From Online to Ongoing
The Roll Out of Supportive Conversations and Reflection Sessions (OSCaRS)
with Care Home Staff in Lothian

Evaluation Report FINAL REPORT 22 February 2022

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Executive Summary

Edinburgh and Lothian Health Foundation COVID-19 Response Funds were awarded with the aim of developing a community of trained practitioners to deliver Online Supportive Conversations and Reflection Sessions (OSCaRS) to enable roll out, over 2021, of the provision of OSCaRS to an increased number of care homes across Lothian and to evaluate their implementation and impact. The project ran from February 2021 to January 2022.

The evaluation confirmed that OSCaRS provided effective palliative and end of life care practice-based learning and emotional support for care home staff. Feedback received from the participating care homes was overwhelmingly positive. Three key areas of significant value and benefit for individuals and teams within care homes have been identified. These are 1) the opportunity to stop, reflect and learn 2) improved communication and confidence in practice, and 3) meeting a real need for practice-based learning and support.

The roll out demonstrated that OSCaRS are an effective and flexible model for providing support and context specific practice-based learning either as a planned regular monthly activity or proactively in response to unexpected and sudden deaths. However, the pandemic context and timing impacted on the roll out at a time when the offered emotional support and practice-based learning was needed most.

Several factors impeded the involvement of facilitators of OSCaRS as per the original plan, (i.e. 'four care homes each' requiring a time commitment of two afternoons/month). The

consistent engagement of care homes was challenging, and was impacted by significant staffing issues (absence and shortages during 2021),

Important learning to improve understanding, impact and reach from the evaluation and implementation of the rollout includes:

- the need for care home staff and NHS support teams to work collaboratively to create the capacity to deliver and receive OSCaRS, recognising the critical role that the care home sector plays in the delivery of palliative and end of life care
- the value of a named coordinator to provide oversight and delivery support, including administrative support to ensure sessions are well-organised in advance, appropriately publicised and an established process care home by care home as to how and which staff attend sessions
- the benefit of considering OSCaRS being delivered in person or continuing online as appropriate for each care home and facilitator circumstances
- work to be done to ensure clear messaging to NHS support teams and care homes as to what OSCaRS provides (see figure) and where it fits into the Care Home programme.
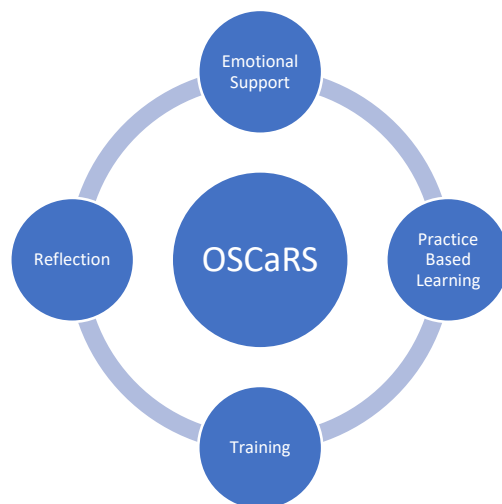
OUTCOMES

- OSCaRS University Based Team have had direct contact with 40 care homes, which is 38% of all Care homes in the region.
- 27 care homes requested OSCaRS to be organised with their staff (5 in West Lothian, 2 in Midlothian and 20 in City of Edinburgh)
- 162 OSCaRS were planned for delivery (that is, a date and time agreed between the facilitator and the care home)
- 95 OSCaRS were actually delivered to 22 care homes
- The number of planned OSCaRS increased month on month to a peak of 40 sessions being planned in September.

- 67 of the 162 (41%) organised OSCaRS did not take place as care homes either cancelled the session or no staff were available to join the facilitator at the agreed date/time.
  - Of the non-delivered sessions, six care homes (22%) accounted for 42% of all cancellations (28 of the 67 cancelled)
- 289 care home staff have attended one or more OSCaRS
  - 7 OSCaRS were delivered to a single staff member
  - An average of 3 staff attended each delivered session (range 1 to 8 staff members)
- Over the 12-month project, a total of 19 NHS facilitators have delivered one or more OSCaRS to care homes either as a facilitator or co-facilitator. However as at January 2022 only six trained facilitators remain active
- Over 80% (77/95) of all delivered OSCaRS were facilitated by the University based Team (JH or JW) with or without a co-facilitator

Background

Care homes are key providers of palliative and end of life care for people with multiple chronic conditions and frailty and are already being termed the 'de facto' hospice (Connelly et al 2014) Care home staff have specialised knowledge and expertise but the majority do not have formal nursing training and therefore need continued learning to ensure high quality palliative and end of life care is delivered, with clinical input from health care professionals when needed. They also need support to deal with the emotional toll of caring for dying residents and their families who they know well.

The latest CHEF/PEF national priorities for July 2021- March 2023 highlight the important role of CHEFs/PEFs in building the capacity and capability of care homes to become practice learning environments and "supporting the enhancement of a culture of learning, feedback and reflection through role modelling" (NES 2019).

