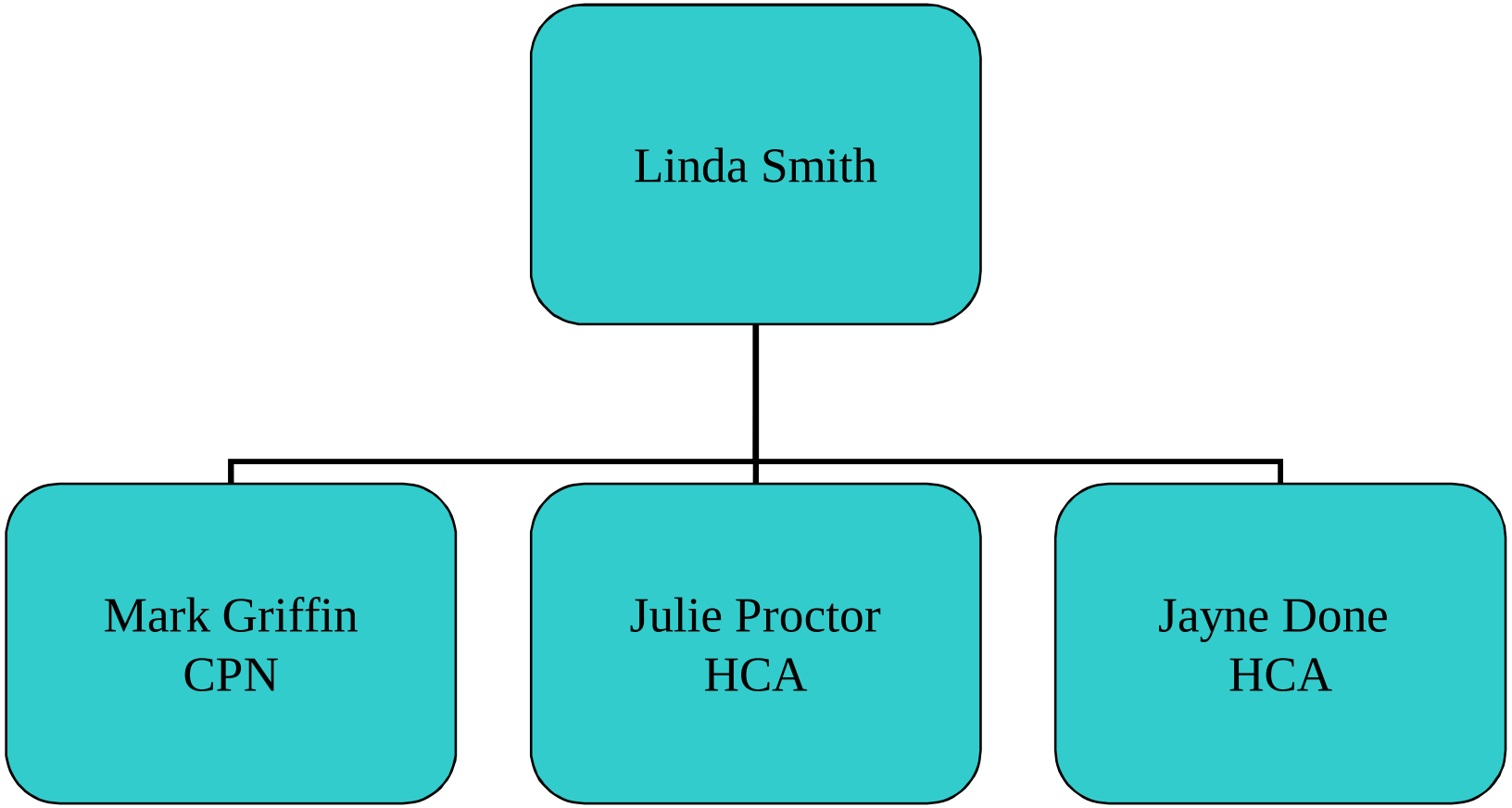
NHS

Nottinghamshire Community Health

Linda Smith
Community Matron

Role of the Community Matron for Care Homes

Care Homes Team



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Long Term Conditions Team

- Community Matrons
- Deputy Caseload Holders
- Health Care Assistants
- Physiotherapists
- Occupational Therapist
- Speech and Language Therapist
- Administrators
- CPNs
- Diabetes Specialist Nurses
- Learning Disability Nurse
- Respiratory Nurse Specialist
- Matron for Neurological Conditions
- Social Workers

Referrals

- Care Homes
- Social Services
- MDT members
- Secondary Care
- A & E
- GPs
- Other CMs

Case Study 1

79 year old gentleman, discharged from hospital to nursing home on fast track continuing care (near to death).

H/O large aortic aneurysm. Was previously living alone-no social support

Very anxious, does not get out of bed

Case study 1-Actions

- Full Assessment-social, psychological, physical.
- Discuss advanced Care Plan,ADRT drafted
- Liaise with GP,Enter on GSF
- OOH services contacted,ADRT communicated
- Continued support from CM
- Staff Training sessions re ADRT,What to expect at End of Life
- Anticipatory drugs prescribed, held in stock
- Continuing Care reviews 3 monthly
- Patient died in home 9 months later

Case Study 2

- 84 year old gentleman with pre supra nuclear palsy(PSP).
- Admitted to nursing home as emergency over Christmas-carer breakdown,no support available over holiday period
- Following two trial periods at home,entered full time care in February

What Support would you Expect?

- Carer support, financial assessments,continuing care assessment
- Advanced Care Planning ,PPC,ADRT discussed but not actioned,patient wanted ‘to take his chances’
- Support and training for care staff
- GP involved-on GSF
- Advice from CM for neurological conditions
- Input from SALT,Physio,CPN,HCAs
- Provision of equipment
- Fast track continuing care
- Commencement of LCP
- Anticipatory drugs
- Died in nursing home 13 months later
- Bereavement support for wife

Any Questions?

Contact

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