avoid inadvertently inflating the number of statements exceeding the 75% threshold. The RSG will develop a final key principles document based on the results of the second-round analysis.

Public involvement

Two relatives of care home residents will serve as members of the Research Steering Group (RSG) and will be actively involved throughout the study. These PPIE (Patient and Public Involvement and Engagement) members, who contributed to the development of the original key principles document, will support the recruitment of panel members, assist in interpreting the results from the two rounds of the modified Delphi study, and help revise the key principles document.

We recognize the importance of capturing the perspectives of care home residents. Residents, however, have not been directly involved in this study because this modified Delphi survey is seeking to develop a set of key principles for use by care home staff rather than an information resource for care home residents. While the views of residents’ family members may not fully align with those of the resident, we have involved residents’ family members as PPIE contributors as they can provide valuable insights into residents’ needs and experiences.

Indeed, we are mindful that family and friends of care home residents, while not included in the current Delphi process, play an important role in care planning and support [39-41]. To address this, once the modified Delphi survey has been completed, we plan to develop a related resource specifically tailored for residents’ family and friends. Feedback on this resource will be sought through a series of focus groups. Our PPIE members will continue to play a central role in drafting this information resource, recruiting focus group participants, and analyzing the feedback received.

Ethics and dissemination

Panel members will receive an email inviting them to take part and a participant information sheet. Panel members must provide their informed consent before completing the first and second rounds of the survey. The study to which this protocol relates was granted ethical approval by the University of Kent’s Division for the Study of Law, Society, and Social Justice Research Committee Ethics Panel (reference: 1006) on the 9 April 2024.

The results of this project will be disseminated through conferences and one or more peer reviewed journals presented using the Conducting and REporting of DElphi Studies (CREDES) reporting standard [16].

Discussion

This paper details the design of a study using a modified Delphi survey to develop an information resource setting out the key principles to consider when conducting care planning in older adult care homes. The study aims to collect the opinions of people involved in providing care and support within care home settings and gain consensus on a set of key principles which relate to care planning in older adult care homes. The outcomes of this study have the potential to improve care planning for older people living in care homes, and could help care home staff to have a better understanding of what person-centered care planning looks like. This is significant as personalised care planning has been found to be more beneficial than usual care for people living with chronic health conditions [42, 43].

There are methodological strengths and weaknesses associated with using a modified Delphi technique. Panel members' feedback, in the form of written comments and unipolar scale ratings, will help to establish a consensus on the key principles that should inform care planning in older adult care homes. The modified Delphi technique will enable people involved in providing care and support within care home settings from across England to contribute to this study at a time convenient to them. Panelists will remain anonymous, minimising the likelihood that a single individual will dominate the discussion.

One of this study's potential weaknesses is a large drop-off in the number of participants who complete the second survey. Several methods will be used to maximize the response rate between the first and second surveys. Panelists who complete the survey online can submit their answers in more than one sitting. Panelists will also be given the option to complete the survey over the telephone or by emailing their responses to a member of the research team.

The health and social care services regulator in England, the CQC [3], has made it clear that care homes are required to ensure that the people they support are involved in the "planning, management and review of their care". Recent qualitative research, however, has suggested that care planning practices can vary considerably between care home settings [13]. To improve the consistency of care planning this study design attempts to achieve an expert consensus on the key principles for care planning in older adult care homes. This study aims to produce a set of key principles that will be acceptable to care home practitioners and will promote person-centred care planning. In the future, the RSG intends to share the key principles document developed through this survey with care home residents' family and friends and invite their feedback through a series of focus groups, with a view to developing a similar resource for residents' friends and family.

Contributors:

[1] Jonathan Taylor is the guarantor and was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Original Draft Preparation, Writing – Review and Editing,

[2] Thais Caprioli was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing,

[3] Jacqueline Damant was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing,

[4] Yuri Hamashima was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing,

[5] Sarah Jasim was responsible for: Conceptualization and Design, Writing – Review and Editing

[6] Nick Smith was responsible for: Conceptualization and Design, Writing – Review and Editing, Supervision and Project Administration

[7] Madalina Toma was responsible for: Conceptualization and Design, Data Collection and Resources, Data Analysis and Interpretation, Writing – Review and Editing.

Funding: This work was supported by The National Institute for Health and Social Care Applied Research Collaboration (Oxford & Thames Valley, Kent, Surrey & Sussex, North Thames, West,

and North West Coast) via their National Priority Programme for Adult Social Care and Social Work [grant number NIHR300099] The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Competing interests: None declared.

Ethics approval: The study to which this protocol relates was granted ethical approval by the University of Kent’s Division for the Study of Law, Society, and Social Justice Research Committee Ethics Panel (reference: 1006) on the 9 April 2024.

