



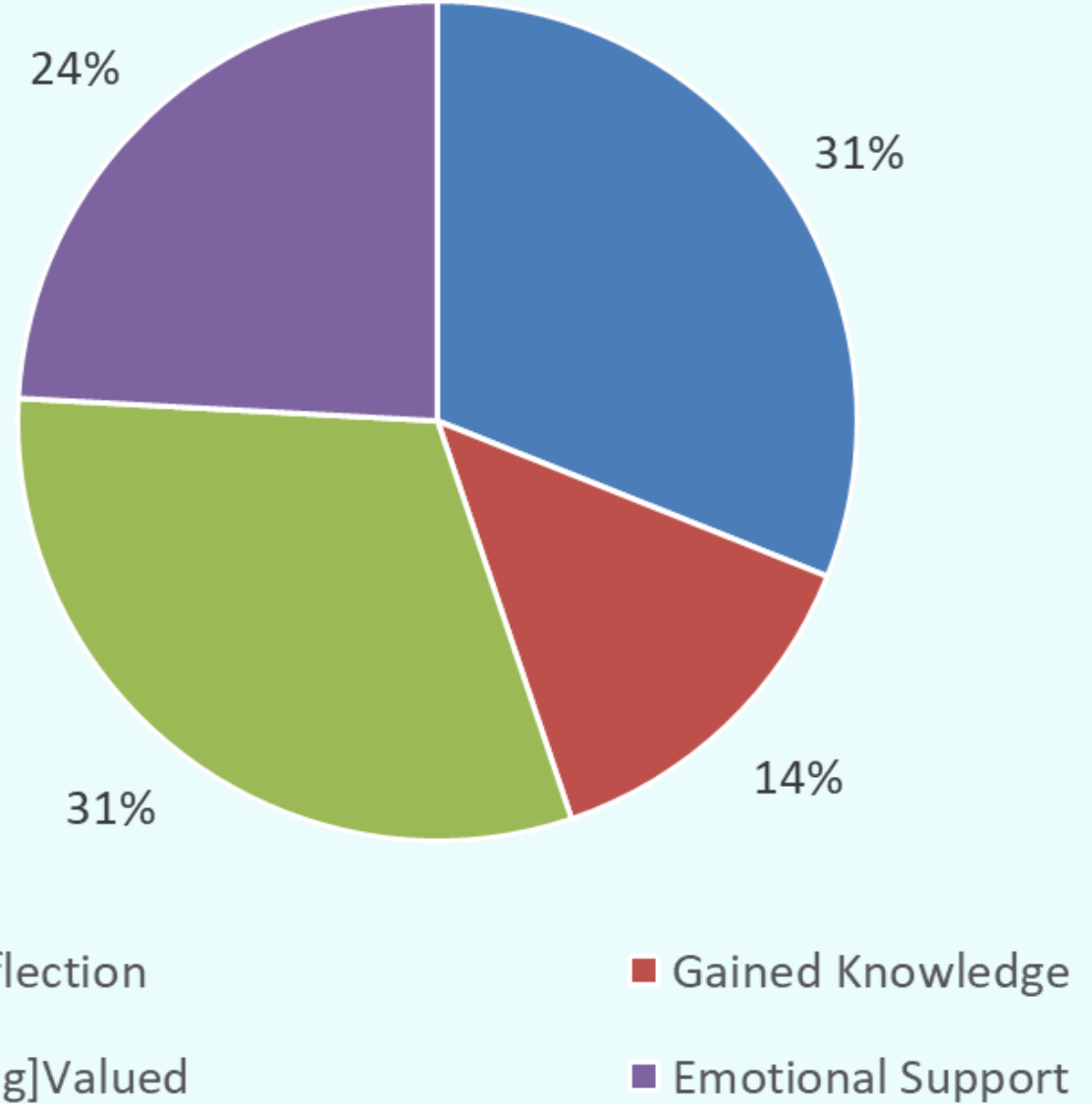
# Proposal for a test of change to enable Registered Nurses working within Care Homes to facilitate Ongoing Supportive Conversations and Reflection Sessions (OSCaRS) in their own homes and allied homes.

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Throughout the pandemic, OSCaRS were used to help care home staff with palliative care and emotional support at a time of unimaginable difficulty. The rollout of OSCaRS to care homes in the Lothian Region was managed, overseen, and evaluated by a Team from the University of Edinburgh and Edinburgh Napier University in conjunction with NHS Lothian (1). sessions were facilitated by registered nurses who were, educators or specialist palliative nurses, providing the opportunity to stop, reflect and learn improving communication and confidence, and meeting a real need for practice-based learning and support(1,2)

### Situation.

Since the integration of the OSCaRS project into NHS Lothian under the auspices of the Care Home Programme Team in 2022, OSCaRS have played an important part in both education and wellbeing in 22 Care Homes across the Lothians. They have been shown to effectively provide practice-based learning, support, education, and reflection in a confidential space(1).



However, there is now a challenge to find registered nurses from within NHS Lothian, who have the relevant experience/skills, time to be trained and then facilitate OSCaRS. Several factors contribute to this; uncertainty about the future of the role, turnover of staff, team managers' view of OSCaRS, time, experience, rotas, sickness, and workload are the more obvious, contributing to a reduction from 22 facilitators to 7 with only 3 active (1).



### Background.

People who live in Care Homes should expect the same level of palliative and end-of-life care as they would have if they were living elsewhere in the community because the Care Home is where they live and where they call home(3,4).

The benefits of OSCaRS align with the Scottish Government's My Health, My Care, My Home framework for adults living in care homes(3) as well as Enriching & improving the experience of Palliative and End of end-of-life care(5). Thereby, helping with staff well-being and a sustainable knowledgeable workforce.

### Assessment.

Care homes are already considered to be de facto hospices(2). They are one of the main places where people die and projections indicate a 92% increase in those dying aged over 85 years with multiple complex needs(6,7) which requires longer-term imaginative thinking about how to support high-quality end-of-life care in care homes



We do not learn from experience... we learn from reflecting on experience.  
- John Dewey

### Recommendation.

To help achieve this there needs to be a change in thinking in the facilitation of OSCaRS that recognises the ability and experience that exists in Care Homes to support sustainability empowering those that deliver care in Care Homes to become facilitators. The test would examine the feasibility of Registered Nurses helping in sister homes as well as their own home as they have; generalist palliative care knowledge and practice, share a mutual understanding of the challenges Care Home staff face, have an intimate understanding of 'what is important' to residents and their families, are a key link between the Care Home and other clinical professionals, experts in their field, readily contactable and able to respond promptly.

### Progress to date

Throughout may and June there was a concerted effort to recruit Registered Nurse form Care Homes across the Lothians. This involved discussion with care Home Mangers offering an explanation of what OSCaRS were, the training that would be offered and the advantages that OSCaRS can bring. They were asked if they could identify one or two of the nursing team who might be interested. The training was tailored to the experience that the individual had and covered; symptom ,management, complex conversations, recognition of the dying resident, and psychological first aid amongst others.

To date 14 care homes have been contacted, with 3 putting forward registered nurse and 7 nurses undergoing the training. A further 5 have agreed to be trained in the near future