

BMHP5016 Principles of Health and Social Care Practice

Assignment Title;
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Abstract

Introduction.....

Person centred care.....

Benefits of Person-centred care

Limitations of Person-centred care

Relevant Theory: Maslow's Hierarchy of Needs

How It Links to Person-Centred Care **and Critical View**

Core Values in Health and Social care

Analyse teamwork in health and social care

Key policies for personalised care and teamwork

Examine how staff and professionals work together in a care home
Recommendations

Conclusion.....8&9

Reference List.....9&10

Abstract

Individual centred care focuses on individual need and partnership working involves working with various professionals and organisations. In health and social care setting person centred care include respect, communication, shared decision making, coordination support and family involvement. Good communication helps people collaborate and resolve challenges in a partnership. People should be united in purpose and respect to work effectively. Maslow's Hierarchy of Needs is discussed as a useful theory, showing how human motivation and wellbeing relate to caring for the whole person. The report looks at how teamwork and working together in care homes is important, as well as UK laws that support people-focused care. It recommends better communication, shared training, and involving families more to improve care and outcomes.

Introduction

This report examines person-centred care (PCC) in health and social care in the UK. It explores what person-centred care refers to and describes its main benefits and challenges. The report discusses a theory that supports this way of working. It also highlights the ethical values that guide care and shows how these values relate to person-centred practice. Furthermore, it explores how working together with professionals and service users can improve the quality and consistency of care. Finally, the report reviews UK laws and policies that support PCC and partnership working in care home settings and suggests ways to further develop these approaches in the future.

Person centred care

Person centred care refers to individual led care and is a way of working that focuses on the individual, making sure their needs, choices, and life experiences guide their care. According to the (The Health Foundation, 2023) Person person-centred care means “treating people with dignity, compassion, and respect; coordinating care; offering personalised support; and enabling people to live an independent and fulfilling life.”

Benefits of Person-Centred Care;

Person-Centred Care offers a wide range of benefits for both service users and healthcare professionals. It looks at the whole person, not just their illness, which can improve health and wellbeing. When patients feel that their opinions are heard and that they are treated with respect, they are more satisfied with their care and are more likely to trust their healthcare providers. When patients are actively involved in decision-making, they are more likely to adhere to treatment plans, resulting in better health outcomes (Woods, 2023). Person-centred care focuses on open and honest communication between service users and professionals. Care staff listen carefully and respect people's views, helping them feel heard and valued. These builds trust and make it easier for individuals to share their thoughts. When trust is strong, service users are more likely to follow advice, ask questions, and participate in decisions about their care. This also helps reduce misunderstandings and increases the quality and safety of care. Effective communication and trust create a positive

relationship where both the person and the professional work together for the best outcomes.

Also Person-centred care can help use resources more efficiently and reduce the time patients spend in the hospital. Person-centred care also helps build trust and better relationships between patients and staff. For healthcare workers, it can make jobs more satisfying and less stressful. It helps people live better lives, makes care more efficient, and ensures services work well together. In addition, healthcare workers often feel more satisfied in their roles when they focus on caring for the person instead of just completing tasks, as this makes their work feel more meaningful (reference?)

Limitations of Person-Centred care:

Person-centred care (PCC) focuses on treating individuals as unique and respecting their choices. However, there are challenges and limitations to its implementation in practice. Time constraints often prevent staff from spending enough quality time with patients, which makes personalised care difficult. When there are not enough staff, healthcare workers may struggle to meet each patient's specific needs (Liao et al., 2023). Additionally, when patients refuse treatments that may be deemed necessary, it presents an opportunity for healthcare workers to develop stronger communication skills and find ways to understand and respect their concerns. Individuals with cognitive impairments, learning disabilities, or language barriers may find it hard to express their wishes. This can make it hard for them to take part in decisions about their care. Staff can help by using simple language, pictures, or support from family or advocates. This way, the person can stay involved as much as possible. Without the right support, they may be left out of the decision-making process (The American Geriatrics Society Expert Panel on Person-Centred Care, 2015). A lack of funding can lead to staff shortages or prevent the hiring of new employees. As workloads increase, staff members have less time to provide personal attention to each patient. This often results in care being reduced to essential physical tasks rather than a holistic, person-centred approach (Samuel, 2011)

Relevant Theory: Maslow's Hierarchy of Needs

According to Maslow, identified five fundamental types of needs that contribute to human development, physiological needs, including essentials like food, water, and sleep; safety needs, which encompass security and stability; social needs that revolve around love and belonging; esteem needs focused on confidence and respect and self-actualisation, the process of realising one's full potential. Understanding these needs can help us create a supportive environment for personal growth and fulfilment (McLeod, 2025).

How It Links to Person-Centred Care and Critical View

This theory fits with person-centred care because it focuses on the whole person, not just their illness or physical condition. The hierarchy helps care professionals look at all parts of a person's wellbeing body, mind, and emotions, instead of just treating physical problems. Also helps healthcare professionals understand and prioritise what a patient needs most. This fully supports person-centred care focused on the whole person. Person-centred care promotes respect, dignity, and choice by involving people in decisions about their own care.