References

1. Statistics OfN. Older people living in care homes and changes over time, England and Wales, Census 2021. 2023 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/datasets/olderpeoplelivingincarehomesandchangesovertimeenglandandwalescensus2021>].
2. Commission CQ. Person-centred care 2022 [Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/person-centred-care-good>].
3. Commission CQ. Regulation 9: Person centred care 2023 [Available from: <https://www.cqc.org.uk/guidance-providers/regulations/regulation-9-person-centred-care>].
4. De Vleminck A, Pardon K, Beernaert K, Houttekier D, Vander Stichele R, Deliens L. How Do General Practitioners Conceptualise Advance Care Planning in Their Practice? A Qualitative Study. PLoS One. 2016;11(4):e0153747.
5. Weathers E, O’Caoimh R, Cornally N, Fitzgerald C, Kearns T, Coffey A, et al. Advance care planning: A systematic review of randomised controlled trials conducted with older adults. Maturitas. 2016;91:101-9.
6. Taylor J, Smith N, Prato L, Damant J, Jasim S, Toma M, et al. Care Planning Interventions for Care Home Residents: A Scoping Review. Journal of Long-Term Care. 2023.
7. NHS. Capacity, care planning and advance care planning in life limiting illness: A Guide for Health and Social Care Staff. NHS Improving Quality; 2014.
8. Detering KM, Hancock AD, Reade MC, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. BMJ. 2010;340:c1345.
9. Martin RS, Hayes B, Gregorevic K, Lim WK. The Effects of Advance Care Planning Interventions on Nursing Home Residents: A Systematic Review. J Am Med Dir Assoc. 2016;17(4):284-93.
10. Brown Wilson C, Swarbrick C, Pilling M, Keady J. The senses in practice: enhancing the quality of care for residents with dementia in care homes. J Adv Nurs. 2013;69(1):77-90.
11. Towers A-M, Nelson K, Smith N, Razik K. Using ASCOT in care planning conversations. Australian Journal of Dementia Care. 2019;7(6):31-5.
12. Nakrem S, Stensvik GT, Skjong RJ, Ostaszkievicz J. Staff experiences with implementing a case conferencing care model in nursing homes: a focus group study. BMC Health Serv Res. 2019;19(1):191.
13. Damant J, Smith N., Hamashima Y, Jasim S, McLeod H, Prato L, et al. Factors influencing the implementation of person-centred care planning in care homes in England: a qualitative theoretical analysis Journal of Advanced Nursing. Under review.

14. Hsu C-C, Sandford BA. The Delphi Technique: Making Sense of Consensus Practical Assessment, Research, and Evaluation. 2007;12.
15. Temkin-Greener H, Ladwig S, Caprio T, Norton S, Quill T, Olsan T, et al. Developing palliative care practice guidelines and standards for nursing home-based palliative care teams: a Delphi study. *J Am Med Dir Assoc*. 2015;16(1):86 e1-7.
16. Jünger S, Payne SA, Brine J, Radbruch L, Brearley SG. Guidance on Conducting and REporting DELphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. *Palliat Med*. 2017;31(8):684-706.
17. Page A, Potter K, Clifford R, McLachlan A, Etherton-Beer C. Prescribing for Australians living with dementia: study protocol using the Delphi technique. *BMJ Open*. 2015;5(8):e008048.
18. Smith J, Noble H. Bias in research. *Evidence Based Nursing*. 2014;17(4):100-1.
19. Nasa P, Jain R, Juneja D. Delphi methodology in healthcare research: How to decide its appropriateness. *World J Methodol*. 2021;11(4):116-29.
20. de Villiers MR, de Villiers PJ, Kent AP. The Delphi technique in health sciences education research. *Med Teach*. 2005;27(7):639-43.
21. Keeney S, Hasson F, McKenna H. Consulting the oracle: ten lessons from using the Delphi technique in nursing research. *J Adv Nurs*. 2006;53(2):205-12.
22. Revilla MA, Saris WE, Krosnick JA. Choosing the Number of Categories in Agree–Disagree Scales. *Sociological Methods & Research*. 2013;43(1):73-97.
23. Leitch S, Li J-R, Stokes T. Establishing the research priorities of a national primary care research network in New Zealand: a Delphi exercise. *Journal of Primary Health Care*. 2024:-.
24. Goodman MS, Ackermann N, Pierce KA, Bowen DJ, Thompson VS. Development and Validation of a Brief Version of the Research Engagement Survey Tool. *Int J Environ Res Public Health*. 2021;18(19).
25. Chyung SY, Roberts K, Swanson I, Hankinson A. Evidence-Based Survey Design: The Use of a Midpoint on the Likert Scale. *Performance Improvement*. 2017;56(10):15-23.
26. Beiderbeck D, Frevel N, von der Gracht HA, Schmidt SL, Schweitzer VM. Preparing, conducting, and analyzing Delphi surveys: Cross-disciplinary practices, new directions, and advancements. *MethodsX*. 2021;8:101401.
27. Sinha IP, Smyth RL, Williamson PR. Using the Delphi technique to determine which outcomes to measure in clinical trials: recommendations for the future based on a systematic review of existing studies. *PLoS Med*. 2011;8(1):e1000393.
28. Teague S, Youssef GJ, Macdonald JA, Sciberras E, Shatte A, Fuller-Tyszkiewicz M, et al. Retention strategies in longitudinal cohort studies: a systematic review and meta-analysis. *BMC Med Res Methodol*. 2018;18(1):151.
29. NIHR. Payment guidance for researchers and professionals 2024 [Version 1.5:[Available from: <https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392#paymentmethods>].
30. Pratt-Chapman M, Moses J, Arem H. Strategies for the Identification and Prevention of Survey Fraud: Data Analysis of a Web-Based Survey. *JMIR Cancer*. 2021;7(3).
31. Wang J, Calderon G, Hager ER, Edwards LV, Berry AA, Liu Y, et al. Identifying and preventing fraudulent responses in online public health surveys: Lessons learned during the COVID-19 pandemic. *PLOS Glob Public Health*. 2023;3(8):e0001452.
32. Agans JP, Schade SA, Hanna SR, Chiang S-C, Shirzad K, Bai S. The inaccuracy of data from online surveys: A cautionary analysis. *Quality & Quantity*. 2023;58(3):2065-86.

