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BSc (Hons) HEALTH AND SOCIAL CARE
PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

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2 INTRODUCTION

This is a report about the care needs of Mr and Mrs T. There is a case study which could be referred to in the appendix. Considering the information about Mr and Mrs T, the National Health Service (NHS), is seen to be able to support the couple. A light would be thrown on the general principles of support. The principles of support, policies and practice in the NHS would be critiqued in this report. Critical analysis using legislations would be made on how Mr and Mrs T would be handled by the NHS. Recommendation and conclusion would be made.

2.1 NATIONAL HEALTH SERVICE (NHS)

The NHS was created in 1948. In 1962 the Health Minister Enoch Powell set out a ten-year plan to put up modern hospital buildings. Every 125,000 people were to have a hospital (Brain, 2018). Mr and Mrs T would have initial NHS continuing healthcare assessment and then full assessment. Most probably they are eligible and in that case all services are free. The NHS give support to dementia and physically impaired people. They also have home adaptation services which are free for everyone in need up to £1000. These services are modifications to make life easier in the house. Fitting a stairlift or a banister on the stairs, putting in an outdoor ramp or step rail are all examples of home adaptations (NHS, 2018). The NHS, in partnership with the Social Services of the Local Authority, engage a private care provider to send carers to service-users for their personal care and house help needs. There will also be a needs assessment from the social services of the Local Authority to bring out more healthcare needs of Mr and Mrs T (Asadi-Lari, Packham and Gray, 2003). NHS have allied health professionals like Podiatrists or Chiropodist for foot care who will visit Mr and Mrs T. Community and District Nurses would also visit for such care as skin integrity. General Practitioners (GPs), Speech language therapy clinics, Audiologists and Opticians are all wings of NHS that would care for Mr and Mrs T. Every staff that will visit Mr and Mrs T is well trained to render care services under NHS principles, policies and procedures, putting patients first all the time (NHS Choices, 2019a).

2.2 PRINCIPLES OF SUPPORT

The word principle is defined as a fundamental truth, law, doctrine or motivating force, upon which others are based (Hornblower, Spawforth and Eidinow, 2012). In health and social care the bases on which every support is rendered to the service users are the principles of support. Under the principles staff are to behave morally right to gain good relationship and trust from the service users. Staff are to respect individuality and diversity, different cultures and values. Service-users have rights, independence, choice, dignity and privacy. Service users and/or their family members are not to be left out when it comes to planning their support. Service users are to be provided with equal opportunities. When the staff fail to render support and services under the principles, legislation is seen to defend the needy. It could be said that principles of support always have the backing of the laws of the land. When principles are followed in the right manner, service users get the immediate good benefit, which is, good care and care providers also enjoy job satisfaction. (Department of Health and Social Care, 2021).

3 NHS PRINCIPLES OF SUPPORT

Whatever support the NHS gives to the people in need is based on some seven (7) key principles. These principles are supported by core values decided on from meeting with staff, patients and the public. It could be said that the NHS have those needy that come under their care at heart. These key principles are:

3.1 COMPREHENSIVE SERVICE, AVAILABLE TO ALL

Every staff works with the notion that there is no favouritism. All have equal opportunity of care. There is no consideration of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The purpose of the service is for improving, preventing and treating both physical and mental issues with equal regard. Equality promoted in this instance and human rights of every patient respected.

3.2 CLINICAL NEED BUT NOT BEING ABLE TO AFFORD

This is the criterion to access NHS services. Services are usually free of charge. Limitations in few cases are determined by the parliament.

3.3 EXCELLENCE AND PROFESSIONALISM TO THE HIGHEST

The NHS aims to give the best care services to those in need. They are always making sure the care services are safe and effective. To do this there is continuous training of the employees to freshen up good practice. For the sake of service users there is much investment in the staff to make sure there is improvement all the time in the services being rendered.

3.4 ALL EFFORTS IN THE PATIENTS' INTEREST

The NHS knows that it is the patient that can best take care of himself so all efforts are there to support patients to do what they can do best. Patients and their families are not left out when it comes to taking decisions about their care. Feedback is encouraged from patients to improve services.

3.5 WORKING IN PARTNERSHIP

The NHS does not live in isolation when it comes to making sure patients get the best they need in their care. Their principles and values bind them to any other organisation they work with. The NHS works with other local authority services like the social services. It also works with other public sector and private and voluntary sector organisations. All these partnerships seek to bring improvements in the care services. This confirms one of the theories underpinning the principles of health and social care: the theory of functionalism which states that "Society is a system of interconnected parts that work together in harmony to maintain a state of balance and social equilibrium for the whole" (Mooney et al., 2009). The NHS works with the General Practitioners (GPs), the dentists, the opticians, the police, the social services of the local authority, private care providers for improved services in the interest of the service users.

3.6 PROVIDING BEST VALUE FOR TAXPAYERS MONEY

The management of NHS is to put public funds for healthcare to that use and that only. Equipment to be used are always provided at the time of need, projects are

carried out, trainings are done all at the appropriate time and in the best interest of patients.

3.7 ACCOUNTABILITY

The NHS is funded by the central government. This means the taxpayers' money is given out for this purpose. The auditing department makes sure every penny from the public purse is accounted for. This enables transparency in the use of all resources available (Health, 2012).

