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Principles of health and social care

Module BMHP5016

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Component 2

Nursing homes (care setting)

Introduction

In-depth discussions of the principles of health and social care, personal centred care (PCC), partnership working (pw), and how these elements interact within professional health and social care policy and practice are implemented in nursing homes and across the health sector. People are living longer, according to demographic trends, yet because of their growing medical complexity, they need more healthcare assistance. An estimated 4 million adults in the UK who are 65 years of age or older have a limiting long-term condition, and the number of people in residential and nursing care is still growing. The group of elderly residents of nursing facilities faces threats to their autonomy and participation. Research indicates that while healthcare professionals operate on behalf of senior citizens, they continue to exclude them from daily care decision-making. To encourage autonomy and involvement, the goal was to depict registered nurses' experiences providing care for elderly residents of nursing homes. A phenomenological approach was employed in a descriptive design. Semi-structured individual interviews were used to gather data. Giorgi's approach served as an inspiration for the analysis. The Regional Research Ethics Committee granted ethical approval. Confidentiality was ensured and informed consent was obtained.

Registered nurses' understanding of older people's frailty and the impact of sickness to support health and well-being, as well as their awareness of acknowledgement in daily life and trusting relationships, constituted the essence of care for older people in nursing homes to promote autonomy and involvement. Aspects that depended on registered nurses' trusting relationships with elderly patients, their families, and other healthcare professionals included paying attention to them by being receptive to their preferences. The awareness reflected the difficulties in promoting the autonomy and participation rights of elderly residents of nursing facilities. The methods, aspirations, and/or worries of registered nurses regarding the advancement of daily life in nursing homes were disclosed and reflected their involvement in providing care for senior citizens. The primary source for encouraging autonomy and engagement was defined as being aware of the frailty of elderly residents in nursing homes and the significance of maintaining health and well-being. To encourage autonomy and involvement for residents in nursing homes, daily life and care must be addressed from the perspectives of both older people and healthcare professionals. (M. Hedman, 2017)

Ethics in a care home setting

Carers are reporting more ethical problems, but little is known about the specifics of these problems in nursing homes. In the healthcare industry, ethical problems are inevitable and can lead to chances for bettering working and care conditions, but they can also have negative effects including staff fatigue and moral suffering. The most frequently mentioned issue was the tension between moral principles. Specifically, how other professional ethics such as secrecy, duty of care, and fulfilment of professional obligations can clash with the ethics of respect for autonomy, beneficence, non-maleficence, and justice. The second most often mentioned ethical concern was communication and decision-making between carers, residents, and family members.

Person-centred care (PCC) embraces the autonomy and choice of individuals receiving health treatments in nursing homes, moving away from the conventional biological model. Because older folks are more likely than younger people to have complicated care requirements, PCC continues to prioritise them as a means of enhancing primary care. However, PCC currently lacks a consensus despite an increasing amount of evidence supporting its usage (geriatrics, 2016).

When it comes to managing chronic diseases, a person-centred approach to treatment changes care partners' perspective from a traditional medical model to a social model. This study, which employs a qualitative descriptive methodology, investigates the obstacles and enablers to the use of person-centred care (PCC) and how the incorporation of complementary and alternative approaches (CAA) may enhance the quality of life for residents in nursing homes (NHs). The results show that while NHs provide a variety of engagement activities, they are not intentionally included into a person-centred care plan. elements like turnover, Implementing PCC in NHs is difficult due to "working short," supervisor support, and growing resident care needs. We will be able to find and enhance techniques for providing residents with deeper, more meaningful support thanks to this understanding of the landscape of activities. If included into collaborative approaches to treatment, CAA may be therapeutic for residents.

Models and Theories

- Theories serve as a framework for comprehension and thought to promote human progress.
- A list of models and theories is provided below. Models are used to understand and explain how they can help a patient maintain and enhance their health. They also aid in the analysis of factors that affect health and the development of strategies for both health and disease prevention.

- The ecological model of human development proposed by Bronfenbrenner
- Maslow's hierarchy of needs
- Aldfer erg theory of motivation
- Bradshaw's taxonomy of social needs
- Medical model of health
- Social model of health

For many years, government policy in the OECD has placed a strong emphasis on partnership functioning. This has led to the introduction of several laws and regulations that have reorganised health and social care services in nursing homes. The goal is to promote collaboration both within and between the health and social care sectors, as well as with the public, service users, the private sector, and the voluntary sector (Yaskey, J., 2025).

how a collaboration between labour and management helps participating nursing homes make the shift to person-centred care (PCC) by reorganising and refocusing frontline operations. Under the umbrella of person-centred care (PCC) or culture change, providers are trying to rethink nursing home care procedures to support resident autonomy and privacy and to make nursing homes more like homes. However, the transformation of nursing homes has proven more difficult than one might anticipate. Susan Eaton's medical-custodial paradigm still permeates many conventional nursing facilities. These workplace approaches prioritise training, including cross-training for related positions, to foster teamwork, independent decision making, and employee involvement in redesigning production processes. Reduced mid-level positions and flattened job hierarchies are possible when employees are empowered and trained to operate more independently. Unions have opposed this kind of workplace reform in certain situations because they are worried about the possibility of job loss and intensification when work is streamlined. Nonetheless, research indicates that a worker-representative organization can directly contribute workers' dedication and expertise to the effort of redesigning work, resulting in reciprocal benefits. Gill (2009)