The British Geriatrics Society (2021 p.4) recommends that 'All members of a care home MDT, including those employed by both the NHS and care homes, should undergo specific training in the care of older people' and highlight end of life care as a specific area where support is required by residents.

Pre-pandemic, reflective debriefing sessions based on Gibb's Reflective Cycle were taking place in a small number of care homes in Lothian, Scotland, to facilitate practice-based learning and staff support around palliative and end of life care in relation to individual residents who had died (Hockley 2014). These sessions, led by Dr Jo Hockley, a nurse academic and specialist nurse in palliative care, facilitated care home staff to remember a resident who died recently, describe the events leading up to their death, reflect on what they felt went well and what didn't go well, and what might have been done differently. Through this process, new learning helped them identify what needed to change and affirmed what was working well.

With the outbreak of the pandemic, CSO Covid 19 Rapid Research funds were used to offer these reflective sessions online during 2020 and became known as "online" Supportive Conversations and Reflective Sessions (OSCaRS) (see Box 1). During 2020, these OSCaRS focussed primarily on emotionally supporting care home staff at a significantly stressful time because of the pandemic.

Box 1: Online Supportive Conversations and Reflection Sessions (OSCaRS)

OSCaRS were offered to each care home on a monthly basis at a time that suited staff, usually early afternoon. The facilitators sent a secure link to the online session to the care home manager who then advertised the session and assembled the staff on the day in a private office space within the care home where the conversation could not be overheard. The OSCaRS were limited to 45-minutes duration. Session notes were taken and sent to the care home manager as evidence of practice-based learning either for the Care Inspectorate or for individual CPD.

Each OSCaRS follows the Gibbs reflective cycle: firstly, an opportunity for staff present to give a 'pen portrait' of the resident who had died and their family. This is followed by questions from the facilitators: *What led up to the death? How did staff feel it went? What went well? What didn't go so well? What could have been done differently? What do we as a care home want to change as a result of this reflection?*

Project set up and delivery

The roll out of OSCaRS to care homes in Lothian Region was managed, overseen and evaluated by a Team from University of Edinburgh and Edinburgh Napier University in conjunction with NHS Lothian.

Universities based Team

- Project Lead: Dr Susan Shenkin, University of Edinburgh & NHS Lothian

- Lead Facilitators: Dr Jo Hockley; Dr Julie Watson – University of Edinburgh

- Project Evaluator: Lucy Johnston, Edinburgh Napier University

NHS Lothian

In submitting the application, it was flagged that a key driver for the success of OSCaRS would be joint action to build OSCaRS over time into the developing NHS infrastructure of care home support and oversight. The rollout of OSCaRS was one of the main recommendations from the analysis of the Supportive Visits to Care Homes in Lothian and included in the funding application was a commitment from NHS Lothian to work with the ELHF funded team to ensure that the OSCaRS infrastructure became embedded within the corporate Care Home Support Programme.

OSCaRS Project Manager/Coordinator

An NHSL project manager was appointed to help support co-ordination and education/training associated with the implementation and to work with Health and Social Care Partnerships to prioritise input, aiming to include homes from all areas of the Lothians and from private, charity and local authority sectors. The initial appointee to the post of OSCaRS Co-ordinator left for a new post in May 2021), and a new project officer was recruited in June 2021.

Community of Trained OSCaRS Facilitators

To roll out OSCaRS and increase the number of care homes involved, the key activities of the Delivery Team focussed upon *recruiting* and *training* a community of practitioners from NHSL to deliver and facilitate OSCaRS. Bi-monthly 'community of practice' meetings for OSCaRS facilitators were planned and backfill costs were available.

Recruiting: To raise awareness of the OSCARs project; information flyers were sent to potential facilitators known to the project team with further snowballing through emails, phone contacts, and presenting OSCaRS at meetings and care home networks.

Training of facilitators and co-facilitators: Three training sessions 'online' were prepared by JH and JW covering aspects of palliative and end of life care that could be usefully used to enhance practice-based learning during an OSCaRS. These have been recorded for use beyond this initial project. Each session was 90 minutes and highlighted context-specific issues in care homes, namely: Death/Dying; Communication at the end of life (Case Study); and, Control of Symptoms during the last days of life. Facilitators and co-facilitators were encouraged to attend these sessions within the first six-weeks – all three sessions were recorded and each session was held three separate times to maximise opportunities to attend. Online group facilitation skills were developed through shadowing OSCaRS.

Engaging care homes in OSCaRS

A purposive and proactive approach was taken to raise awareness of the OSCaRS roll out among care homes. An Information Session for care home managers was held in each of the following months: March, April, May, June and again in August. Information sessions last up to an hour; a full explanation about the OSCaRS and time for questions is given.

Publicity flyers about the project were sent to all care home mangers and also posted on the NHS Lothian Care Home website. Care homes were also referred to the OSCaRS project by the NHS Lothian Assurance Team and by members of the Care Home Support Team of Edinburgh and some care homes were introduced to OSCaRS via their contact with Quality Improvement and Specialist Palliative Care colleagues. JH also re-contacted care homes known to the team to inform them of the roll out.