This links to Maslow's esteem and self-actualisation needs, as it helps individuals feel confident, valued, and in control of their health (SIGMAMD, 2024)

Although Maslow's theory is valuable for understanding different types of needs, but it can be too rigid, as real life does not always follow the same order. One criticism of Maslow's theory is that people do not always meet their needs in the same order. Although it makes sense to place basic needs like food and safety first and self-actualisation last, in real life, people's priorities can differ. For example, some people believe that having good self-esteem helps build strong relationships, and even Maslow found that some individuals valued confidence more than love (West, 2022). According to Maslow, personal development occurs after basic needs have been satisfied. However, a study conducted in 2015 suggests that not having basic needs met can sometimes help individuals identify what they truly want. For instance, losing a stable job might highlight that the previous work was unfulfilling, prompting someone to pursue a more meaningful career (Henwood et al., 2015). Also, Maslow's theory does not fully include diverse cultural backgrounds or individual values, important for person-centred care. It also focuses on personal motivation rather than external factors like family, community, or living conditions (Copley, 2024). Additionally, it may focus too much on individual motivation and not enough on the social and environmental factors that affect health and well-being.

Core Values in Health and Social care

Health and social care ethics focus on four main principles: **autonomy, beneficence, non-maleficence, and justice**. Autonomy means respecting each person's right to make their own informed decisions about their health, including giving consent and having their choices respected. *Beneficence* is about promoting wellbeing and acting in the person's best interests. *on-maleficence* means avoiding harm and ensuring that no actions cause physical or emotional damage. Finally, Justice means being fair to everyone and no discrimination. These guide professionals to respect people's rights, do good, avoid harm, and treat everyone fairly. Other important values include respecting dignity, keeping information private, being honest, equity, respect, compassion and trustworthiness, person-centred care (Page, 2012).

These ethical principles are important because they guide professionals in making the right decisions, especially in complex or challenging situations. They help ensure that the care given is safe, high-quality, and meets people's needs. When professionals follow these values, it builds trust and respect with patients and others (Macmillan Cancer Support, 2021).

Analyse Teamwork within health and social care services

In health and social care, effective partnership working involves different teams coming together to provide the highest quality of care. This collaborative approach not only enhances the efficiency of services but also ensures that individuals receive the support they truly need. Challenges may occur if communication is poor or if teams are working towards different aims. The success of partnership working can be seen in how well staff work together and how much service users take part in decision-making (Glasby and Dickinson, 2014)

Working in partnership has many strengths that improve care and service delivery. When professionals collaborate, they combine different skills and perspectives, allowing for a more complete understanding of a person's needs. Effective communication and coordination

make sure that no one falls through the gaps and that services work together smoothly. This kind of teamwork often leads to better health and wellbeing for patients, using resources more wisely and avoiding unnecessary care. It also means that people experience a joined-up journey through services, while professionals benefit from learning from one another and growing in their roles.

Partnerships can offer great benefits, but they also have challenges that can make them less effective. Different communication styles and professional language can lead to confusion and misunderstandings. Partners may have different goals or priorities, which can make it hard to agree on next steps. Working with many teams can be complicated and time-consuming, causing delays. Challenges can also arise when some partners have more power, experience, or resources than others. If a key partner leaves, it can put pressure on those who stay and slow down progress. Finally, reaching an agreement on how to measure success and track results fairly across all partners can be difficult (Davies, 2016).

Examine how staff and professionals work together in a care home.

Working together in partnership is essential for health and social care services in the UK. In a care home, this teamwork ensures that residents receive complete and personalised care that addresses all their needs. Care staff, nurses, general practitioners, social workers, physiotherapists, dietitians, pharmacists, and family members all play crucial roles. Each person brings their unique skills to support the residents' physical, emotional, and social well-being.

Multidisciplinary team (MDT) meetings are important for teamwork in care homes. They bring together professionals such as nurses, GPs, and therapists to review residents' care plans. This helps ensure that residents receive safe, consistent, and person-centred support. Care plans are designed in partnership with residents and their families, considering personal preferences, cultural needs, and life history. We regularly review the plans to keep them up to date and reflect any changes in the resident's condition or choices. Ensure safe and consistent care for patients with the help of effective communication and information sharing between care homes and hospitals. Family involvements help staff understand residents better, so that care meets their needs. Regular family meetings promote trust and emotional support.

Important rules and regulations supporting personalised care and teamwork

In the UK, several laws support teamwork and focus on the needs of individuals in health and social care. According to The Care Act 2014 requires local authorities, NHS organisations, and care providers to work together. Their goal is to improve wellbeing and make sure individuals and their careers are involved in care decisions. Additionally, CQC Regulation 9 encourages care to be tailored to individual needs, with valuable input from residents and their families, helping to uphold high-quality standards. The Health and Care Act 2022 created Integrated Care Systems to help care homes, doctors, and hospitals work more closely together. This approach aims to provide better care and reduce unnecessary hospital stays. Finally, The Mental Capacity Act 2005 ensures that when someone cannot make decisions, professionals and families collaborate to make choices that benefit them. These laws create a supportive environment that prioritises the needs and preferences of people in care.

Recommendations

To improve partnership working and person-centred care, care homes need to have regular multidisciplinary team (MDT) meetings that involve all relevant health and social care professionals. Using shared digital records will help everyone stay updated with the latest information. Furthermore, joint staff training can cultivate a deeper understanding of each team member's role, leading to stronger collaboration. Engaging families in the care planning and decision-making processes plays a key role in prioritising what residents want. Strong leadership and clear communication are important for effective teamwork. Partnering with the community can also help residents engage socially and improve their well-being.

Conclusion

In summary Person-centred care (PCC) focuses on putting individuals at the centre of their care. It enhances care quality, satisfaction, and trust between patients and professionals. Maslow's Hierarchy of Needs shows the importance of meeting both physical and emotional needs for people to feel well. Person-centred care promotes choice, compassion, safety, and fairness. Partnership working is essential. It encourages collaboration among professionals, service users, and families. UK laws, like the Health and Social Care Act (2012) and the Care Act (2014), support these person-focused services.

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