Let us know what you think

Patient/carer feedback is much appreciated as this helps us ensure the Home Ward is providing a good service. To provide feedback, please complete the feedback form or scan the QR code below.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9:30am - 4:30pm or email **lcht.lch.pet@nhs.net**

We can make this information available in Braille, large print, audio or other languages - please ask a member of our staff.

Developed by Gwen Velasquez-Fox, Emma Watson and Angela McIntosh - Home Ward (Frailty) Team and Mandy Rees, Communications Team.

www.leedscommunityhealthcare.nhs.uk

NHS
Leeds Community Healthcare
NHS Trust

Neighbourhood Teams

Home Ward (Frailty) Team

Information for patients, families and carers

What is the Home Ward (Frailty) Team?

The Home Ward Team provides care if you suddenly become unwell and can be cared for safely at home instead of going to hospital.

If you are in hospital, we can help you be discharged earlier.

We work seven days a week, 08:00am to 8:00pm. Outside of these hours, you will still be supported by nurses from the Neighbourhood Team and Night Service who operate between 10:00pm - 7:00am. You can call us using the contact details at the end of this leaflet.

To use this free service, you must be 65 years or older, registered with a Leeds GP, and assessed as frailer than average by the healthcare team that referred you.

Referrals can be made by a GP, hospital, Neighbourhood Team or ambulance service.

What are the benefits?

- The Home Ward Team can help you stay at home, where you are most comfortable, by providing care if you are living with frailty (weaker and more vulnerable than others the same age).
- Helps avoid hospital admissions.
- Being cared for at home can improve the experience and outcome of your care by reducing any disruption to your life and the lives of your family and carers.
- Home Ward can support you by helping you return home quicker after a hospital visit, lowering the risk of reduced independence.

- The Home Ward will work alongside others involved in your care to ensure a plan is put in place.

How will I be monitored and checked?

A highly trained practitioner, such as a Community Matron or Trainee Community Matron, will assess you. This may involve taking some blood or other samples.

They will ask you what matters most in order to create a care plan tailored to you. Family or caregivers are welcome to join you during this assessment.

If you have symptoms like breathlessness or swelling caused by heart issues, a Heart Failure Specialist Nurse might come and visit you.

Your care will be provided by a clinical team who will offer support through home visits, telephone calls and overnight care if needed.

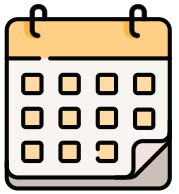
Sometimes, you may need to go to the hospital for more specialist investigations or treatment - the Home Ward Team will organise this for you. This is usually at St James's Hospital. Depending on your results, you will normally come home the same day.

Who will look after me?

A Community Matron / Trainee Community Matron will update you daily about when your next visit will be. You may also receive care from:

- A Consultant Geriatrician (medicine for older adults). Your case will be discussed with the Geriatrician in a multidisciplinary meeting rather than seeing you face to face.
- Community Nurses / Night Service if appropriate.
- Heart Failure Specialist Nurses.
- Pharmacists / Pharmacy Technicians.
- Physiotherapists / Occupational Therapists.
- Healthcare Assistants.
- Other organisations / charities, e.g. Age UK's Home Comfort Service.

How long will I spend on the Home Ward?

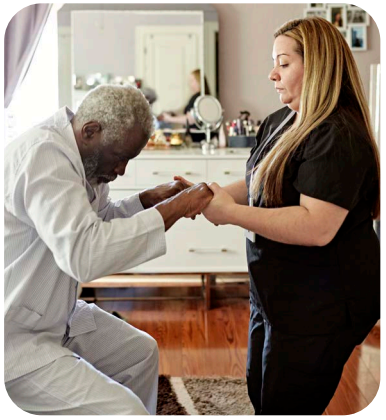


This can be a few days or weeks. When to discharge you will be a joint decision between you and the Home Ward Team.

What happens when I am discharged from the Home Ward?

We acknowledge that you may have questions about your care after leaving the Home Ward. If you require additional support, we will direct you to the appropriate services. Otherwise, your GP will take charge of your ongoing care.

Support at home



If appropriate, and with your consent, we can refer you to services like Age UK's Home Comfort, Adult Social Services, therapy services, and the Neighbourhood Team for ongoing support during your recovery under the Home Ward Team.

Medications

The Community Matron or Heart Failure Specialist Nurse may have adjusted your medication during your stay on the Home Ward.

Your medications will be reviewed by a pharmacist during your stay. They may telephone or visit you at home to discuss medications or help with medication changes.

The Home Ward pharmacists will ask your GP to update your prescription. If you use a medication box (dosette box), the Home Ward Team will ensure your medication is correct for future prescriptions.

Informal carers

We understand the crucial role that informal carers will play in supporting patients to be cared for safely at home. We will try our best to support you.

Carers will be involved in care and kept up to date as much as the patient wishes them to be. We will take into account any lasting power of attorney for health that may be in place, when patients are not able to make decisions themselves.

More support for carers can be provided by:

Carers Leeds
Tel: **0113 246 8338**
Email: **admin@carersleeds.org.uk**

Carers Leeds

What should I do if I feel unwell?

Go to A&E immediately or phone 999 if:

- You are so breathless that you are unable to say short sentences when resting.
- Your breathing has suddenly got worse.
- Coughing up blood.
- You feel cold and sweaty with pale or blotchy skin.
- You have a rash that looks like small bruises or bleeding under the skin which does not fade when you roll a glass over it.
- You have chest pain.
- You feel agitated, confused, faint or very drowsy.
- You have stopped, or are passing less urine than usual.

Ring the Home Ward team or 111 as soon as possible if, since you were last seen by the team:

- You are feeling gradually more unwell or more breathless.
- You have difficulty breathing when you stand or move around.
- You feel very weak, achy or tired.
- You are feeling very dehydrated.
- You are shaking or shivering.

You may be improving if:

You feel well enough to do some or all of the daily activities you did before your illness.

What happens if I am receiving temporary help with my daily living care?

If you are receiving temporary free care while on the Home Ward, this will continue in the short term while you improve.

If a night sitter has been provided, this will only be up to seven nights.

We would hope that within approximately two weeks, the care is no longer needed. If you are still not able to manage, the Neighbourhood Team will make a referral to Adult Social Services to take over. The care would then be means tested and you may need to make a financial contribution.

What happens if I need palliative care?

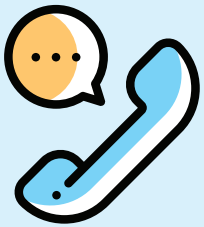
If palliative end of life care is needed following discharge, the Home Ward Team will arrange this. Your care will then be provided by the Neighbourhood Team with support from the local hospice.

Who can I telephone and when?

Leeds is divided into three hubs - **South, North and West**. We will let you know which area to contact.

Home Ward (Frailty) Team / Neighbourhood Teams (7:00am - 10:00pm):

South - 0300 300 3050
North - 0300 300 2999
West - 0300 300 0940



Between 10:00pm - 7:00am, please call the **Neighbourhood Night Service** on **0300 003 0045**

Out of hours non-emergency GP, call **111**