Digital Devices for OSCaRS

To increase attendance and ensure social distancing during the sessions, funding was allocated to allow each care home to be provided with three tablets and stands if required, to allow staff to attend in different rooms across the care home and from their own home if desired. These devices could also be used for other learning and social activities by staff and residents. The offer of new devices was made by OSCaRS facilitators to care home managers before the first session and after each session if appropriate. One care home requested a laptop; all others reported having adequate numbers of devices (laptops, tablets or phones) to connect to OSCaRS. Four Care Homes requested a wide-angle camera to allow all participants in one room to be seen while allowing distancing; these were provided.

Evaluation Methods

As part of the ELHF funding, a mixed methods evaluation of the roll out of OSCaRS was undertaken to answer four key evaluation questions

- o how was the roll out implemented?
- o what were the outcomes of the roll out?
- o what are the benefits and value of OSCaRS to care home staff who attend the sessions?
- o what can we learn from the roll out about implementation enablers and barriers to support the further roll out and future sustainability of OSCaRS?

Alongside this a rapid realist review was also designed to answer the question: Providing emotional support through practice-based reflection and learning in care homes: What works, for whom, in what circumstances and why? This will be reported separately from this current evaluation.

The evaluation of the roll-out of OSCaRS used the following quantitative and qualitative sources:

- Activity/monitoring database of facilitators, care homes and OSCaRS delivery (February 2021 to January 2022)
    - o activity data was gathered from session facilitators and included, for example, role of facilitator, training record, number of OSCaRS facilitated, number of session attendees and participating care homes
- Interviews with six OSCaRS facilitators. These were audio recorded and transcribed.
- Informal emails (n=7) and formal feedback in response to a request from LJ (n = 3) from care homes in receipt of OSCaRS.

Document review:

- Delivery Team Action Log

- o a weekly record kept by the Team of project activity and decisions taken alongside reflections on what had worked well and key learning and new actions to progress the roll out.
- Individual OSCaRS Records
  - o a written note of observations by facilitator/co-facilitator after each session reflecting on what had worked well and not well, to capture learning for the roll out going forward (n=75)
- Session Notes
  - o The facilitator of each session uploads and sends back to the care home a summary of the session and recorded the learning/teaching content covered, which can be used by the Care Homes as evidence to the Care Inspectorate of practice-based learning (n=81)

The databases were analysed to provide descriptive statistics and plot progress of the project over time. For interview and document content, a six-phase approach to thematic content analysis was adopted. This consisted of a systematic process of familiarisation with the data; generation of initial codes from the data; a search for themes; review of themes; defining and naming of themes; and finalising the analysis for report writing. The lead evaluator (LJ) analysed the data independently to identify themes and topics. An evaluation matrix was used to triangulate identified themes. The Team engaged in discussion and debate throughout the process.

Ethical approval for these methods was granted from Edinburgh Napier SHSC Ethics Committee (Project reference: 2729864).

OUTCOMES

Trained OSCaRS Facilitators

In January 2021, four professionals had expressed interest in being involved in OSCaRS through a combination of Information sessions and one to one meetings. By summer 2022 the Team has been in contact with a total of 26 people (see Table 1).

Table 1: Professional groups engaging with OSCaRS by Local Authority Area

	Edinburgh	East Lothian	Midlothian	West Lothian
CHST	10	1	2	
SPC	2		3	1
PEF	1			
QI	2			
Hospital at Home	1			
CHEF		1		1
GP				1
TOTAL	**16**	**2**	**5**	**3**

Of these 22 expressed their intention to engage in the delivery of OSCaRS and seventeen practitioners attended one or more education session. Ten have attended all three education sessions and received a certificate of completion.

Over the 12-month project, a total of 19 facilitators delivered one or more OSCaRS to care homes either as a facilitator or co-facilitator. However, as at January 2022 only six trained facilitators remain active. This is a result of maternity leave, job changes and disengagement. As a result, over 80% (77/95) of all delivered OSCaRS have been facilitated by the University Team (JH or JW).

The June 2021 progress report and September 2021 exception highlighted the smaller than anticipated number of facilitators actively engaged and also the capacity of recruited facilitators to deliver OSCaRS. For most of the trained facilitators, the number of OSCaRS they were able to facilitate in a month/week was much lower than planned

Given the diversity of different types of job, different work patterns and commitments, and the effect of the on-going pandemic it was only possible to organise three 'community of practice' meetings. These were mostly attended by PEFs. No claim for backfill costs was submitted by any facilitator.

