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ASSESSMENT 1

PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

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Introduction:

The given description highlights the story of Mr and Mrs T. Both of the individuals are over 85. On one hand, Mr T suffers from dementia and other chronic conditions while Mrs T recently had an accident which led to a hip operation and she returned with the mobility frame. Currently their condition requires them to get help if they want to live independently. They would be looking for support on how to manage their lives, in addition tips for personal care improving mobility and partaking in domestic chores and social events for them to live an independent life. One of the best sources for information and help for their current condition would be from the National Health Service (NHS). According to Roger H (2019), the National Health Service (NHS) provides healthcare services for UK citizens disregarding their financial conditions and by focusing on their medical needs. It was established in 1948 and one of the major breakthroughs after the 2nd World War. It is funded by taxes. After the 2012 reforms, the NHS was divided into two levels- local and national. It is now responsible for public healthcare in the UK. Policies for the NHS regarding waiting times, funding and staffing targets are set by the Secretary of State for Health. Also, according to Health Education England (2020) there are rules that regulate the workings and operation of various healthcare professionals in health and social care settings (NHS inclusive) to guarantee that service consumers receive excellent treatment. When providing care to service users, the health and social care practitioner must always be guided by the concepts of support. These are called the health and social care principles.

NHS Health and Social Care Principles and Value

According to NHS Choices, (2018), the NHS has some underlying principles that help it to provide better service to its patients. These help it to provide better service to its clients and to maintain a particular standard of work. These principles are given below according to

Provide Service to All: This principle ensures that all citizens are eligible for care from the NHS irrespective of the sexual orientation, religion, gender, pregnancy and motherhood history, age, race, disabilities, belief, gender reassignment, civil partnership status and or, marital status.

Access is Based on Clinical Need: Regardless of his or her ability to pay, a person will get treatment.

Highest Standard of Service Provision: It invests in the people it employs by supporting their education, training, and development. Furthermore it encourages leadership, innovation and the daily usage of implementable studies to improve the current and future health and care of the masses/population. This allows it to provide service of a high standard.

Patient Centred Approach: According to NHS, (2019), the NHS body aims to structure its products and services to the satisfaction of patient's needs. Furthermore, it tries to ensure that

patients along with their families and carers are informed regarding their treatments and collect feedback to improve its services.

Works Across Organisational Borders: To develop and achieve advancement in welfare as well as health, the NHS is dedicated to collaborating local authority agencies, public organisations, private organisations and voluntary organisations.

In addition, according to NHS Choices, (2018) the NHS has particular values in order to improve the quality of health and social care-

1. **Work Together for Patients:** To ensure appropriate care, in the healthcare provision process- patients, nurses and doctors are involved. Furthermore, the needs of the patients are placed above those of the organisation.
2. **Respect and Dignity:** The priorities, needs, abilities and limits of individuals such as patients, their families, carers and staffs are respected. Furthermore, honesty about our limitations in regards to what they can or cannot do is expressed.
3. **Pledge to Worth of Care:** In order to ensure worth of care, patients, caregivers and family members are requested for feedback to continually improve care quality.
4. **Compassion:** They try to ensure compassion in care, and they react to an individual's suffering, fear, need or discomfort with kind-heartedness and humanity. They look for tiny ways to provide comfort and relief, no matter how insignificant.
5. **Improving Lives:** NHS works to enhance people's health. They do this by producing countless promotion programs through which self-awareness is created about how to take care of a person's health.
6. **Everyone Counts:** They gain maximum utility from their resources for the benefit of the whole population, making sure that everyone is taken along. NHS recognizes that some individuals would need extended aid, that difficult decisions must be made, and that wastage must be minimized.