33. Qualtrics. Fraud Detection 2024 [Available from: https://www.qualtrics.com/support/survey-platform/survey-module/survey-checker/fraud-detection/?utm_medium=product&utm_source=survey-builder#BotDetection].

34. Campbell M, Stewart T, Brunkert T, Campbell-Enns H, Gruneir A, Halas G, et al. Prioritizing supports and services to help older adults age in place: A Delphi study comparing the perspectives of family/friend care partners and healthcare stakeholders. *PLoS One*. 2021;16(11):e0259387.

35. Chan HY, Chan CN, Man CW, Chiu AD, Liu FC, Leung EM. Key Components for the Delivery of Palliative and End-of-Life Care in Care Homes in Hong Kong: A Modified Delphi Study. *Int J Environ Res Public Health*. 2022;19(2).

36. McCarthy L, Borley K, Ancelin T, Carroll R, Chadborn N, Blundell AG, et al. Developing a list of core competencies for medical aspects of healthcare delivery in care homes: scoping review and Delphi process. *Age Ageing*. 2023;52(12).

37. Silvester C. Authority Bias. In: Raz M, Pouryahya P, editors. *Decision Making in Emergency Medicine: Biases, Errors and Solutions*. Singapore: Springer Singapore; 2021. p. 41-6.

38. Toma M, Dreischulte T, Gray NM, Guthrie B. A balanced approach to identifying, prioritising and evaluating all potential consequences of quality improvement: modified Delphi study. *BMJ Open*. 2019;9(3):e023890.

39. Moermans VR, Mengelers AM, Bleijlevens MH, Verbeek H, de Casterle BD, Milisen K, et al. Caregiver decision-making concerning involuntary treatment in dementia care at home. *Nursing Ethics*. 2022;29(2):330-43.

40. Omori M, Baker C, Jayasuriya J, Savvas S, Gardner A, Dow B, et al. Maintenance of Professional Boundaries and Family Involvement in Residential Aged Care. *Qualitative Health Research*. 2019;29(11):1611-22.

41. Bavelaar L, Visser M, Walshe C, Preston N, Kaasalainen S, Sussman T, et al. The impact of the mySupport advance care planning intervention on family caregivers' perceptions of decision-making and care for nursing home residents with dementia: pretest–posttest study in six countries. *Age and Ageing*. 2023;52(3).

42. Coulter A, Entwistle VA, Eccles A, Ryan S, Shepperd S, Perera R. Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database of Systematic Reviews*. 2015;2015(3).

43. Whitehead L. The effects of personalized care planning for adults living with chronic conditions. *International Journal of Nursing Practice*. 2016;22(2):138-40.

Key Principles for Care Planning – Round 1

1. What is the purpose of a(n advanced) care plan?

An effective **care plan** provides a snapshot of a resident's whole life, including their goals, skills, abilities and how they would like to manage their health and wellbeing. When done well, care plans will empower people to have as much control and independence over their daily life as possible.

The information contained within a strong care plan should help to:

- Identify residents' preferences and wishes each time staff provide care or support
- Identify the views of residents or their family and friends regarding the care and support they receive
- Maintain continuity of care among external partners and collaborators
- Assess resident's health and wellbeing over time
- Assist in managing staffing levels and resources
- Demonstrate that the care provided complies with quality-of-care standards
- Set out what the resident's best life in the home would look like

An effective **advance care plan** will enable a care home resident to set out their preferences and priorities for future care. Advance care planning (ACP) is designed to help ensure that the care that people receive in the future is consistent with their values, goals and preferences. If not already in place, ACP can lead to the appointment of a Lasting Power of Attorney who is legally empowered to make decisions about the treatment a resident would receive if they no longer had the mental capacity to consent.

Advanced care plans often include information about a resident's **end of life care** including where the resident would like to die, if the resident has completed a "do not attempt cardiopulmonary resuscitation" (DNACPR) form, and any, religious and/or spiritual requests. Advanced care plans may also document a resident's future treatment preferences, such as whether they want to receive intravenous antibiotics or be admitted to hospital if their condition becomes acute.