Care Homes and Oscars

The lead facilitators (JH and JW) and the Project Manager had <u>direct contact</u> with 40 care homes. That is 38% of all care homes in the region. Of these, two thirds (n= 27) care homes requested OSCaRS to be organised with their staff. (see Table 2). One or more OSCaRS was delivered to 22 care homes over the 12 month roll out. The majority of participating care homes are in Edinburgh (n = 20), with five in West Lothian and two in Midlothian. No care homes in East Lothian were contacted directly as the Team was advised of considerable change occurring in East Lothian both within the SPC team and the Care Home Liaison Team, which restricted the potential for a local facilitator.

Table 2: Care Homes engagement with OSCaRS

Type of engagement in OSCaRS	Number of Care Homes
Direct contact with Team	40
One or more OSCaRS held	22
Engaged but no session held	5
Withdrew	7
Did not want to take part	6

Delivery of OSCaRS across Lothian

The roll out resulted in 95 OSCaRS being <u>delivered</u> to 22 care homes (see Figure 1). However a total of 162 OSCaRS were actually organised with 27 homes. We are using the term 'organised' to mean that a date and time was agreed between the facilitator and the care home.

Figure 1: OSCaRS Organised and Delivered
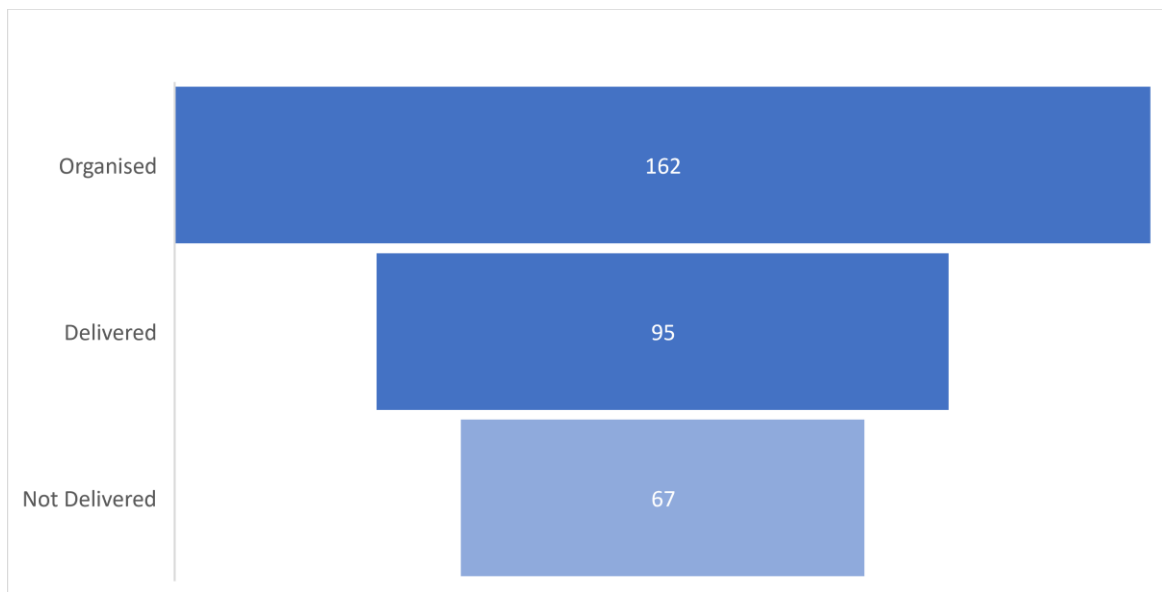
Major staffing issues in care homes impacted significantly on the delivery of OSCaRS, at a time when the offered emotional support and practice-based learning is needed most. The roll out after a slow start was gathering pace over the summer. However, from August it became evident that ongoing and COVID related issues were again impacting on care homes as they addressed absences, staff shortages, recruitment and additional daily demands on workforce such as COVID testing, visiting policies etc. Workforce capacity and pressures resulted in a significant number of planned sessions being cancelled or not attended (ie cancelled as no staff attended).

The number of organised OSCaRS increased month on month to a peak of 40 sessions being planned in September (See Figure 2).