Support Available for Mr. T and Mrs. T through the NHS:

The given brief suggests that Mr. T has been suffering from dementia and other chronic diseases. According to Walker et al. (2018) dementia is used to describe a loss of capacity to make judgments, think, or recall, that restricts every day's tasks. According to Senderovich and Retnasothie (2020) dementia is a degenerative condition characterized by a complex biopsychosocial constellation of symptoms that affects countless number of people as well as families throughout the world. Furthermore, Dias (2020) suggests Depressive disorders

in the elderly and dementia, notably Alzheimer's disease (AD), have a complicated connection. On the other hand, Mrs. T has recently undergone hip surgery and requires a mobility frame to travel from one place to another. Due to their current scenario, Mrs. T realises that they need help to live independently. More specifically, help with things such as- improve her mobility, personal care, any social events, and domestic chores that would help them lead their individualistically for as long as they need to. They are both over the age of 85 currently and would be categorised as elderly by the NHS. According to NHS Choices, (2019). They are a number of paid and free services that they can avail from the NHS in order to ensure that their needs are satisfied. These are given below-

Social Service Support: The NHS collaborates with the local council and offers social service support for people with dementia. For example- services such as meals on wheels, dressing, laundry services, access to day centres, aids and adaptations, etc. are provided.

Walking Aids and Wheelchairs: Since Mrs. T suffers from movement difficulties, she can get help from the NHS to borrow walking aids such as- walking stick, walking frame or a wheelchair in exchange for a small deposit. These tools can help her to move with less difficulty. Furthermore, since the deposits are relatively low in amount, it reduces the financial burden as well.

NHS Support for Dementia: In order to help patients with dementia the NHS has a number of treatments and services that they can provide. For example- video therapy, hearing care (audiology), foot care, speech and language therapy and support from older people's mental health team. In addition to these services they also provide Admiral nurses by partnering up with other charity related to dementia in the UK. These nurses and specialists will provide the patient with practical guidance to access services and will also provide emotional support.

NHS Continuing Healthcare: If a person suffers from serious levels of health difficulties and requires intensive care needs, the images will provide the service is necessary to solve their needs. This is called continuing healthcare. However, it should be mentioned that in order to qualify for continuing healthcare, the complexity of the needs of the patient will be assessed.

NHS-Funded Nursing Care: If Mr and Mrs T decide that they want to live in a nursing home then they can also apply for the NHS-funded nursing care. This will provide them with support from nurses paid for by the NHS so that they can aid the couple in their everyday activities.

End of Life Care: For people who are in their final stages of life, the NHS provides care services based on the wishes and preferences of the individual. For example- the patient can suggest where they most think appropriate to receive care and also where they would love to be laid to rest. Care can be received at home, hospital or hospices depending on their needs. Various healthcare professional of the patient are involved in it so they can also be expected to visit the patient at home. Furthermore, end of life care also includes palliative care. According to Avati et al. (2018) Most healthcare institutions seek to increase permission to soothing care, which is an important quality indicator. The major setback to magnifying/increasing this soothing care access are physicians' overstatement of patient prognoses and an overall scarcity of palliative care professionals. So, it provides psychological, social and spiritual support for diseases that cannot be cured. In addition, it can be received in the early stages of treatment as well. So, it can help both Mr. And Mrs. T to solve their needs.

By getting these services and facilities, Mr. and Mrs. T can make their life a lot better in comparison to their prior state.

Analysing the Extent of Needs being met of Mr and Mrs. T:

