|  |  |
| --- | --- |
| **Timepoint** | Baseline **☐**  6 months **☐**  12 months **☐** |
| **Care Home Name** |  |
| **Completed by (initials)** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Completed by (role) (Tick one option)** | **Care-home manager ☐**  **Care-home staff ☐**  **Trial Manager ☐**  **Other ☐** |
| **Date of data collection (dd/mm/yyyy)** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |
| **Care home type (Tick one option)** | **Private ☐**  **Public ☐**  **Third sector ☐** |
| **Status of the home (Tick one option)** | **Stand-alone ☐**  **Part of a larger group ☐** |
| ***IF* part of a larger group, how many homes in the group?** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Type of care provided (Tick one option)** | **Residential care only ☐**  **Nursing care only ☐**  **Mixed ☐**  **Other ☐** |
| **Number of residents (number of beds occupied)** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **\*Number of beds available in the care home** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Number of residents receiving nursing care within the home** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Number of staff who care for residents (excluding kitchen staff, administrators etc) - full-time equivalent** | **Registered nurses**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | • |  |  |  |   **Care home assistants**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | • |  |  |  | |
| **Number of care staff currently unavailable at this time due to COVID-19 – full-time equivalent** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | • |  |  |  | |
| **Training programme for staff in place to improve the oral health of residents** | **Yes ☐ No ☐** |
| **How many current staff have undergone formal training at least once within the last 24 months to improve the oral health of residents?** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Numbers of residents in each age band** | **<65 years of age**   |  |  |  | | --- | --- | --- | |  |  |  |   **65-74 years of age**   |  |  |  | | --- | --- | --- | |  |  |  |   **75-84 years of age**   |  |  |  | | --- | --- | --- | |  |  |  |   **85-94 years of age**   |  |  |  | | --- | --- | --- | |  |  |  |   **95+ years of age**   |  |  |  | | --- | --- | --- | |  |  |  | |
| **Number of male residents** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Number of female residents** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Separate dementia unit at the home** | **Yes ☐ No ☐** |
| **Paper-based care planning** | **Yes ☐ No ☐** |
| **Electronic care planning** | **Yes ☐ No ☐** |
| **Which of the following health care professionals routinely provide preventive or ongoing care to your residents?** | |
| **GP** | **Yes ☐ No ☐** |
| **Community Nurses** | **Yes ☐ No ☐** |
| **Dentists/oral care** | **Yes ☐ No ☐** |
| **Occupational therapist** | **Yes ☐ No ☐** |
| **Pharmacist** | **Yes ☐ No ☐** |