Figure 2: Roll Out month by month (number of sessions)
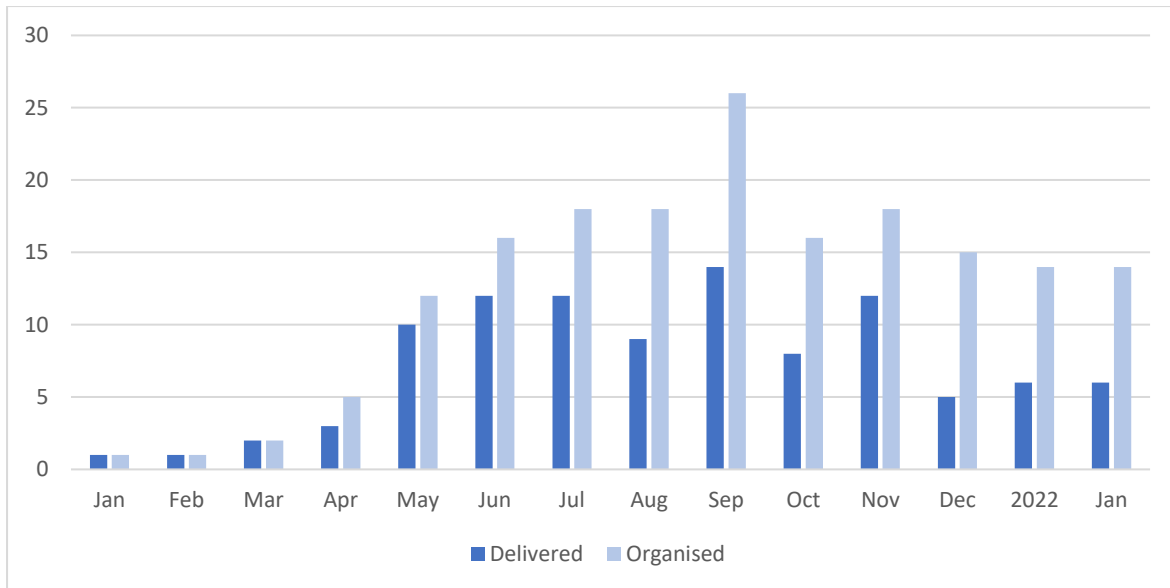
Overall, 67 of the 162 (41%) organised OSCaRS did not take place as care homes either cancelled the session or no staff joined the facilitator at the agreed date/time. (See Figure 3).

Of the non-delivered sessions, six care homes accounted for 42% of all cancellations (28 of the 67 cancelled).

Figure 3: OSCARS delivered and reason for non-delivery
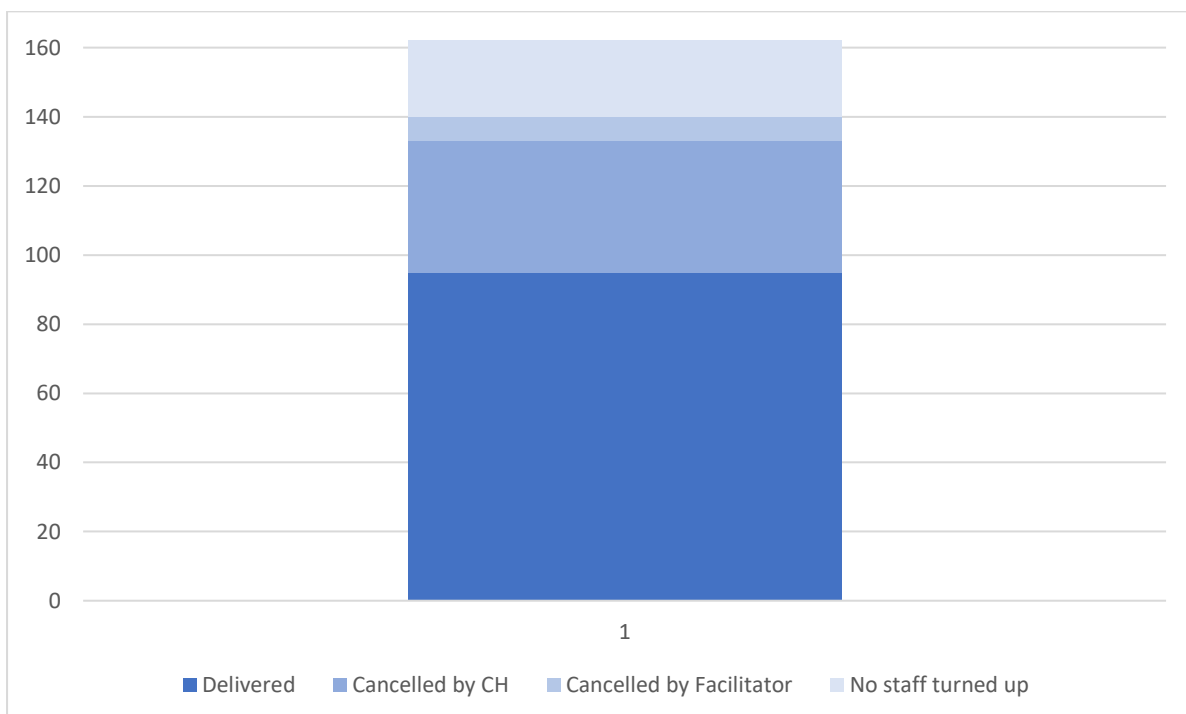
An average of three staff attended each delivered session (range 1 to 8 staff members). However, seven OSCaRS were delivered to a single staff member. Overall, 289 care home staff have attended one or more OSCaRS. Nearly 60% of staff who attended were care assistants or senior care assistants (See Figure 4).

Within 15 of the care homes, one or more nurses attended a delivered session, resulting in 43 of the 95 OSCaRS having nurse input. Non-care staff, for example activity coordinators, attended one or more OSCaRS in only 7 of the 22 homes (14 OSCaRS in total).

