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Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Student name: Harriet Anyanwu
Student ID: 1916050

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Lecturer name: Racheal Adebayo
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Name: Mr. and Mrs. T
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Diagnosis: Dementia & Mobility
Organisation: Social Care Institute for Excellence (SCIE)

Health and Care Case Study of Mr. and Mrs. T

Introduction:
Mr. and Mrs. T. are aged 85 years and above. Mr. T has been diagnosed with progressive dementia and other chronic problems that are related to old age. Mrs. T, on the other hand, had a fall and so was operated on, leading to mobility issues. Both Mr. and Mrs. T have always been independent of each other, caring for each other when it mattered.

But recently, this has become nearly impossible to do as both had reached a point of crisis that pleaded for support, care, and dependence. Mrs. T realised this point of crisis and, therefore, seeks information and support to better manage their lives — both hers and Mr. T's. She is on the lookout for available personal care that improves her mobility, her husband's dementia, and helps with domestic chores and any other social events that can help them live independently for as long as possible.

Based on the case study of Mr. and Mrs. T., the purpose of this critique is to:

- find an organisation that best fits their health status.
- describe the principles of support available to both.
- analyses the policies of support available to both.
- evaluate the practice utilised within the chosen dept.
- and provide recommendations for future policies

Presentation: Dementia and Mobility

It is dementia when older persons are diagnosed with diseases that affect the brain, including, but not restricted to, Alzheimer's disease; and it is characterised by cognitive impairment as well as emotional and behavioural problems related to cognitive decline (Sungaila & Crockett,1993 cited in Tappen, R 1997). In short, the general term that embodies cognitive problems is Dementia, and there are several types of dementia. The most common Alzheimer's disease is vascular dementia. There are other types of dementia called frontotemporal and Lewy bodies.

For anyone to be diagnosed with dementia, as in the case of Mr. T., a test must be carried out before the dementia label. This is needed because other illnesses in the body may affect the cognitive balance of the brain with signs and symptoms that are related to dementia (Winter et al., 2001). Some of these illnesses include deficiencies of certain vitamins, general physical illness, and even underactive thyroid gland. Therefore, for Mr. T. to have been diagnosed with dementia, the following signs, symptoms, and dementia features must have been noticed.

The foremost sign of dementia, especially Alzheimer's disease, must have been Mr. T. 's problems with finding the right words, accompanied by lapses in his memory (Alzheimer Society, 2007). Another symptom must have been depression (Tappen R, 1997). Other symptoms range from high blood pressure, diabetes, vitamin deficiencies, high blood cholesterol levels, symptoms of stroke, hallucinations, restlessness, incontinence, and others.

Physical mobility as the other case study is what we rely on to move freely and navigate through places efficiently and independently. However, many adults going through old age may encounter difficulties and this is the case of Mrs. T. The decline in Mrs. T. 's mobility may range from mild to profound due to an operation of the hip, but no matter the range, there is a significant influence of this mobility decline on Mrs. T.'s health and lifestyle changes.

A decline in mobility can be caused by several factors, among them are vitamin deficiency, lack of enough physical exercise, and inadequate hospital care. Beyond these causative symptoms, however, a mobility decline is inevitable in elderly people. Proper nursing and hospital care is a necessary part of old people for mobility imbalances. By implementing nursing measures, elderly people can be treated with care, support, and respect to carry on with life. Deficiency in nursing support can lead to further declines in muscle and bone weakness, making it increasingly difficult for old people to ever make it back to mobility balances (Lyons, 2014).

Principles of Care and Support for Mr. and Mrs. T.

The following principles have been stated by the Social Care Institute for Excellence (SCIE, 2006) to be the best available evidence for the treatment of people with dementia, the care and support available to them. These principles include person-centered care, self-help, and service-level principles and interventions as they apply to Mr. and Mrs. T.

- Mr. and Mrs. T should not be excluded from any health and social care services due to his diagnosis, age, or learning disabilities. In other words, Mr. and Mrs. T should be included in every form of care and support available to him without politics, sentiments, and personal biases.
- Health and social care staff should always treat Mr. and Mrs. T with respect and regard for his person. Mr. and Mrs. T. as a person should come first in the priorities before Mr. and Mrs. T as patients of dementia and mobility problems.
- Health and social care staff should identify and recognise the needs of Mr. and Mrs. T. and cares that should attend to these needs based on the gender, ethnicity, age, religion, and even personal care of Mr. and Mrs. T. Care plans should record the needs and address them factoring Mr. and Mrs. T.'s personal needs.
- Wherever language is a barrier to accessing and understanding Mr. and Mrs. T., care, support, and treatment should be provided by health and social care staff for Mr. and Mrs. T., through their preferred languages, the use of independent

interpreters, and the deployment of psychological interventions in their preferred languages.

- For Mr. and Mrs. T to make effective decisions that appeal to their welfare and persons, they must be provided with adequate and appropriate information. Access to appropriate information allows them to fully understand the scale of their decision-making and the range of options that are available to them.
- The development of skills and the enhancement of esteem and confidence in the case of Mr. and Mrs. T should be made possible through access to a range of learning and development opportunities that are available to them and their cares, both formal and informal.
- New technology is essential to the care and support of both. Through the use and deployment of new technology, both Mr. and Mrs. T. can be enamored with proper self-care for comprehensive care, support, and treatment.
- Both should be enabled to access support networks and participate in the planning, development, and evaluation of services. Both should also be involved in supported risk management and risk-taking.