Key Principles for Care Planning – Round 1

2. How can care planning be approached in a person-centred way?

A **person-centred care** plan will help to ensure that all a resident’s needs and preferences are met. A person-centred care plan has the following qualities:

- It provides a holistic understanding of a resident as an individual, including their history, current interests and future ambitions. It will detail:
 - The health, social and emotional issues for which a resident requires support
 - The resident’s personal values and priorities for their care
 - The resident’s capabilities as well their needs
- It engages the resident, and key stakeholders, in decision-making. This can be achieved by:
 - Inviting residents to take the lead in discussing the care plan’s contents, wherever possible
 - Taking reasonable steps to meet residents’ communication (e.g., plain English, information available in Braille, translators) and sensory needs (e.g., hearing aids, glasses).
 - Including input from important people in the resident’s life
 - Ensuring that residents and their family and friends are aware of all the available options and providing them with the information necessary to make informed decisions
 - Including input from external care providers, professionals and organisations involved in promoting the resident’s health and wellbeing

Key Principles for Care Planning – Round 1

3. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

1. A recent photograph of the resident
2. Details about the **care plan itself**:
 - A record of when the plan has been created, reviewed, updated and modified and when the care plan will next be reviewed
3. Background information about the **resident's history**, including details of:
 - The resident's life immediately prior to moving into the care home
 - The resident's family, culture and religion
 - Key dates and life events, such as significant holidays, birthdays or anniversaries
4. Information about a resident's **hobbies, interests and aspirations, past and present**:
 - Information about how to support the resident's current goals
 - Information about activities the resident would/would not like to take part in
5. Information about the **risks** that the resident may face, and **steps that can be taken to mitigate them** in a person centred way
6. Information about **forthcoming appointments** and details of who will be responsible for arranging transportation and accompanying the resident, these could be medical or social appointments
7. Information about the **resident's health**, including, but not limited to:
 - Vital signs
 - Medication
 - Dietary and hydration needs
 - History of physical, mental, and oral health
8. Information about the resident's **day-to-day care needs** and **preferences**, including:
 - The resident's capability to meet, and their preferences for receiving support for, their day-to-day needs
 - Details of any specialist equipment that the resident may need, such as adapted cutlery or mobility aids
9. Information about a resident's **end of life care**, including:
 - Where the resident would like to be cared for
 - Details of religious, spiritual and/or cultural practices
 - Key people to involve
 - Who the resident would like to be with them in their final moments
 - Palliative medical care and resuscitation preferences
 - Funeral arrangements

Key Principles for Care Planning – Round 1

4. When will a care plan be developed and updated?

A well-developed care plan will provide an accurate and up-to-date account of a resident’s needs and interests. Care plans should be thought of as a “live” document that will be continually updated. With this in mind, there are three key time points at which care plans are likely to be developed and revised:

1. Prior to, or shortly after, a resident begins residence at a care home.
 - Where possible, key information about a resident (such as their health conditions and medical needs) should be included in a care plan prior to their admission to a care home. This information – which could be collected as part of a pre-admission assessment - may be obtained by talking to the resident and/or their family, friends, their General Practitioners (GP) or social worker
 - In the first 2-4 weeks following a resident’s arrival at a care home, as staff begin to get to know the resident better, it is often helpful to set aside time to develop a care plan.
2. Thereafter, an effective care plan will be routinely updated, possibly in the form of regular and extensive reviews, to ensure the document reflects a resident’s current needs and interests.
 - To ensure that care plans remain accurate and up-to-date, regular reviews are likely to take place at least every 6 weeks. These reviews can provide an opportunity to assess the contents of a resident’s care plan and discuss whether any changes need to be made
 - More detailed care plan reviews may take place every six months, and where possible, include family members
3. A care plan should also be updated in response to significant changes or incidents in a resident’s life, such as a fall, a deterioration in their mental and physical health, or a hospital admission.

5. Who is likely to contribute to a care plan?

- Where possible, residents should be involved in developing and reviewing their care plans
- People who are important to residents, including their family and friends, should be involved
- Senior care or nursing staff are usually responsible for writing care plans; however, valuable information can also be provided by front line care workers and non-care staff - such as members of the housekeeping and catering teams.
- External health and care professionals, such as medical consultants, social workers, GPs, and occupational therapists, may contribute to specific parts of the care plan.

