

**PRINCIPLES OF HEALTH AND SOCIAL CARE
(BMHP5002_LON)**

Assessment Component 1

Case study - Written Report

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1.0 INTRODUCTION

This essay is based on two old adults, Mr. and Mrs. T, who have progressive dementia and other chronic diseases. The couples have referred themselves to the social service because they need an organisation to support them in living independently and coping with their condition. The Oxford Health NHS foundation trust is an organisation chosen for the couples to support them to achieve the outcome they want. This NHS trust was chosen for the couple because the trust works alongside with GPs, local authorities, mental health specialists, and other multi-agencies to deliver specialist mental health services such as dementia for all ages and ensure that patients get the best 'joined up' care (NHS, 2018). The principles and policies of the trust were also contributed to the choosing of this trust and will be later discussed in the essay. Principles mean moral rules that direct actions, sometimes consistent with policies linked to the organisational standards (Healey and Marchese, 2012).

In contrast, health and social care services use the principle of support to deliver effective and quality care to their patients. It empowers health care workers to recognise and consider the centrality of dignity when providing all kinds of care delivery and apply it when giving out support to their patients (Ashcroft, 2007). This helps to provide guidelines on how the care worker can effectively meet the needs of their patients. Therefore, this essay will critically analyse these principles and policies of the Oxford NHS trust and how they can effectively support Mr. and Mrs. T.

2.0 DISCUSSION

The Department of Health (2013) charges all Adult Social Care Workers to have some code of conduct to raise the high-quality care standards in every healthcare organisation (DoH, 2013). Therefore, the Oxford trust also has these principles to support Mr. and Mrs. T and ensure person-centered care.

According to the Department of Health (2013), it sets all adult social care workers to constantly secure and ensures that their care delivery to patients revolves around ensuring privacy, dignity, rights, health, and wellbeing of people. The Oxford trust ensures that network services are available and only accessed by appointed competent staff regarding these principles. With the collection of patient information, the trust also ensures that data is accurate and contains detailed information while ensuring that the information is kept with availability, integrity, and confidentiality purposes. The trust plans to accomplish this by securing all hardware, software, and data assets under its possession by conducting frequent security risk assessments to ISO27001 standards. The risk assessment intends to cover all aspects of the network that aid the trust in its business operations (Bunch, Guardian, and Data Protection Officer, 2018). This shows that this organisation has all the

tools and materials in keeping the information of Mr. and Mrs. T, and if any staff misuse their information, he or she will be held accountable for it through dismissal or suspension.

The trust also has policies that cater to receiving consent from a patient as part of their person-centered approach. The organisation seeks consent from a patient during medication and some decisions (NHS,2018). Because they deal with dementia, the trust ensures that patients undergo the mental capacity test until they cannot make informed information. The trust charges its staff to provide all the necessary information the patient may need to understand the decision they will be making, as in Mrs. T, who wants to live independently but currently has mobility limitations. The trust ensures that such patients are given the alternative of choices that will help and the consequences and benefits of each decision they make. The couple will always be allowed to make their final decision, which the staff must respect, ensuring that it positively impacts the patient.

ANALYSIS AND EVALUATION

The support and care delivery of healthcare workers have a significant impact on the health outcome of people with dementia who are admitted to hospitals (NHS England, 2014). Feedback from patients is an essential tool for hospitals to learn from mistakes and customer dissatisfaction, and future improvement in quality care delivery, policies, communication, and decision-making. The NHS will ensure that Mr. and Mrs. T are consistently involved in care plans and are updated about care. The trust puts schemes to support this, including flexible visiting policies that allow carers to remain with the patient to provide advocacy and support during their stay in the NHS even after they are discharged home.

A comprehensive assessment looks at the skills and competency of healthcare professionals in delivering medical, functioning, and psychological responsibilities (British Geriatrics Society, 2019). When this type of assessment is inculcated in the healthcare setting, it will improve patient outcomes, speed up the recovery process, and reduce long-term hospital admissions (Ellis et al., 2011). It is identified that delirium is common among people with dementia, and it manifest as the dementia progress (NICE, 2019). Furthermore, if the delirium is not noticed and treated early, it becomes difficult to distinguish it from dementia to provide a suitable treatment (Jackson et al., 2017). Therefore, NICE guidelines for delirium (NICE, 2019) have specified that when signs of delirium manifest in the patient, the clinic should conduct a comprehensive assessment to evidence the diagnosis.

