

Student Name	Celestina Okyere-Boateng
Student Number	1813886
Module Title	Principles of Health and Social Care Practice (1)
Module Code	BMHP5002 LONDON
Word Count	2500
Lecturer Name	Dr Gulnar Ali

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Introduction

This report will be talking about Mr and Mrs T's case and will evaluate and analyse the care and support that is available to them in the health and social care sector. It will be concentrating on the chosen body or organisation capable of providing support for the couple. It will also focus on and critically evaluate the relevant principles of support, policies, and practices relevant to this case. It will examine how principles of support are implemented in health and social care practice, and will critically assess the impact of policy, legislation, regulation, codes of practice and standards on organisation policy and practice. Finally, it will analyse the theories that underpin health and social care practice and will also give recommendations for future policy and practice for the elderly in the United Kingdom.

In the United Kingdom, adult social care is very important, as Mr and Mrs T are both 85 years and very vulnerable at their age, they both need considerable care. Similarly, as Mr T has progressive dementia and other chronic conditions, he needs extra attention and support for his needs and his daily care. Up to now they have been independent in caring for one another, however Mrs T has experienced a fall and was hospitalised which means that they may require assistance in order to carry on living the independent life they had done previously.

Overview of the case study of Mr and Mrs T

Mr T has progressive Dementia and other chronic conditions. Because they had always lived and been independent and able to care for one another, recently when Mrs T had a fall and was hospitalised following a hip operation and returned home with a mobility frame, they are at a crisis point where they will need help if they want to carry on living independently. Mrs T has now turned her interest to finding information and support on how to better manage their lives as it stands. This support will include help with personal care, improving her mobility, domestic chores and any social events that would help them both live independently for as long as possible and carry on life as normal.

Dementia

Dementia is regarded as "an umbrella term for a series of progressive conditions that affect the brain. There are over 200 subtypes of dementia, but the five most common include: Alzheimer's disease, vascular Dementia, Dementia with Lewy bodies, frontotemporal Dementia and mixed dementia" (Dementia UK, 2020). Dementia damages the nerve cells in the brain, so that messages are not able to be sent to and from the brain successfully, which inhibits the body from working as usual (Dementia UK, 2020). Dementia can impact on individuals at any age, however it is more frequently diagnosed in persons over the age of 65 years (Dementia UK, 2020).

Persons having dementia before 65 are said to have young onset dementia (Dementia UK, 2020).

Individuals with dementia find time and place challenging, for example often get up in the middle of the night and prepare for work, despite having retired from work. Additionally, their concentration and attention might be impacted. They might experience difficulties when going shopping or their ability to think and make decisions might generally be affected (Dementia UK, 2020). Several people with dementia may experience anxiety and would rather keep moving than sit still, and others can be reluctant to participate in activities that they used to like (Dementia UK, 2020). Individuals with dementia can find it problematic to communicate and have a tendency to repeat themselves frequently or have trouble articulating their thoughts. Similarly, they may also develop reading and writing difficulties. You might see changes in their personality and behaviour, mood swings, anxiety, and depression. They may lose interest in seeing other people socially. Engaging them in conversation can be difficult and tiring as they cannot follow in conversation, because of this a formerly outgoing person might become calmer and timid. Their self-confidence might also be affected.

Chronic condition

Chronic illnesses are identified generally as “conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both, such as heart disease, cancer, cystic fibrosis, asthma, and diabetes” (CDC, 2020). As Mr T suffers from a chronic condition as well as dementia, his mobility is restricted so he cannot help himself without the help of Mrs T. With Mrs T falling and having been hospitalised, she now has to find help from the health and social health sector to manage their lives better and to be able to live independently.

Support and care available to the elderly in the health and social care sector

The adult, social care system offers assistance, treatment, and support to people with a broad selection of needs occurring from incapacity, disease or other life circumstances. It aims to support people so that they can live independently where possible, safeguard them from harm in vulnerable settings, offsets risks with rights and extends critical aid at times of crisis (Humphries, Thorlby and Holder, 2016). Assistance is provided in people's own homes, residential and nursing homes, or other community locations. Dissimilar to NHS care, most of these services require an assessment of the person's entitlement, requirements and financial means (Humphries, Thorlby and Holder, 2016). Local agencies have a crucial legal duty, however more than 90 per cent of definite care is supplied by a variety of more than

19,000 independent organisations, varying from “large business groups to small family-run businesses, charities and social enterprises” (Humphries, Thorlby and Holder, 2016).

There are charities that can help Mr and Mrs T cope with their day to day living. One of these charities is Age UK. In 2018, Age UK acted with seven local Age UKs to improve the provision of a cognitive stimulation therapy program for individuals with dementia in regions where there is a disparity in the delivery of the same provision (Age UK, 2020). This effort drew on the project’s initial pilot stage, that they had previously run in. In 2018 they had supported over 70 elderly people, who have participated in structured group activities that try to sustain cognition and enhance wellbeing in a caring environment (Age UK, 2020). According to Age UK, as well as observing improved participant wellbeing, it also benefits individuals in feeling more confident and supports them in making new friendship networks, and the program has also assisted participants carers by offering respite and assisting them at home with equipped paid volunteer organisers (Age UK, 2020). The program is prevalent, and at least two local Age UKs from the pilot phase in 2017 have obtained local funding to provide the service and six of these local Age UKs are eager to continue the program and are exploring new funding (Age UK, 2020).

