



RACHEL TREANOR

CLINICAL CASE MANAGER - NURSE

SNAPSHOT

Rachel has extensive nursing experience and she always strives to provide the very best care for her clients. She provides support in complex care cases, including to those individuals with acquired brain injury or spinal cord injury. She is passionate about working with her clients and their families to optimize their experience of living with an acquired injury. She has experience working with people who are deemed to not have capacity and require best interests' decisions.

CONTACT

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CURRENT MEMBERSHIPS

NMC
RCN

GEOGRAPHICAL
NORTH/MIDLANDS

SPECIALIST AREAS

- Acquired Brain injury ✓
- Spinal cord injury/Multiple trauma ✓
- Respiratory conditions ✓
- Palliative care ✓
- Tissue viability/pressure care ✓
- Complex care packages ✓
- Support worker training/NVQ assessor ✓
- Knowledge of CQC/standards of practice ✓

PROFESSIONAL QUALIFICATIONS

Diploma IN Higher Education (Nursing)	2000
Registered General Nurse	2000
BSc in Higher Education	2007
Specialist Practitioner (Cardiac Care)	2007
Diploma in COPD	2010



EXPERIENCE

Rachel graduated as a Registered General Nurse in 2000 at Walsgrave Hospital, Coventry, with a Diploma in Higher Education. She began her nursing career as a staff nurse working in acute respiratory medicine in Yorkshire. This was looking after patients with a variety of respiratory conditions. This included occupational disorders associated from working in the mining industry and asbestos exposure; i.e. Chronic Obstructive Pulmonary Disease (COPD), Mesothelioma, Pneumoconiosis (Coal worker's lung) and Progressive Massive Fibrosis. Here she consolidated her nurse training and developed her skills for assessing, planning, implementing and evaluating a persons' care. She developed into an effective communicator within the Multi-Disciplinary team.

In 2001 she then specialised in cardiac care and worked as a sister on a Coronary Care Unit (CCU) in Leicester. She also obtained a degree and a specialist qualification in cardiac nursing. She provided care to acutely unwell cardiac patients following Myocardial Infarction's (heart attacks) and arrhythmia's (abnormal heart rhythms). Patients were also admitted with end-stage cardiac failure and Rachel developed an interest in palliative care. Cardiac rehabilitation was an important focus and Rachel was active in promoting a healthier lifestyle to prevent future cardiac events.

She was a strong leader and implemented many ideas and positive changes to the unit to enhance patient care and outcomes. For example; she arranged training and developed competencies for all the staff to enable them to operate ventilation support (CPAP) to patients with heart failure. Some of the care on the ward was audited and improvements made to reflect this. Rachel devised a teaching tool for newly diagnosed diabetes to educate the patients about their new condition.

This was recognised by the RCN and won her an award with an entry to the Diabetes Conference. She was active in providing support and supervision to junior staff; she devised a training programme for new starters and students and, as an NVQ assessor, successfully assisted healthcare assistants through their NVQ training.

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In 2008 Rachel then worked as a Community Matron within Leicestershire. This involved being a case manager for patients with a variety of physical and psychological conditions. These included neurological, respiratory, orthopaedic and vascular illnesses. There were also patients with a palliative care diagnosis. This was an autonomous role and was to provide ongoing support and management for the people and their families, being an effective advocate by sourcing other areas of support and liaising with many other professionals. Rachel took part in MDT meetings and arranged meetings with relevant healthcare professionals to ensure the client received optimum care.

The client group was varied and required Rachel to be an effective communicator and involved gaining their trust and confidence in the first instance. Her work involved problem solving and helping to retain the clients' independence and empower them towards a better outcome. Care plans were devised with the clients and their families to set realistic goals for the future. Care was carefully coordinated and this was monitored and reviewed on a regular basis. She worked closely with the families and carers to ensure their well-being.

In 2014 Rachel began working as an independent consultant and currently is a bank Specialist Advisor for the Care Quality Commission (CQC). The CQC are independent regulators for all health and social care services in England. As part of her role she assisted the Inspectors on their inspections of care homes and hospitals.

Her key responsibilities included providing specialist nursing advice based on professional knowledge and experience. This was focused on patients that may have pressure sores or required nutritional and bladder and bowel support.

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Patients may be bedbound and require intense nursing care and she advised the inspector on current practice in line with legislation and guidance. She also advised on palliative care and best practice for the patient. As part of this role Rachel had to be sensitive when addressing staff within the organisation that was being inspected. Many staff were anxious; and some were hostile. Rachel was part of the feedback process and this involved presenting the evidence to the managers of the establishment. She then wrote up a report within 2 days and this was submitted to the Inspector. This work developed Rachel's skills in diplomacy and report writing.

Rachel also remained clinical and up to date by working as a community nurse within Intermediate Care in Leicestershire. This was an MDT approach of caring for patients that required assessment, treatment and monitoring in their homes but were not acutely unwell enough for hospital treatment. There was a big focus on rehabilitation, promoting independence and a quality of life at home. This was also a service for people that needed palliative care and Rachel would assess the situation. She was instrumental in the setting up of services, equipment and medicines necessary to keep patients at their preferred place of care. Rachel would further liaise with other relevant healthcare professionals and provide ongoing support to the patient and their family.

In 2017 Rachel joined a legal team offering support and assistance towards people who have been subjected to medical negligence in relation to nursing care, i.e pressure ulcers. Rachel looked at the situation surrounding a person that had acquired a pressure ulcer and determines if this is avoidable or unavoidable care. She looked at the evidence available from all sources of documentation and provided the solicitors with the decision.

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