Figure 4: Number and role of staff attending OSCaRS
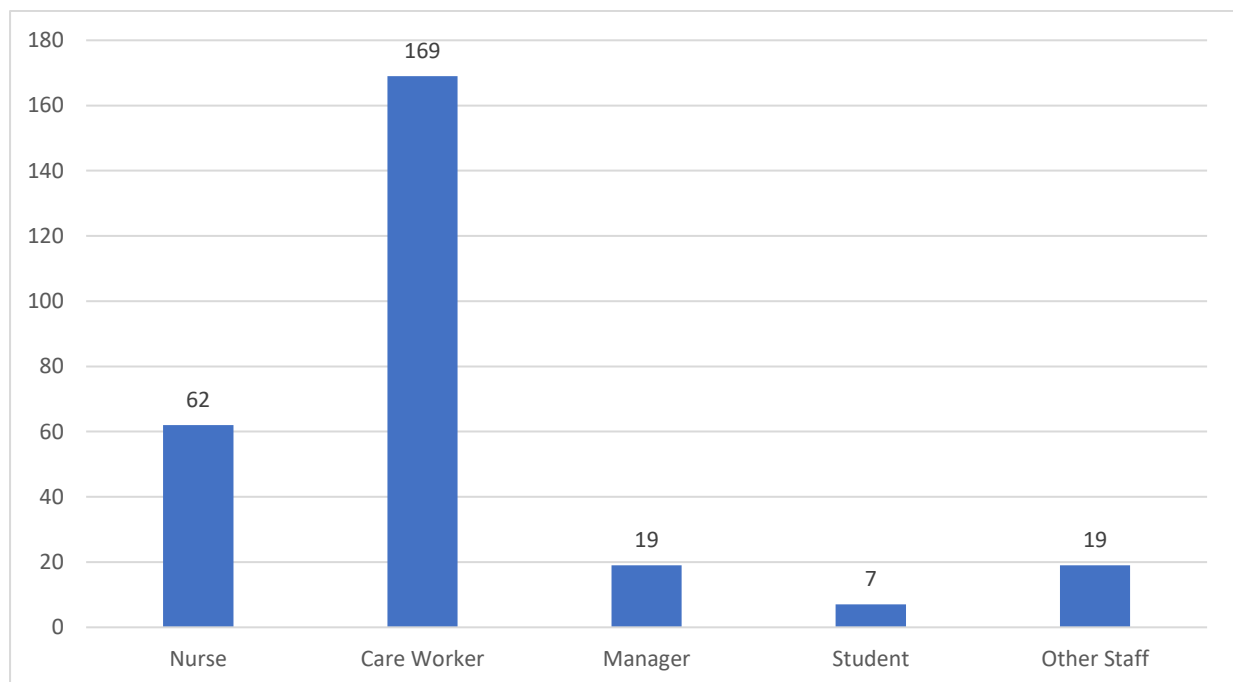
IMPACT of OSCaRS

The evaluation confirmed the positive impact of OSCaRS as a vehicle for the provision of palliative and end of life care practice-based learning and emotional support for care home staff. Feedback received from the participating care homes was overwhelmingly positive. The roll out demonstrated that OSCaRS is an effective and flexible model for providing support and context specific practice-based learning either as a planned regular monthly activity or proactively in response to unexpected and sudden deaths.

Three key areas of significant value and benefit for individuals and teams within care homes have been identified. These are the opportunity to stop, reflect and learn, developing confidence and communication and meeting a real need for practice-based learning and support.

The opportunity to stop, reflect and learn

It may seem counter intuitive and even counterproductive to ask staff to stop working/doing work for a moment and 'learn by doing' through reflection. However, the evaluation found that both care home staff and facilitators highlighted the benefit to staff who took the opportunity provided by OSCaRS to actually stop, "come off the floor" to talk, share and reflect. Three care home managers fed back to the Team that their staff had enjoyed the sessions and where appreciative of the support provided.

"This was a good project that I sincerely hope it does not come to an end. We need this type of reflections…They were conversations that we needed to have following the deaths we experienced in the first wave of Covid-19 (CH28)

"they found it really of value because they're heard, they're listened to". (Facilitator ID39)

"I am delighted with the training and the reflective sessions that the team have experienced and will continue to in the following months. We need to evidence this effective and fabulous work and use this moving forward for the team in its entirety" *(CH17)*

Being given protected time to share their memories of a resident who has died and talk through how they cared for them was reported as providing comfort to bereaved staff.

"Because they are doing a job where they have got to keep going sometimes they feel, the staff feel that they can't talk about the person any more. They have got to carry on, they have got people to look after and the person is forgotten about and dismissed almost instantly and they want to talk about them. This is an opportunity for staff to either just vent or just talk or talk about some concerns or just talk about the person. It just helps them in that bereavement process because I think people forget staff go through that as well". (Facilitator ID79)

"I think it's being heard; I think it's being listened to. I think that is important because a lot of the staff are, you know, care assistants or, I think they call them social support workers, I can't remember. But they're not always trained staff, I think one of the non-trained staff coming along, they found it really, value from it because they're heard, they're listened to". (Facilitator ID39)

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Improved communication and confidence in practice

A key benefit of OSCaRS is enhanced staff confidence in the provision of end-of-life care that can build from sharing and reflecting on how they had used their skills in a challenging environment.