For this reason, the NHS trust will put measures in place to identify delirium, dehydration, depression, paralysing among Mr. and Mrs. T at their early stage to prevent it from advancing. Mr. and Mrs. T will be referred to specialist health professionals for routine assessment to check if their progressive dementia progresses to other health issues. The trust will utilise an appropriate pain

assessment tool such as the Confusion Assessment Method (CAM) (NICE, 2019) for Mr. and Mrs. T in their progressive dementia. An improved delirium screening will be used to check up on the couple if they tend to be admitted at the hospital to decrease the risk of delirium developing in the hospital.

People living with dementia like Mr. and Mrs. T, who may be admitted to the hospital, interact with many healthcare professionals (Royal College of Nursing, 2019). The importance of all NHS professionals receiving training on dementia concerning their roles was mentioned in the Prime Minister's Challenge on Dementia (Leads, 2015). Following the policy, the NHS ensures efficient staffing competence and skills that are significant in delivering quality care to meet the physical, cognitive, and social needs of Mr. and Mrs. T (Guideline NICE, 2016). Staff at the oxford NHS trust are trained effectively to ensure that Mr. and Mrs. T or their family members are always treated with dignity and respect and receive person-centered care. NICE also has guidelines for ensuring that competent and skillful staff are recruited into adult inpatient wards for dementia (NICE, 2014). The NICE Dementia guidelines (2018) (NICE, 2018) recommends all healthcare organisations that provide dementia services to provide person-centered and outcome-focused care training to their staff. The NHS trust regularly conducts compulsory training/workshops for all staff who meet dementia patients like Mr. and Mrs. T.

A change in residence is a significant decision that should be made with Mr. and Mrs. T and recorded in their care plans (Alzheimer's Society, 2018). If Mr. and Mrs. T are tested and proven to lack the capacity to make the decision, the trust makes the availability of records of best interests' decision making. Before Mr. and Mrs. T are discharged from the oxford NHS trust, discharge plans will be made, containing current mental health information of the couples to aid future care (Alzheimer's Society, 2018). As well as a record of their Behavioural and Psychological Symptoms of Dementia (BPSD) before discharging them. The discharge process will include a single, current, and detailed discharge plan with the couple's data (Wins, 2005). This will be done by discussing the NHS trust discharge teams, the couples, and their carers. The trust ensures compliance with the NICE guidance on continuity of care (NICE, 2015) and transferring the information at the transfer home (NICE, 2021).

To empower patients and encourage patient independence, people with dementia must interact socially with other admitted patients away from their bed areas and have mealtimes (NHS Improvement, 2017). The trust will provide Mr. and Mrs. T with a friendly environment for socialising with other carers and patients. There will be occupational therapies and music programmes, and daily routine activities that will be organised to help them with familiarity reduce their stress and anxiety. The oxford trust ensures this by providing the couples with services that work on a social inclusion model. Because Mr and Mrs have progressive dementia and sometimes forget some vital

information on their personal life, they tend to be vulnerable and usually experience abuse from society. This makes them withdraw themselves from society and become self-neglected (Oxford health, 2017). The NHS trust uses this model to provide therapeutic groups for patients with dementia to cater to their social needs. These groups have various activities that Mr. and Mrs. T can participate like the memory strategy group, wellbeing group, coping with depression, and art groups (NHS, 2018). This group is designed to impact how the couples can cooperate with their carers to support their health (Oxford health, 2017).