Key Principles for Care Planning – Round 1

6. Who should have access to a care plan?

To be most useful, care plans will need to be accessible to:

- The residents themselves
- People who have legal power of attorney for the resident
- Members of a resident's 'circle of care', such as family and friends nominated by the resident
- Care home staff, including bank and agency staff
- External health and care professionals, such as social workers, GPs, and pharmacists

7. Future developments in care planning

Technology, such as digital care planning software, is playing an increasingly important role in supporting care planning. Digital care plans can:

- Help to reduce the amount of time to complete care plans
- Improve staff engagement in care planning
- Produce aggregate data which can help the home plan for the future
- Allow information to be securely and quickly shared with relevant stakeholders, such as health and social care professionals and a resident's family and/or friends

Care homes that are interested in adopting digital care plans may need to consider:

- Whether they have the necessary resources to purchase the software licences and accompanying electronic devices
- If the software selected allows staff to develop person-centred care plans
- Whether they have sufficient internet coverage across their site(s)
- Whether the digital care plan can be made accessible to all the relevant people involved in supporting the resident, while ensuring that only appropriate people will be able to update the digital care plan
- The time commitment likely to be associated with:
 - Transitioning from paper to digital care plans
 - Training and supporting staff to use digital care planning packages as well as meeting ongoing training needs



First Block

Care Planning – Key Principles

Thank you so much for your interest in this research project.

Your feedback will be invaluable in helping us to develop a set of key principles which relate to care planning in older adult care homes.

To start with, we need to gather your consent to take part.

Please complete the questions on the next page to proceed.

Participant Consent

Participant Consent Form

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

I confirm that I have read and understand the information sheet for the study ["Care Planning: Developing a set of key principles", version 3.0, 31 May 2024]. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐ Yes

☐ No

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without any adverse consequences.

☐ No

☐ Yes

I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project

☐ No

☐ Yes

I understand that information about me would only be disclosed in the very rare circumstance that I or someone else was judged to be at immediate risk of serious harm.

☐ Yes

☐ No

I give permission for the researcher(s) to quote me directly [anonymously].

☐ Yes

☐ No

I am happy to take part in this research.

☐ Yes

☐ No

I consent to be contacted after the second round of the survey has been completed with information about the project. (*optional*)

☐ Yes

☐ No

I consent to my data being shared with the UK Data Service (*optional*)

☐ Yes

☐ No

Please provide your full name

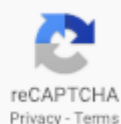
Please provide your email address

If possible, please do not provide an email address for a shared inbox

Please confirm that
you are human.



I'm not a robot



Block 11

Thank you for your interest in this research.

Unfortunately the information you have provided indicates that it would not be appropriate for you to take part. If you would like any further information, please contact Jono Taylor on: jonathan.taylor@ndph.ox.ac.uk

Screening questions

Screening questions

Please complete the following screening questions

I am 18 years of age or older

- ☐ Yes
- ☐ No

Please indicate how you have been involved in care planning for residents living in an older adult care home in England.

- ☐ Writing care plans
- ☐ Reviewing the contents of care plans
- ☐ Using a care plan as part of providing care and support
- ☐ Supervising care planning
- ☐ Delivering training relating to care planning
- ☐ Contributing to one or more sections of a care plan
- ☐ Other
- ☐ I am not involved in any way in care planning for residents living in an older adult care home

Please type out "I am answering the screening questions honestly"

Opening Page

About this survey

Thank you for your interest in this research project.

When completing this survey please ensure that you can consult the PDF entitled "Key Principles for Care Planning – Round 1"

This survey has seven sections which each relate to a different part of care planning. Please read each statement carefully and answer the questions that follow.

This is the first of two surveys that you will be asked to complete. It is very important that you complete both questionnaires. The reliability of the results could be compromised if people drop out of the study before it is completed, because they feel that the rest of the group does not share their opinions. If people drop out because they feel their opinions are in the minority, the results will overestimate how much the sample of participants agreed on certain aspects of care planning.

This survey should take approximately 25 minutes to complete.

Section 1

This section answers the following question: "What is the purpose of a(n

advanced) care plan?"

Please read through each of the statements carefully before providing feedback.

1. What is the purpose of a care plan?

*An effective care plan provides a **snapshot of a resident's whole life**, including their goals, skills, abilities and how they would like to manage their health and wellbeing.*

How important do you think this statements is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What is the purpose of a care plan?

*When done well, care plans will **empower resident's** to have as much control and independence over their daily life as possible.*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- **Identify residents' preferences** and wishes each time staff provide care or support

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- **Identify the views of residents** or their family and friends regarding the care and support they receive

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

5. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Maintain **continuity of care** among external partners and collaborators

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

6. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- **Assess** resident's **health and wellbeing** over time

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Assist in **managing staffing levels** and resources

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Demonstrate that the **care provided complies with quality-of-care standards**

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

9. What is the purpose of a care plan?

The information contained within a strong care plan should help to:

- Set out what the **resident's best life** in the home would look like.

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

10. What is the purpose of an advanced care plan?

An effective advanced care plan will enable a care home resident to set out their **preferences and priorities for future care**.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What is the purpose of an advanced care plan?

Advanced care planning is designed to help ensure that the **care that people receive in the future is consistent with their values, goals and preferences.**

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What is the purpose of an advanced care plan?

If not already in place, advanced care planning can lead to the appointment of a **Lasting Power of Attorney** who is legally empowered to make decisions about the treatment a resident would receive if they no longer had the mental capacity to consent.

How important do you think this statement is?