Analysis of Support Policies Available to Both

The analysis of these policies of support includes ethics, consent, and advanced decision-making that are available to Mr. and Mrs. T. first as individuals, then as patients. The analysis establishes the fact that both individuals deserve individualised care whose decisions should be embraced, tolerated, and roundly considered by health and social care staff. The policies are based on the stated Social Care Institute for Excellence's policies. (SCIE, 2006)

- Health and social care staff should seek valid consent from Mr. and Mrs. T. This consent entails informing both persons of the options available to them, ensuring that they both understand these options, and checking that there is no coercion whatsoever in decision-making. If one or both persons cannot fully understand these options, then the provisions of the Mental Capacity Act 2005 must be used.

- Both Mr. and Mrs. T should be informed about and encouraged to use advocacy services and voluntary support. The information and encouragement should be based on their willingness and not coerce. If required, they can do it independent of each other since they are known to be independent persons.
- Both Mr. and Mrs. T should be provided with the opportunity to convey information to health and social care staff with utmost confidentiality to their persons. Care staff should first discuss with them if there is the need to share certain information with other people which may include even health professionals, colleagues, and friends and families of both couples. In fact, information from Mr. T should only be shared with Mrs. T based on consent — and vice versa. But if both cannot give consent, the Mental Capacity Act 2005 and its Code of Practice should be followed in such a scenario.
- Health and social care staff should ensure the arrangement of decisions that should be made in the event they lose consent to such decisions while both Mr. and Mrs. T can give consent. These arrangements should include advance decisions to refuse treatment, advance statements, a preferred place of the care plan, and lasting power of Attorneys.
- At the time of diagnosis, care, and treatment, Mr. and Mrs. T should be assessed in a sensitive manner that pays attention to their relationships or emotional attachment. They should be encouraged to find local support wherever necessary.
- Since both are vulnerable to abuse and neglect (Jordanova et al., 2014), Mr. and Mrs. T should be supported and cared for by abiding by the local multi-agency policy on adult protection. All social care also should be within the framework of care management and coordination and not outside of it.

Evaluation of Practice, Care and Support

The evaluation of practice, care, and support for Mr. and Mrs. T considers the training and development of health and social care staff that would be attending to them, the environmental design that allows for full recovery, and the integrated health and social care that should be used in assessing their health status and ensuring recovery. This

evaluation is also based on the chosen organisation, which is the Social Care Institute for Excellence (SCIE).

Training and Development of Health and Social Staff

Health and Social care management should ensure that all health and social care staff working to ensure the full recovery of Mr. and Mrs. T. have access to relevant training and facilities consistent with their roles and responsibilities.

When training health and social care staff to attend to the responsibilities of Mr. and Mrs. T. and other patients that may need such services, educational programmers should be geared at ensuring that the health and social care staff have some of the following elements.

- Early and main signs and symptoms of dementia and mobility problems, including, but not limited to, the natural history of the different types, progression, prognosis, and the consequences of these health factors.
- The assessment of dementia and mobility problems, their pharmacological treatments, and the administration of medication and monitoring side effects. All of these plus the principles of person-centered care and the importance of communication skills.
- Assertive outreach techniques would be needed by both Mr. and Mrs. T., in addition to basic introduction and understanding of adult protection policy and procedures, alongside the palliative care approach.
- Health and Social Care management should set up consultation and communication channels and evidence-based educational interventions, such as practice-based workshops, decision-based software, and consultation tools to improve the management of dementia and mobility problems of Mr. and Mrs. T.

Environmental Design of Practice

When planning, arranging, or purchasing living environments for Mr. and Mrs. T., health and social care managers should ensure the designs of care homes that meet their needs and preferences and allow for a full recovery.

Furthermore, they should ensure that care homes are enabled with aid orientation and attention is paid to lighting, colour schemes, and other living needs of Mr. and Mrs. T.

Additionally, attentions must be paid to the size of units they will be staying in, the mix of residents that will be staying with them, and the skill mix of staff.

Integrated Health and Social Care

The use of health and social care for Mr. and Mrs. T. should be in conjunction with the following guideline and framework:

- Home and primary care
- Sheltered and extra-care housing
- Specialist and mainstream day services
- Intermediate care and rehabilitation
- Mainstream and specialist residential care
- Specialist mental and mobility health services
- Care in general hospitals

Recommendations for Mr. and Mrs. T

Certain behaviour disallows the use and application of some of the listed measures, care, and support for Mr. and Mrs. T. Therefore, the control of behaviours that challenge such applications should be embraced, especially in risk management. Health and social care management and staff should.

- Monitor and address environmental, physical health, and psychosocial factors that can affect Mr. and Mrs. T.
- Ensure that there is no overcrowding, lack of privacy, lack of activities, inadequate staff attention, poor communication, conflicts, and weak clinical leadership.
- Be trained to manage violence, conflict, and extreme agitation through a series of de-escalation methods and techniques.
- Be trained in the proper use of drugs for behavioural control and management. Should also learn to assess and manage risks associated with pharmacological control. And should be fully aware of the cardiorespiratory impacts of acute drug administration.
- Be versatile with the use of resuscitation techniques, ensure annual retraining of staff, and learn the principles and routes of drug administration and intramuscular agents for behavioural control.
- Ensure inpatient services such as containment and private assessment, coupled with palliative care, pain relief and care at the end of their lives.

Conclusion

Dementia and mobility problems are some of the problems that affect old people and Mr., and Mrs. T were unspare. As both couples look forward to living a life free of worry, the need for care, support, and treatment to help them navigate the problems cannot be overstated. Using a selected organisation as in the Social Care Institute for Excellence), we have been able to describe the principles of support available to both couples, the analysis of these principles, the evaluation of practice that can be rendered to them, and recommendations to solving challenges that may be encountered in the process of care and support delivery.

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