The opportunity to have a safe space to discuss and share their experiences openly benefitted staff as the sessions provided much needed reassurance – that they were doing a good job in difficult circumstances. It is valuable to have the good work they are doing affirmed.

> *"They really care about them. But when they describe what they've done for the person, I think they really love hearing that it sounds like they did a great job. You can see the relief and the happiness in their face that they think they've got it right…. I think it makes them feel valued. I think we can reassure them that they are getting it right". (Facilitator ID78)*

The content of the sessions and feedback from facilitators highlighted the role OSCaRS can play in developing staff communication skills and their willingness to talk about death and dying. The evaluation identified that OSCaRS initiated more communication between staff members and staff groups – described by one manager as *"opening up conversations" (CH20)*. In addition, the content of many OSCaRS demonstrated to staff the importance of listening to the "rest of the team" and the value of sharing their observations and actions when a resident is dying. For some this also enabled reflection on how they would communicate more confidently with external health and social care providers in the future.

Meeting a real need for practice-based learning and support

The process of rolling out OSCaRS across Lothian has demonstrated a high level of explicit and implicit need for palliative and end of life care support and practice-based learning and support for care home staff. One facilitator said:

> *"I was quite saddened by the level of care that the teams were expected to provide with very little support and education, and I think that the OSCARs was a really good way to get it out there for the teams" (Facilitator ID40)*

The content of the sessions themselves also illustrates range of topics covered and the recurring practice-based issues care home staff deal with daily. These are listed in Box 2.

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BOX 2: Learning and Support - topics covered during OSCaRS

- The dying process and stages of dying
- Importance of recognising dying
- Dementia and dying
- Anticipatory care/DNACPR
- Communication when dying has been recognised
  - With family
  - With other residents
  - Between care home team members
  - With external health and social care professionals
- Definition of palliative care
- Vocabulary – using the word dying
- Sudden deaths
- Pain assessment and management
- Managing symptoms at end of life
- Talking to the dying
- Spiritual aspects of dying
- Staff grief and bereavement

KEY LESSONS FOR FURTHER ROLL OUT AND SUSTAINABILITY

Important learning to improve understanding, impact and reach has been identified from the evaluation and implementation of the rollout.

Creating the capacity to deliver and receive OSCaRS

Several factors impeded the involvement of facilitators and co-facilitators to deliver OSCaRS. These relate to the role, remit and resources of current and potential facilitators They are summarised in Box 3 and addressing them is key to the future roll out and sustainability of OSCaRS within the NHS Lothian area.

Box 3: Factors impacting on the number and capacity of NHS OSCaRS Facilitators and co-facilitators

Role
- Uncertainty as to role in future/short term
- Turnover/job or role change (at senior level too/not just facilitators)
- Lack of authority/autonomy or flexibility
- Ambiguity as to how best they actually support CHs
- COVID being a focus/priority i.e., PPE/Infection control training (rather than practice-based learning to support staff in management of residents)
- Perception that OSCaRS is a separate (optional?) means of support and training

Remit
- Each LA area has a different approach/remit/model of CH support
- Aligning available, dates/time to deliver OSCaRS can be complex for both Care Homes and Facilitators/co-facilitators
- Staffing issues e.g., shift rotas, annual leave, sick leave compounding overall capacity/workload issues
- Rota/off duty roster – offers limited ability to plan ahead/set dates they can attend and their availability midweek afternoons which is a good time for Care Home staff
- Unpredictability of workload/demands (COVID service priorities e.g., vaccination)

Resources
- Private space for session facilitators is limited
- Maintaining contact/receiving timely responses by email/phone
- IT equipment - availability of devices (laptop/tablet) especially within Edinburgh CHST
- Access to ZOOM and knowledge of how to use MS Teams independently

It is evident from the number of short notice cancellations that there is also a capacity issue within the care homes. Whilst their commitment to OSCaRS was strong, staff shortages and service demands created a situation of competing priorities on a day-to-day basis. Facilitators consider this not to be just a OSCaRS-specific issue suggesting the pressures faced by care homes was resulting in all forms of training being poorly attended. One facilitator commented;

> *"Yes I wouldn't think it's an OSCaRS specific thing. I think it's any education thing. The first priority is patient care and the numbers on the floor. If there's anything to be cancelled, education's always the first thing"* (Facilitator ID78)

Going forward care homes will have to be supported to find ways to prioritise much needed learning and reflection within the current context.

Co-ordinator role

The planning and delivery of Oscars across Lothian required a high level of administration behind the scenes with facilitators and the participating care homes. The role of the project coordinator as a single point of contact for both parties was key to many aspects of the roll out.