APPLICATION PARTNERSHIP WORKING IN A NURSING HOME

Working methods and preliminary results from the Partnership with Care Homes Project (PCH) are presented in this publication. The development and assessment of seven lead research and development nurses is the focus of PCH, an extension of the existing CELEC Action Research Project: Care for Older People. According to the National Service Framework for Older People, these nurses oversee enhancing care for senior citizens at seven NHS trusts in Northeast London.

These nurses, first supported by CELEC (Central and East London Education Consortium), are blurring the lines between education, practice, and research through action research. Acute and primary care trusts, general and mental health services, users, carers, and professionals, health and social care providers (NHS and voluntary sector), commissioners, and education providers have all benefited from this creative method of working. The Northeast London Workforce Development Confederation (CELEC's successor) provided further funding to expand the action research project into the private sector through the Partnership with Care Homes Project because of its success.

Legislations

The significance and applicability of health and social care laws and policies for practitioners are covered in this chapter. It examines laws and policies unique to several facets of health and social care and gives a brief history of significant legislation from 1946 to the present. Additionally, nursing homes

NHS England collaborated with the following partners to create this guidance: The Centre for Governance and Scrutiny of the Care Quality Commission Health and Social Care Department Local Government Association for Healthwatch England Confederation of National Voices NHS the Health Creation Alliance and the NHS Providers Patients Association

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A person's subjective sense of this fundamental right is based on how they believe they are being treated and cared for. Long-term care, which includes a variety of services intended to address a person's health or personal care needs, is included in the phrase "care," which refers to a collection of activities united in a complex life-sustaining network. However, when it comes to the insecure preservation of their rights and dignity inside long-term facilities and nursing homes, older people's human rights have been disregarded, and this has increased the gaps between theory and practice (Wachholz P, 2022).

The New Labour government has prioritised partnerships between groups, services, and professionals as the best way to provide coordinated health and social care services since taking office in 1997. The purpose of this essay is to present a critical summary and synthesis of the practice and debate related to this policy imperative. It begins by summarising the various initiatives that have supported collaborations between health and social care since 1997. The definitions and justifications put forth for these collaborations are then covered, along with some of the difficulties in determining their "success." The data supporting the "success" of recent collaborations between the health and social care sectors is then critically examined. The article concludes with some reflections on the evidence that about these public sector services, partnerships either represent a unique "Third Way" manner of governance or an efficient approach to service planning and delivery. Current instruments usually evaluate a restricted variety of these behaviours and experiences. A quick assessment of important modifiable lifestyle choices and unfavourable social situations is the personal situations in Everyday Life (PEEL) questionnaire. We looked at its psychometric qualities and correlations with psychological wellness, anxiety, and depression symptoms. (C, glendinnings,2005)

We looked at the PEEL's factor structure, internal consistency, test-retest reliability, and relationships with mental health and wellness. Both samples supported a three-factor solution for the PEEL items: and Risky Activities. Four internally consistent subscales with strong test-retest reliability were produced by splitting Risky Activities into Substance Use and Negative Social Experiences for conceptual clarity. sadness, anxiety, and wellbeing were

strongly correlated with all categories; the highest correlations were seen between sadness and anxiety and negative social experiences. This also holds true in nursing facilities, where older residents experience anxiety, sadness, and dementia. Respect, person-centred care, protection, and independence promotion are the four fundamental tenets of health and social care. Respect entails treating each person with dignity, appreciating their viewpoints, and recognising their rights and preferences. By ensuring that care is provided in a way that respects the individual's identity, culture, and preferences, this principle promotes strong connections and trust between carers and service users.

Person-centred Healthcare

Person-centred care emphasises adjusting assistance to each person's particular requirements, preferences, and objectives. It promotes involvement in decision-making, enabling service users to have control over their daily routines and care plans, which enhances well-being and autonomy. Protecting vulnerable people from injury, abuse, or neglect is known as safeguarding. According to this principle, professionals must adhere to legal frameworks and procedures, swiftly report issues, and establish a safe environment where people feel supported and comfortable.

Four main principles

Respect (to maintain their dignity and wellbeing)

Person centered care (focusing on individual needs)

Safeguarding (protecting venerable from harm and neglect)

Promoting independence

Encouraging independence entails helping people complete activities and make decisions on their own whenever feasible. This idea ensures that help is given only when needed while preserving independence, self-assurance, and life skills.

In health and social care settings, and nursing homes these four values serve as the cornerstone of moral, efficient, and superior care. They are incorporated in professional standards, legal frameworks such as the Care Act 2014, and everyday practice to promote safety, dignity, and empowerment for all service users. (P. Tang, 26)

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