



PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

BMHP 5002

Task: 2

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TERM: 1

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Learner declaration
This assignment is my own original work. No part of this work has been copied from any other source or person except where due acknowledgement is made, and no part of the work has been previously submitted for assessment at this or any other institution. I have read the Student Academic Integrity Policy and understand its implications. Student signature: George Onyeka Date: 06/09/2021

Person-centred care also known as patient-centred care within health and social care implies the care workers teaming up with the service user by treating him or her with dignity and respect and getting the service user to partake in taking vital decisions pertaining to their health (Better Health, 2015)

Service user's needs and preferences are taken into consideration thereby making sure that they are comfortable and safe physically in current practice in health and social care. The emphasis here is getting things done with the service user rather than doing it for them, service users are allowed to be active participants in the design and delivery of services. In doing this the experience and quality of care are improved upon (SCIE, 2020). Health and social care workers work together with those who use their services to actualise person-centred care. It encourages people to develop the ability, skills, and courage they need to manage and take enlightened decisions on their health and health care dignity (The Health Foundation, 2016).

In 2009, 'Help the Aged', and 'Age Concern England' were amalgamated to form Age UK. The new organisation had a combined income of £160 million, out of this amount, £47 million is raised annually through fundraising. It also has 520 charity shops and raises funds from its commercial services division known as Age UK Enterprises. Around 850,000 people in the UK are thought to be living with dementia and the number is predicted to hit 1 million by 2025 (Age UK, 2021).

Age UK has services with person-centred care as their focal point.

One-to-one support: One of such is care for elderly people living with dementia. And it is branded one-to-one support. This is done by arranging visits to the homes of beneficiaries with the aim of helping the person maintain their normal daily lifestyle and other things of interest to them. To buttress this, some Age UK staff are saddled with the task of providing friendly companionship for clients with dementia (Age UK, n.d.)

Group support: These are day break centres where specialised daybreak services are rendered to those with dementia. Staff are well trained to make sure that those attending are safe and well taken care of and their personal needs and interests are taken care of too. When these elderly people with dementia come to the break centre, it allows the carers the opportunity to rest (Age UK, n.d.)

Age UK has other specific programmes for people with dementia to facilitate improvement in their memory and mood, these include:

- Singing for the brain
- Dancing for dementia
- Art for dementia
- Seated exercise
- Memory cafes
- Trips and outings

There are some concepts behind Person-centred care as being practised in Age UK, these concepts can be seen from four perspectives, they are:

- Treating people with compassion, dignity, and respect.
- Rendering organised care and support.
- Rendering individualised or personalised care and support.

- Helping service users to identify and improve their strength and knowledge to help them live a fulfilling and independent life (LGA, 2021).

Person-centred care is a way by which things are done with the view that everyone involved in health and social care services is in planning, developing, and observing care to make sure it meets their needs. It takes into consideration the desires, values, family situation, lifestyle and social circumstances of the service user and finds a way to work together to find the suitable answer to his or her health. Seeing things from the service user's viewpoint and respecting them as such is very important (Health Innovation Network, 2017)

To fully conduct person-centred care, Age UK will always map out a care plan for each service user. A care plan is a written template written after assessing a service user's health and social care needs. It details what type of support will be ideal for the service user. It specifically points out who provides the care, the type of care needed, and how it will be rendered. It serves also as a record for care so far provided (Homecare UK, 2021)

A care plan is particularly important, and for this reason, Age UK takes it very seriously because it makes the care plan purposely fashioned out for the service user and it facilitates a consistent level of care from all caregivers and helps the service user to comprehend their condition and how their care needs will be taken care of. A good care plan helps in facilitating person-centred care to the service user (Homecare UK, 2021).

Age UK has gone a step further to introduce the application of advanced care planning. This gives the service user the privilege to map out how they would want their care and support to be in future while they are still articulate and very capable of doing so. The importance of an advanced care plan comes into play when the person faces the risk of losing mental capacity, like in progressive illnesses such as dementia. Also, people whose ability to maintain a stable and consistent mental capacity fluctuates intermittently, as in people who have a mental illness (NICE, n.d.) The application of the advanced care plan is hinged on the provisions of the Mental capacity Act (MCA) 2005. The decision to have an advanced care plan is solely that of the service user but the carer should help them in making an informed choice whether to make such a plan. An advanced care plan takes care of such areas as the person's feelings on all kinds of care, help or treatment, issues relating to finance and their preferred ways of doing things as simple as having to shower rather than a bath. (NICE, n.d.)

One of the major fields of attention of Age UK is dementia which is an adult illness. Dementia is the impairment of the ability to recognise, think, remember and reason thereby affecting a person's normal way of living. Some people living with dementia are unable to show or tell how they feel their personality may change. It ranges from mild to severe stages where the person will have to depend on other people to do basic activities of life (NIH, 2021). The illness is more pronounced with older people, and it is believed that a third of people over 85 may be suffering from dementia, though it is not a routine part of ageing (NIH, 2021).

The concept behind person-centred care emanated from establishing a group of personnel and community that performs with skills and expertise that backs and advances person-centred ways to wellbeing, prevention, care, and support. Paying attention to the needs of the individual is the fulcrum of person-centred care. Making sure people's needs and beliefs are the main reason behind clinical decisions and giving care that respects and responds to them (HEE, 2021).