From the previous part of the report, we saw how the NHS provides a multitude of services in order to satisfy the needs of its clients. In Particular, a lot of the services explained are geared towards elderly people. Now, before we get into the extent to which the needs are met, we must recap the type of needs that they have. Mr. and Mrs. T are looking for services and guidance to satisfy their physiological and lifestyle needs. Since Mr. T is suffering from dementia, some of the common symptoms are- sleepwalking, hallucinations issues with focus and attention, tremors etc. All of these problems can be reduced by the services such as- continuing healthcare, end of life care etc. So, these needs can be met appropriately. In addition, since Mrs. T recently has undergone a hip surgery, she has mobility issues. So, in order to ensure that she can move properly, a form of walking aid along with medication and regular guidance is necessary. All of these needs can be met with the walking aid borrowing programs by the NHS and also nursing care and life end care programs as well. In addition, to their physical and mental needs in order to live a better life, the end of life care policy allows them to get palliative care to ensure that they get proper treatments for their spiritual and regular wellbeing. Furthermore, social service support provided by local organisations in collaboration with the NHS can help them perform their regular life activities such as- aids and adaptations, laundry services, access to day centres, meals on wheels, dressing etc. So, it can be said that the services being provided by the NHS can provide adequate support to satisfy the health and social care needs of Mr and Mrs T.

Impact of Actions Taken by NHS:

In order to overcome the issues and improve the overall healthcare scenario of the UK, the NHS has introduced a number of plans and policies to help out elderly people as well as patients suffering from dementia. For example- The Prime Minister's Dementia (2020) Challenge provided 50 pledges to challenge dementia and improve its healthcare. The implementation strategy outlines how these promises will be kept. It outlines priority actions, as well as the organization in charge, in four sections: health and care, risk reduction, social action, and awareness. Furthermore, the Common Core Principles for supporting people with dementia. Skills for Care and Skills for Health collaborated on the 'Common basic principles for helping individuals with dementia.' They may be used to enhance workforce development for any member of staff dealing with persons at any stage of dementia in any health or social care environment. They can also be utilized to inform curriculum and training

course material. In order to overcome the difficulties associated with frailty such as the case of Mrs. T the NHS has introduced its Long-Term Plan. According to Hogan (2018) frailty is a condition that affects elderly people and is characterized by an increased sensitivity to a variety of negative consequences. This would allow it to better NHS assistance in care homes, recognise and offer practical and active support to elders and improve swift community retort at the emergence of crisis. Thus, it can be said that the plans and policies set by the NHS have been effective in addressing the issues.

Recommendations:

Throughout the case we have seen the conditions of Mr. And Mrs. T. We have seen the health conditions that they have and the steps and actions taken by the NHS to help out patients with problems similar to theirs. Although the NHS has done an admirable job in many of the steps and policies set by it, there are some things that can be changed and improved in order to improve the way in which the needs of dementia and frailty patients are met. One of the most important changes that can be made is that the walking aid for elders that suffer from disability who do not have the means for walking sticks, frames or walking chairs can be borrowed for an extended time frame than the current scenario. This would help them. Furthermore, particularly for End of Life Care's palliative services, it is very much difficult to source out the necessary information on how to avail those services. Furthermore, more education should be given to staff relating to end of life care. According to the study done by O'Brien et al. (2016) In the United Kingdom, there are around 426,000 individuals living in care facilities. Residents' death trajectories are frequently complicated, making it challenging for personnel to manage their end-of-life care. With expanded educational activities, there is a rising understanding of the need to help care home personnel in their care of elderly people. So, those facts should be changed in order to improve the overall care provided by the NHS to those people.

Conclusion:

Throughout the case study we have seen the overall scenario of the aids and services offered by the NHS to overcome problems related to frailty and dementia for older people in the UK. Furthermore, we have seen the values which the NHS holds in order to ensure that their patients receive the topmost quality service. Among the services that stand out, we saw that the NHS has separate services dedicated for patients suffering from dementia. This allows the organisation to give special attention to this group of people. Services such as- physiological, mental and spiritual support have been supported through the creation of these programs. In addition, to help elders experiencing frailty, the NHS has introduced programs through which walking aids such as- walking sticks, frames and wheelchairs can be borrowed. Furthermore, we saw how it plans to make further advances in dementia care and elder care through the introduction of Dementia Challenge 2020 and other programs. Finally, some recommendations to improve the quality of care was suggested by allowing elderly people to borrow walking aids

for an extended period of time and to make the acquisition of palliative services from the End of Life Care program to be more accessible.

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