4 NHS VALUES

The values together with the principles form the constitution of the NHS. The values of NHS are: working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and Everyone counts. These values are pledges NHS is making to the public indicating the best it commits itself to achieve. The NHS does not render services only looking at the legislations and regulations, but they also commit themselves. Trust is won most especially by any person or organisation that lives by their words. The NHS makes sure the patient comes first in everything it does. Every NHS staff will have to introduce themselves, explain whatever they about to do and listen to whatever the patient has to say. The staff are polite and friendly. Competence and professionalism displayed all the time. Best practice is sought out and shared. Staff is compassionate. These behaviours shown go to enhance care services to the patient (Health, 2012).

5 POLICIES

Incidents do happen that put vulnerable adults under the care of NHS in risk of harm and abuse. To avoid such risks and abuses there are such policies as Safeguarding, Voicing your concerns and Disciplinary policies in NHS. Safeguarding is a legal requirement for NHS to put in place. This policy is backed by the Human Rights Act (1998), Crime and Disorder Act (1998), the Mental Capacity Act (2005), the Health and Social Care Act (2008) and the Care Act (2014) (NHS Safeguarding Team and NHS England, 2019).

6 ANALYSIS AND EVALUATION

Mr and Mrs T have high expectation of good care services from the National Health Services (NHS). Despite their advanced age they are as normal and perfect service users as any other service user that go to NHS for care. The Care Quality Commission (CQC), which is the watchdog for service users, in all health and social care settings, is to stand up to expectation now for the wellbeing of Mr and Mrs T. The fall and its consequences suffered by Mrs T is not so much a surprise considering the fact that she is over 85 years old. Mr and Mrs T would need to have NHS healthcare continuing assessment. For the first six weeks after the hospitalization Mrs T qualifies for reablement care which is paid for by the NHS. All needed home adaptations for the comfort of Mrs T, especially, would have to be done. The cost of all the adaptations should amount to £1000 to be enjoyed freely by the couple. Occupational Therapist (OT) and Physiotherapist would need to visit the property of Mr and Mrs T to effect any needed home adaptation. This work is to be

done without any discrimination. Their age, disability, race, religion or belief, marriage, sexual orientation and gender reassignment none of them is to be discriminated against. This is in line with the NHS principles and values which regard their patients equal and which also put the patient first without any discrimination. According to the Equality Act 2010, it is a legal requirement for NHS to protect patients and staff from discrimination (Gov.Uk, 2010).

6.1 SAFETY OF THE COUPLE

Mr and Mrs T are to live safely in their own home. This couple is very vulnerable due to their age, physical condition and medical condition. They would have need of assistance for personal care. Whichever domiciliary care provider that is contracted must send well-trained carers to the couple. The NHS, the social services and finally the care quality commission would see to this. Carers who are not well-trained or not experienced in the use of hoists to lift patients could cause serious injury to the patients. Mrs T could be re-hospitalized with more serious injury in the new hip Mr T who has progressive dementia has not been diagnosed to have no mental capacity according to the case study. For this reason carers that go to Mr T are not to ignore him during his care service. When empowered Mr T would take control of his care. The Care Act 2014 seeks to reduce the time service users need support (legislation.gov.uk, 2014). Here there is a good side if the motive is to get the patient back to themselves as they used to be. However, what is usually the case is to find all reasons to get rid of the patient to save funds even though in reality they still need care. Mr and Mrs T need assistance to keep the house clean and for shopping. Age UK could be contracted to see to these needs. Food hygiene, without which the couple could end up in serious infections through food, must be well noted. Carers must follow the correct order of packing food in the fridge. Raw meat should be covered and stored down the bottom shelf. This way bacteria are stopped from spreading in the fridge to contaminate other food items. E Coli is one of the causes of deadly food poisoning (Food Standard Agency, 2018).

6.2 SAFEGUARDING

Mr T needs safeguarding policy in place to protect him. This is because he is easy to be abused. With progressive dementia, carers would take advantage and not own up their mistakes when attending to his care. The NHS principles and values do not permit such behaviours. Mental Capacity Act 2005, Health and Social Care Act 2008, Crime and Disorder Act 1998, Care Act 2014 and Human Rights Act 1998 are all key legislations that support the safeguarding policy. All these legislations should serve as deterrents to any ill-intentioned staff (NHS Safeguarding Team and NHS England, 2019).

6.3 RECOMMENDATIONS

The NHS determines to give the best care services to the patients they care for. They intend to be transparent and be accountable for all resources given by the central government. Despite all the good intentions there are some staff who indulge in some activities that make some of the resources meant for the patients end in wrong hands. There is, therefore, recommendation for Bribery and Corruption policy. This policy intends to make known all possible channels to all workers and to make it easy to report (Francis, 2019b).

7 CONCLUSION

For patients to get the best care they need, legal requirements on the part of the organisations in the health and social care are to be followed. The strict adherence to the laws would help protect patients from abuse and from discrimination.

Resources would also be protected so that there would be enough funds for needed training of staff to be done. Research could also be carried out to improve services.

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APPENDIX

Mr and Mrs T are both over 85 years old. Mr T has progressive dementia and other chronic conditions. They have always been very independent and able to care for one another until recently. Mrs T had a fall recently and was hospitalised following a hip operation and returned home with a mobility frame. When they reached at this crisis point, Mrs T realised that they needed help if they were to carry on living independently. She was interested in information and support on how to better manage their lives. It includes help with personal care, improve her mobility, domestic chores and any social events that would help them live independently as long as possible.