Conducting person-centred care for aged people with dementia will involve the application of 'safeguarding' which is necessary when dealing with people with dementia because they need to live their lives free from harm, abuse, and neglect (NHS England, 2021)

There are five ethical principles associated with health and social care practice, it is on these principles that age UK has hinged its operations as an organisation. These principles are dignity and respect, compassion, inclusiveness, responsive care, and support and wellbeing. These principles are the fulcrum on which health and social care is practised and it applies to everyone, irrespective of the person's background, age, or ability (Scottish Govt., 2017). Age UK applies these principles and sticks to other existing legislative requirements and best practices as recommended by the government. A breakdown of the five principles are as follows:

Dignity and Respect: Respecting the person's human rights, their views, choices, and decisions, and treating them fairly, without discrimination and respecting their privacy.

Compassion: Giving the person warm, compassionate, and nurturing care and support, by respecting their wishes, needs and preferences, this could be achieved by finding out what we can do about their needs.

Inclusiveness: Give timely and decipherable information, help the service user to make informed choices to enable him/her to control their care and support, including the service user in decisions that concern them while their feedback and concerns are also considered. Helping the service user to participate actively in the community.

Responsive care and support: Assessing and reviewing the health and social care of the service user to ensure he/she gets appropriate support and care all the time. Adapting the care and support given when their needs, choices, and decisions change. There should be consistency as to who provides care and support to the service user and how this is provided. And all complaints of the service user should be promptly investigated.

Wellbeing: The service user's lifestyle preferences and desires are enquired about and is helped to accomplish such. Encouragement should be rendered to enable the service user to achieve their optimal potential. They should be helped to make intelligent choices, even when such choices are at their own personal risk. The service user should be made to feel safe, protected from neglect and abuse or avoidable harm (New Care Standards, 2021).

An incredibly positive impact of person-centred care to people with dementia is that it makes sure that they can participate in things that they enjoy like the Age UK's 'Singing for the brain' activity or their 'memory cafes', these are types of social prescribing. Secondly, it helps in effectively stopping and managing symptoms of dementia that has to do with behaviour and psychology (Alzheimer's Society, 2021). Thirdly, it helps smoothen the relationship between the caregiver and the service user, because of the care he or she gets for their needs and the encouragement they get from their caregivers. Fourthly, it creates a sense of independence and dignity when the service user is encouraged to step out and get involved in their care. Fifthly, it greatly improves the quality of care given to the service user by taking care of those core individualised needs of theirs while still looking after their mental, spiritual, and physical needs (Oakland Care, 2021)

Person-centred care is a concept introduced to give the best experience to service users, but it has got some bottlenecks plaguing it which at times hampers its actualisation. It was conceived to replace the disease-centred way to care for patients, but in practice, it has been found that healthcare professionals prefer to pay attention to the disease afflicting the

person rather than the person who is sick and as such the service user is rarely involved when it comes to making decisions. (Wolf, 2012). Secondly, person-centred care is being obstructed by the lack of proper information sharing. The information being given is in most cases not in-depth enough or wrongly timed. Hearing, obliging, and ascertaining, and the sort of bond and support, the capacity of the aged and elderly people to be involved in their care, relations, and family involvement and at times shortage of resources. The above points have been seen as both supportive and obstacles to person-centred care and they were found to be very crucial by service users, their carers and other professionals working in the service (Gondek et al., 2016). Thirdly, It also noticed that professionals involved with the provision of person-centred care need more training as to how they will apply the principle, so that they can be flexible in its application towards meeting the peculiar needs of the service users and at the same time responding to periods when there may not be a need for person-centred care and time to improve the quantity and quality of information for service users (Gondek et al., 2016). A fourth point is the issue of staffing. Staffing is a noticeably big hindrance to the application of person-centred care, this is because of delays in recruitment and staff leave. Arrangements were not put in place to cover staff who are on leave, and this created large gaps in staffing. When they get covered, most of them are not trained and can not conduct person-centred care. There is also the issue of high workload in the healthcare sector, and this adds more pressure on them. Physical resources and constraints in the work environment also play a part, these include space constraints, insufficient equipment like beds, computers, and comfortable chairs.

From all that has been discussed above it can be said that person-centred care has helped in changing the face of health care delivery in recent times but some recommendations will go a long way in making it better, among which are 1) There will be need to employ more carers to cover the number of service users needing such service. Person-centred care needs complete attention even where the multidisciplinary approach is being practised, more trained personnel will be needed. 2) Proper training should be given to carers on how to go about person-centred care. They must know the reasons behind the policy to appreciate its importance (Gondek et al., 2016). 3) The government should be ready to increase funding of the care sector because person-centred care requires rendering customised services to different service users.

In conclusion, person-centred care as a modern concept in healthcare practice has helped in changing the operations of care homes and agencies as they now do not only think of making their service users recover but also think about their social needs after when they must have recovered. It creates a platform for the caregiver and the service user to see things from a shared perspective from planning, developing, and observing care to ensure it serves their needs. Person-centred care can be said to be the present face of healthcare and therefore points the way to the future whilst still holding strongly onto the all-important facts of dignity, confidentiality, respect and care.

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