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

13. What is the purpose of an advanced care plan?

*Advanced care plans often include information about a person's **end of life care** including where the person would like to die, if the person has completed a "do not attempt cardiopulmonary resuscitation" (DNACPR) form, and any, religious and/or spiritual requests.*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

14. What is the purpose of an advanced care plan?

*Advanced care plans may also document a resident's **future treatment preferences** such as whether they want to receive intravenous antibiotics or be admitted to hospital if their condition becomes acute.*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

- 1. The wording of one or more of the statements
- 2. The order of the statements
- 3. Any missing information
- 4. Any additional comments you may have

Section 2

This section answers the following question: "How can care planning be approached in a person centred way?"

Please read through each of the statements carefully before providing feedback

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

1. How can care planning be approached in a person centred way?

A **person-centred care plan** will help to ensure that all a resident's needs and preferences are met.

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

2. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It provides a **holistic understanding** of a resident as an individual, including their **history, current interests** and **future ambitions**. It will detail:
 - *The health, social and emotional issues for which a resident requires support*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It provides a **holistic understanding** of a resident as an individual, including their **history, current interests** and **future ambitions**. It will detail:
 - The resident’s personal values and priorities for their care*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It provides a **holistic understanding** of a resident as an individual, including their **history, current interests** and **future ambitions**. It will detail:
 - *The resident's capabilities as well their needs*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

5. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Inviting residents to take the lead in discussing the care plan's contents, wherever possible*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important

6. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Taking reasonable steps to meet residents' communication (e.g., plain English, information available in Braille, translators) and sensory needs (e.g., hearing aids, glasses).*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important

7. How can care planning be approached in a person centred way?

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Including input from important people in the resident's life*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

8. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - *Ensuring that residents and their family and friends are aware of all the available options and providing them with the information necessary to make informed decisions*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How can care planning be approached in a person centred way?

A person-centred care plan has the following qualities:

- It **engages the resident**, and **key stakeholders**, in **decision-making**. This can be achieved by:
 - Including input from external care providers, professionals and organisations involved in promoting the resident’s health and wellbeing*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have



Section 3

This section answers the following question: "What should be contained within a care plan?"

Please read through each of the statements carefully before providing feedback.

1. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- A recent **photograph** of the resident

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

2. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- **Details** about the **care plan itself**:
 - A record of when the plan has been created, reviewed, updated and modified and when the care plan will next be reviewed.

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

4. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Background information about the **resident's history**, including details of:
 - *The resident's life immediately prior to moving into the care home*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

5. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Background information about the **resident's history**, including details of:
 - *The resident's family, culture and religion*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Background information about the **resident's history**, including details of:
 - *Key dates and life events, such as significant holidays, birthdays or anniversaries*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **hobbies, interests and aspirations, past and present:**

- *Information about how to support the resident's current goals*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **hobbies, interests and aspirations, past and present:**
 - *Information about activities the resident would/would not like to take part in*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **risks that the resident may face**, and steps that can be taken to mitigate them in a person centred way

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about **forthcoming appointments** and details of who will be responsible for arranging transportation and accompanying the resident, these could be medical or social appointments

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

11. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - ***Vital signs***

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

12. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - ***Medication***

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's health**, including, but not limited to:
 - Dietary and hydration needs***

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

- Information about the **resident's health**, including, but not limited to:
 - History of **physical, mental and oral health**

How important do you think these statements are?

Not at all important Slightly important Moderately important Very important Extremely important I don't know

15. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about the **resident's day-to-day care needs and preferences**, including:
 - The **resident's capability** to meet, and their preferences for receiving support for, their day-to-day needs

How important do you think these statements are?

Not at all important Slightly important Moderately important Very important Extremely important I don't know

1 **16. What should be contained within a care plan?**

2
3
4
5 Care plans will contain different sections. High quality
6 care plans are likely to include:
7
8
9

- 10
- 11 • Information about the **resident's day-to-day care**
12 **needs and preferences**, including:
13
 - 14 ◦ *Details of any **specialist equipment** that the*
15 *resident may need, such as adapted cutlery or*
16 *mobility aids*
17
18
19
20
21
22
23
24
25
26
27

28 How important do you think these statements are?

29
30

31 Not at all	31 Slightly	31 Moderately	31 Very	31 Extremely	31 I don't know
32 important	32 important	32 important	32 important	32 important	
33 <input type="radio"/>	33 <input type="radio"/>	33 <input type="radio"/>	33 <input type="radio"/>	33 <input type="radio"/>	33 <input type="radio"/>
34	34	34	34	34	34
35	35	35	35	35	35
36	36	36	36	36	36
37	37	37	37	37	37
38	38	38	38	38	38
39	39	39	39	39	39
40	40	40	40	40	40

41 **17. What should be contained within a care plan?**

42
43
44
45 Care plans will contain different sections. High quality
46 care plans are likely to include:
47
48
49

- 50
- 51 • Information about a resident's **end of life care**,
52 including:
53
 - 54 ◦ *Where the resident would like to be cared for*
55
56
57
58
59
60

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

18. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - *Details of religious, spiritual and/or cultural practices*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

19. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident’s **end of life care**, including:
 - *Key people to involve*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident’s **end of life care**, including:
 - *Who the resident would like to be with them in their final moments*

How important do you think these statements are?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - *Palliative medical care and resuscitation preferences*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

22. What should be contained within a care plan?

Care plans will contain different sections. High quality care plans are likely to include:

- Information about a resident's **end of life care**, including:
 - *Funeral arrangements*

How important do you think these statements are?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

- 1. The wording of one or more of the statements,
- 2. The order of the statements
- 3. Any missing information
- 4. Any additional comments you may have

Section 4

This section answers the following question: "When will a care plan be developed and updated?"