"….following things up and I think without somebody in that role I'm not sure it would be as successful.…. and she's also very accessible and that's a role I think is really important in this project" (Facilitator ID41)

The evaluation highlighted aspects of the message and medium of OSCaRS that if addressed will improve understanding and delivery. Pros and cons of continuing with the online medium of delivery were raised. We identified a need for clearer messaging around what the sessions are for and what happens during an OSCaRS and a need to clarify to care homes who is to facilitate the sessions and where they fit within the overall support service and structure that care homes ore offered.

Most of the interviewed facilitators expressed a preference for face-to-face delivery of OSCaRS. They pointed to in-person sessions helping with managing group dynamics and engagement levels and importantly providing them with a better opportunity to build real relationships with the care home. However, all could see the value in continuing to ensure an online medium was offered to care homes. One care home expressed a preference for in person OSCaRS so that more staff could attend.

Ideally it would be organised in a bigger group, in person, where more people could share experiences and learn from it. (CH17)

Going forward more consideration should also be given to which staff attend, including non-care staff and how OSCaRS could be made available to those who work night shifts.

Facilitators reported that during some sessions, staff had not understood clearly the format and aims of OSCaRS. Within feedback on OSCaRS care homes referred to the sessions variously – including – training, teaching sessions, reflections. One care home manager asked:

"Many who attended had difficulty with considering this training. I wonder if this was promoted more as training with an acknowledgment of attending would carers make more of a commitment to participate?" (CH07).

At times staff attending were there because they happened to be on shift and could be released from the floor for an hour, rather than as the result of an informed decision to attend. Two facilitators reflected on this, saying;

"You know, good on the staff that have joined in with it, and I think they've been surprised by it as well to be honest. They didn't know what they were coming into. I think they were just told that it's training and they've to go on the training. So a lot of them didn't know what OSCaRS was about or why they were there. The ones who've joined in, joined in really well and participated. They were really engaging. (Facilitator ID78)

"I think probably the preparedness for the managers for the care homes because again sometimes we have had staff sent along and they are not sure why they are there. Sometimes you get staff who know they are here to talk about John who died last week and just talk about his death and how they felt about it and …….Others are like you can see that they have come, I am not quite sure, I have been told to join this I am not sure why I am here". (Facilitator ID79)

However, when the purpose of OSCaRS was understood fully it was evident that staff wanted to attend and at times a number attended on their day off, or logged on from home. This is one example of how OSCaRS is meeting a real need for practice-based learning and support. As one facilitator put it:

"The challenge is to get across the message of what we're actually doing in Oscar's it is a learning experience and care homes are hungry for learning experiences it is a way of making education come alive it's not just about support, albeit that is very important" (Facilitator ID40)

There is a need for care home managers to become full partners in the delivery of OSCaRS and have, for example, a greater responsibility for the messaging within the care home. It is suggested that the diagram in Figure 5 may be a useful way to visualise and explain the various components of OSCaRS to staff and Care Home Managers.

Figure 5: Four components of OSCaRS
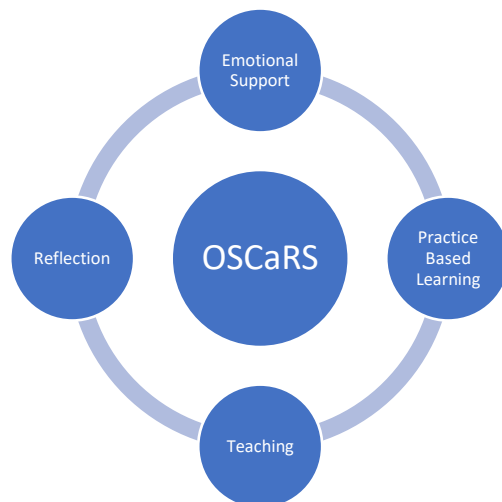
Conclusion

The evaluation confirmed the positive impact of OSCaRS as a proactive vehicle for the provision of palliative and end of life care practice-based learning and emotional support for care home staff. Feedback received from the participating care homes was overwhelmingly positive. The roll out demonstrated that OSCaRS is an effective and flexible model for

providing support and context specific practice-based learning either as a planned regular monthly activity or in response to unexpected and sudden deaths.

Several factors impeded the involvement of facilitators of OSCaRS as per the original plan, (i.e. 'four care homes each' requiring a time commitment of two afternoons/month). The consistent engagement of care homes was challenging and was impacted by significant staffing issues (absence and shortages during 2021) which were out with the control of this project.

OSCaRS should be utilised as an educative and supportive tool by those in various roles supporting and providing education to care homes within an integrated health and social care system. NHS Lothian's commitment to OSCaRS will ensure that care home staff, and the residents they care for, continue to benefit from practice-based learning and reflection on death and dying and the associated emotional support it offers. Important learning to improve understanding, impact and reach going forward have been highlighted.

To assist in the further roll out, the training materials and collated learning resources used by the Universities based Teams have been shared. They are being collated by the Co-ordinator into an OSCaRS Toolkit. This will be made available to current and new Facilitators.

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