Critics

The NHS trust ensures that patients with dementia are referred to mental health consultants and specialists that lead them in their treatment process and monitor their health and progress to identify the early progression of other diseases within maximum waiting times (Oxford health, 2017). However, during the covid-19 pandemic, many patients, including dementia, who need surgeries and therapy, are asked to wait for long hours before getting treated while others go back home without getting treated (NHS, 2018). The trust should improve the strategic plan where it adjusts to an unexpected situation and does not affect the trust's health care delivery. For example, Mrs. T, who recently undergone hip surgery and needs support, has limited mobility; this situation may cause more damage to her help if she cannot get access to her mental and physical support as promised (NHS, 2018).

As the trust has policies that cater to patients at the hospital, it also has policies that ensure that staff can care for patients at home. The trust recognises people like Mrs. T, who has limitations in mobility and so, therefore, regular referrals to the hospital might not help her health. Instead, the trust will provide the couples with carers who schedule time with them (Oxford health, 2017). For Mrs. T, a care worker will visit her to help her move around the house and do some house chores. Since the couple wants to live independently, medication plans and alarms will be set for them as reminders for taking medication, whereas the care worker will be there to check up if they are taking their medication (Oxford health, 2017). Aside from administering medication, administering medication will allow them to take it by themselves (NHS, 2018).

Occupational and physiotherapy will be given to Mrs. T to improve her mobility; however, during the covid 19 pandemic, most NHS services moved to remote working, where face-to-face contact with patients was reduced (Oxford health, 2017). In the case of Mrs. T, the virtual health treatment might not help to improve her mobility problem. This is because her health needs demand a care worker to be around her to help her in the movement; if policies are not made to cater to people like Mrs. T, it will slow down the treatment outcome of the couples (Oxford health, 2017). They cannot talk with any or do anything depending on to damage their mental condition even worse.

Legislations

the Mental Capacity Act (MCA) 2005 is a law in England and Wales that secures people who cannot decide. People like Mr. and Mrs. T are at a high risk of losing their capacity to make decisions; therefore, the mental capacity act supports the couples in their decision-making processes. It outlines who can decide for them and who should decide for them when the need arises. The MCA 2005 will also cover decisions about a person's possessions, finances, and care given to them. It also secures their daily decision-making, such as dressing, eating, and care delivery, and ensures that whatever decision will be made for the couple is made in their best interests (Mental Capacity Act, 2005).

The care Act 2014 is also a law in England that safeguards adults; this legislation will protect the couple's right to safety, freedom from harm, and self-neglect. The legislation also will ensure that the NHS works together with the couple to avoid and eliminate any risks and experience of harm or neglect. The legislation set out six principles that every organisation provides care to the patient to follow, including patient empowerment, proportionality, protection, partnership, and accountability (Care Act, 2014).

3.0 Recommendations

Dementia is a long-term condition that can be understood and analyse from biomedical, psychosocial, and gerontological vantage points (Innes, 2014). Therefore, future dementia research should focus on macro and micro level issues to a broader understanding of carers and people with dementia (Innes, 2014). This should be contextualized within policy frameworks and societal expectations and beliefs about dementia and quality of care. The policy framework must reflect biomedical knowledge and psychosocial concern about the individual while recognising the disadvantages older people face in society due to their dementia (Innes, 2014).

For the NHS to be effective, it is essential to develop a system that ensures patients are cared for within the given waiting times. The system should cover the waiting time journey from assessments to when the patient is discharged from the hospital (NHS, 2013). Effective collaboration of healthcare professionals in primary and secondary care will help staff manage and improve waiting times. There should also be frequent assessment into waiting lists to ensure that all patients have their correct details written down and that the information must be complete and up to date. Calling of patients on the waiting list must be done accordingly with waiting time standards that are in order of clinical preference. This will help improve the waiting times of patients with dementia (NHS, 2013).

4.0 CONCLUSION

To conclude, the essay discussed the Oxford Health NHS Foundation Trust policies laid down to support Mr. and Mrs. T. The policies included providing care with dignity and respect and being person-centered in administering care. The essay later analysed and critically evaluated the current policies at the Oxford Trust to support the couple. Some legislations like the MCA 2005 and the Care Act 2014 were also discussed for protecting and safeguarding the couple's rights as they work together with the Oxford NHS Trust. Lastly, some recommendations were suggested for the Oxford NHS Trust when making policies for supporting people with dementia.

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