Please read through each of the statements carefully before providing feedback.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

1. When will a care plan be developed and updated?

Prior to, or shortly after, a person begins residence at a care home.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. When will a care plan be developed and updated?

Where possible, key information about a resident (such as their health conditions and medical needs) should be included in a care plan prior to their admission to a care home.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. When will a care plan be developed and updated?

Information collected prior to someone being admitted to a care home – which could be collected as part of a pre-admission assessment – may be obtained by **talking to the resident and/or their family, friends, their General Practitioner (GP) or social worker.**

How important do you think this statement?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. When will a care plan be developed and updated?

In the **first 2-4 weeks** following a person’s arrival at a care home, as staff begin to get to know the resident better, it is often helpful to **set aside time to develop a care plan.**

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enseignement Supérieur (ABES) .
Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

5. When will a care plan be developed and updated?

Thereafter, an effective **care plan will be routinely updated**, possibly in the form of regular and extensive reviews, to ensure the document reflects a resident's current needs and interests.

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

6. When will a care plan be developed and updated?

To ensure that care plans remain accurate and up-to-date, **regular reviews** are likely to take place **at least every six weeks**.

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

7. When will a care plan be developed and updated?

Regular reviews can provide an opportunity to **assess**

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

the **contents** of a resident's care plan and **discuss** whether any **changes** need to be made.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. When will a care plan be developed and updated?

More **detailed** care plan **reviews** may take place **every six months**, and where possible, **include family members**

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. When will a care plan be developed and updated?

A care plan should also be updated in response to **significant changes** or **incidents** in a resident's life such as a **fall**, a **deterioration** in a their mental and physical **health**, or a **hospital admission**.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

Above, in statement 6, we have suggested that **regular reviews of care plans** are likely to take place at least every **six weeks**.

How often do you think these regular reviews should take place?

- | | |
|--|--|
| <input type="radio"/> Once a week | <input type="radio"/> Once every six weeks |
| <input type="radio"/> Once every two weeks | <input type="radio"/> Once every seven weeks |
| <input type="radio"/> Once every three weeks | <input type="radio"/> Once every eight weeks |
| <input type="radio"/> Once every four weeks | <input type="radio"/> Other |
| <input type="radio"/> Once every five weeks | <input type="radio"/> I don't know |

Above, in statement 8, we have suggested that more **detailed care plan reviews** may take place every **six months**.

How often do you think these more detailed care plan reviews should take place?

- ☐ Once a month
- ☐ Once every two months
- ☐ Once every three months
- ☐ Once every four months
- ☐ Once every five months
- ☐ Once every six months
- ☐ Once every seven months
- ☐ Once every eight months
- ☐ Other
- ☐ I don't know

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

Section 5

This section answers the following question: "Who is likely to contribute to a care plan?"

Please read through each of the statements carefully before providing feedback.

1. Who is likely to contribute to a care plan?

- *Where possible, **residents should be involved** in developing and reviewing their care plans*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

2. Who is likely to contribute to a care plan?

- ***People** who are **important to residents**, including their **family** and **friends**, should be involved*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Who is likely to contribute to a care plan?

- **Senior care or nursing staff** are usually responsible for writing care plans; however, valuable information can also be provided by **front line care workers** and **non-care staff** – such as members of the **housekeeping** and **catering teams**.

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Who is likely to contribute to a care plan?

- **External health and care professionals**, such as **medical consultants, social workers, GPs, and occupational therapists**, may contribute to specific parts of the care plan.

How important do you think this statement is?

Not at all important Slightly important Moderately important Very important Extremely important I don't know

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have



Section 6

This section answers the following question: "Who should have access to a care plan?"

Please read through each of the statements carefully before providing feedback.

1. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- The residents themselves*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- People who have legal power of attorney for the care home resident*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

3. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- *Members of a resident's 'circle of care', such as family and friends nominated by the resident*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

4. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- *Care home staff, including bank and agency staff*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Who should have access to a care plan?