In this case study, because Mr T has dementia, it would help for Mrs T to get them involved to help with Mr T’s condition and care. Their services are regulated by the Care Quality Commission because they provide personal care, which includes things like help with feeding, bathing, and toileting (Age UK, 2020). Age UK can help Mr and Mrs T live independently by sending them carers to help the couple with their day to day activities like shopping, doing the house chores, her mobility and other personal care to improve her mobility, domestic chores and any social events that would help them live independently for as long as possible. Mr and Mrs T can access the help they need by calling the local council social services department to come and do a free care assessment, the assessor will come around to assess what the couple needs are and a care plan will be put in place for the couple. The local council could also be able to help financially and home adaptation for the couple.

Policies and Code of Practice

The Care Act 2014 came into effect in April 2015 and replaced previous laws regarding carers and people being cared for (Carers UK, 2020a). The Act frameworks how local authorities ought to conduct carer’s assessments and needs assessments; likewise it sketches out how local authorities must govern who is eligible for care, how local authorities must charge for both residential care and community care, and orders new duties on local authorities (Carers UK, 2020a). The act is primarily for adults in need of care and support, and their adult carers. There are various provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers (Carers UK, 2020a). Nonetheless, the core

provisions for these groups are in the Children and Families Act 2014 (Carers UK, 2020a).

The care provided in hospitals, care homes, agencies in people's own homes, at a dentist, GP practice and elsewhere should convene requirements set by the law. The Care Quality Commission (CQC) is the regulator who inspects and monitors all organisations that provide care, to guarantee that standards are being fulfilled. All NHS and social care suppliers have to be registered with the CQC, and they must follow a set of guidelines (CQC.org, 2017).

The most fundamental standards the CQC requires every carer to have person-centred care. Service users should have care or treatment that is tailored to them that meets their needs and preferences (Carers UK, 2020b). Additionally they require dignity and respect, whereby they are treated with dignity and respect at all times whilst receiving care and treatment (Carers UK, 2020b).

This comprises that

- Service users have privacy when they need and want it (Carers UK, 2020b).
- everybody is treated equally (Carers UK, 2020b).
- they are given the support they need to help remain independent and engaged in their local community (Carers UK, 2020b).

Similarly, the individual or anyone legally acting on their behalf should give their consent before any care or treatment is given to them (Carers UK, 2020b). Likewise, they must not be given unsafe care or treatment or be put at risk of any harm that could be avoided (Carers UK, 2020b). Providers must assess the risks to service users health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep everyone safe (Carers UK, 2020b). Nobody should suffer any form of abuse or improper treatment while receiving care. Including

- neglect (Carers UK, 2020b).
- degrading treatment (Carers UK, 2020b).
- unnecessary or disproportionate restraint (Carers UK, 2020b).
- inappropriate limits on one's freedom" (Carers UK, 2020b).

Service users must have enough to eat and drink, to keep in good health whilst receiving care and treatment (Carers UK, 2020b). Additionally, The place where they receive care and treatment and the equipment used in it must be clean, suitable and looked after properly (Carers UK, 2020b). The equipment used in their care and treatment should also be secure and used correctly (Carers UK, 2020b).

Service users should be able to complain about their care and treatment. The provider of their care must have a system in place so they can handle and respond to their complaint, likewise they must investigate it thoroughly and take action if problems are identified (Carers UK, 2020b). Similarly, the provider of their care must have plans that ensure they can meet these standards. They must have effective

governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to service users health, safety and welfare (Carers UK, 2020b).

The provider of care must have suitably enough qualified, competent, and experienced staff to make sure they can meet these standards. Their staff must be given the support, training and supervision they need to help them do their job (Carers UK, 2020b). Provider of care must only employ people who can provide care and treatment appropriate to their role. They must have robust recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history (Carers UK, 2020b). Providers of care must be open and transparent about service users care and treatment. Should something go wrong, they must tell them what has happened and provide support and apologise (Carers UK, 2020b). Provider must display their CQC rating in a place where service users can see it. They must also include this information on their website and make the CQC's latest report on their service available to service users (Carers UK, 2020b)

Recommendation

The report concludes that structure needs to be put in place to help the elderly live independently. In Mr and Mrs T's case, there should be adult social workers involved to supervise their wellbeing, and the council should also get involved in helping find the right care for them to live independently. There should be a different type of agencies and charities engaged in Mr and Mrs Ts care, charities like Age UK can help Mr and Mrs T to get access to some of the support they will need. In Mrs T's case, the council will have to put in place measures to install mobility equipment in the house to help her with her mobility and moving around the house.

Conclusion

In conclusion, it is deemed that there are enough measures put in place for Mr and Mrs T so they will be able to keep living independently for a very long time. That will take the stress of selling their house to live in a care home. These measures could include a carer coming to help support and assist in managing their lives better. It will also include the carer helping with their personal care, improving Mrs T's mobility, domestic chores, and attending any social events.

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