To be most useful, care plans will need to be **accessible** to:

- External health and care professionals, such as social workers, GPs, and pharmacists

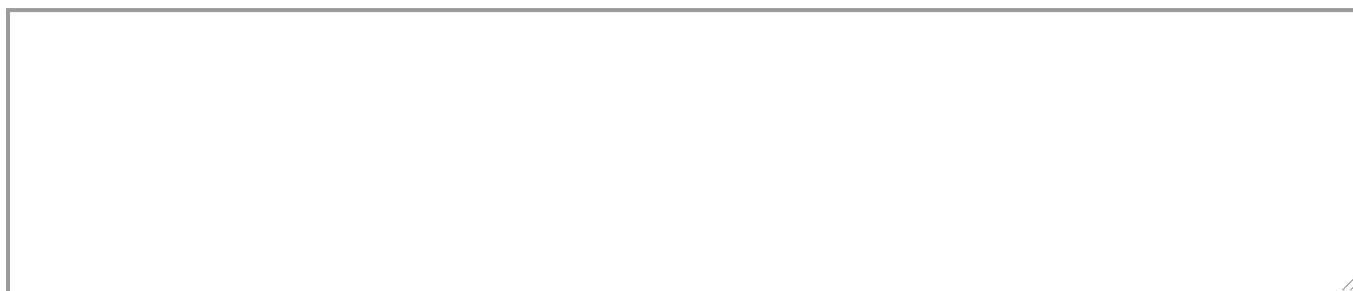
How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information

4. Any additional comments you may have



Section 7

This section relates to the following topic: "Future developments in care planning"

Please read through each of the statements carefully before providing feedback.

1. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Help to reduce the amount of time to complete care plans*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Improve staff engagement in care planning*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

- *Produce aggregate data which can help the home plan for the future*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

4. Future developments in care planning

Technology, such as digital care planning software, is **playing an increasingly important role** in supporting care planning. **Digital care plans** can:

- *Allow information to be securely and quickly shared with relevant stakeholders, such as health and social care professionals and a person's family and/or friends*

How important do you think this statement is?

Not at all Slightly Moderately Very Extremely I don't know
important important important important important ☐

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

5. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- Whether they have the necessary resources to purchase the software licences and accompanying electronic devices*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- If the software selected allows staff to develop person-centred care plans*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enseignement Supérieur (ABES)
Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

7. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- Whether they have sufficient internet coverage across their site(s)*

How important do you think this statement is?

Not at all important Slightly important Moderately important Very important Extremely important I don't know

8. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- Whether the digital care plan can be made accessible to all the relevant people involved in supporting the resident, while ensuring that only appropriate people will be able to update the digital care plan*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- The time commitment likely to be associated with transitioning from paper to digital care plans*

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Future developments in care planning

Care homes that are interested in adopting digital care plans may **need to consider**:

- The time commitment likely to be associated with training and supporting staff to use digital care*

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

planning packages as well as meeting ongoing training needs

How important do you think this statement is?

Not at all important	Slightly important	Moderately important	Very important	Extremely important	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drawing on your knowledge and experience, please use the space below to make any suggestions about this section. You are welcome to comment on:

1. The wording of one or more of the statements,
2. The order of the statements
3. Any missing information
4. Any additional comments you may have

Additional comments

Additional comments

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

Please add any final comments you wish to make in the box below.

Respondents' details

Your details

Finally, please could you provide us with some information about yourself.

How do you identify yourself?

- ☐ Male
- ☐ Female
- ☐ Non-binary/third gender
- ☐ Prefer to self-describe as
- ☐ Prefer not to say

Please indicate your age by selecting one of the categories below:

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 or older
- ☐ Prefer not to say

What is your ethnic group?

- ☐ White: English/Welsh/Scottish/Northern Irish/British
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Any other White background, please describe
-
- ☐ Mixed/Multiple: White and Black Caribbean
- ☐ Mixed/Multiple: White and Black African
- ☐ Mixed/Multiple: White and Asian
- ☐ Mixed/Multiple: Any other Mixed/Multiple ethnic background, please describe
-
- ☐ Asian/Asian British: Indian
- ☐ Asian/Asian British: Pakistani

- ☐ Asian/Asian British: Bangladeshi
- ☐ Asian/Asian British: Chinese
- ☐ Any other Asian background, please describe
- ☐ Black/ African/Caribbean/Black British
- ☐ Black/ African/Caribbean/Black British: Caribbean
- ☐ Black/ African/Caribbean/Black British: Any other Black/African/Caribbean background, please describe
- ☐
- ☐ Other ethnic group: Arab
- ☐ Other ethnic group: Any other ethnic group, please describe
- ☐
- ☐ Prefer not to say

How long have you been involved in supporting the older adult care home sector?

- ☐ Up to 1 year
- ☐ 1 - 2 years
- ☐ 2 - 5 years
- ☐ 5 - 10 years
- ☐ More than 10 years
- ☐ Prefer not to say

In what organisation(s) have/are you involved in care

planning?

- ☐ Care home
- ☐ Nursing home
- ☐ Dual-registered care home
- ☐ Third sector organisation (e.g. National Care Forum)
- ☐ Regulator of health and social care (e.g. Care Quality Commission)
- ☐ Professional body (e.g. National Care Association)
- ☐ Prefer not to say
- ☐ Other

When you have been involved in care planning what was/is your job title?

- ☐ Job title(s):
- ☐ Prefer not to say

Powered by Qualtrics