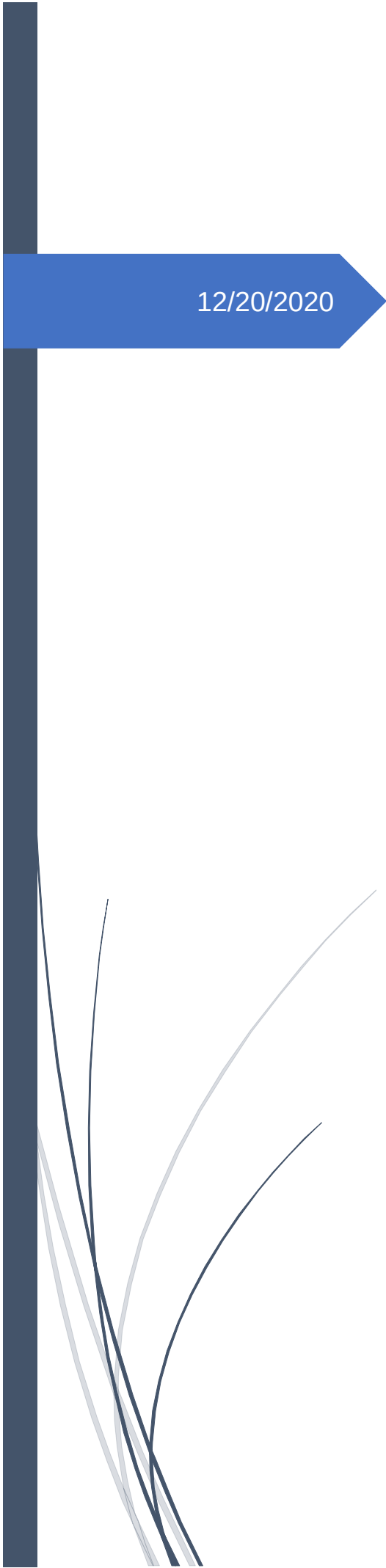


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12/20/2020

PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

BMHP 5002

TASK 1 ACADEMIC REPORT

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INTRODUCTION

This assignment will identify the necessary **intervention and services** that are available to MR and MRS T based on their needs and will focus on the NHS while mentioning organisations that complement the services of the NHS. The **NHS** has a duty of care to uphold in accordance with legislation. They must meet legal obligations under The Care Standards Act 2000, The Care Act 2014, The Health and Social Care Act 2001, Disabled Persons (Service Consultation and Representation) Act 1986, Equalities Act 2010 etc. To analyse and evaluate the care and support available to MR and MRS T a few factors must also be taken into consideration. Their current **financial situation** is an important factor and the **location** that they reside might also influence the **degree of assistance available** to them. In other words, the question of what needs to be done and how it will be achieved comes into play.

For the NHS to address the needs of service users, **principles of support** should act as a guide, these principles are dignity, equality and assortment, social justice, safety, sympathy, privacy, honesty, convenience and taking reasonable risks. Value should be demonstrated, the responsibility to shape care and support must be upheld. Valued communication, understanding the effect support has on dignity, knowing that a service user's environment and surrounding are important to their sense of dignity, showing value to workplace cultures that promote dignity and recognizing the importance of challenging care that reduces the dignity of the individual is important.

PRACTICE, POLICIES AND SUPPORT AVAILABLE IN THE NHS

The NHS was created on a group of common principles and policies that tend to hold together the people and the communities that it serves, in other words, the patients and the public including the NHS staff. Its constitution sets out the principles. The NHS has seven important principles that guides the organisation. **The first** principle is that the NHS **gives a comprehensive service that is within reach of all**. This means that the service is accessible to all notwithstanding their race, gender, age, disability, belief, sexual orientation, religion, gender re assignment, maternity, pregnancy, marital or their civil partnership status. **The second** principle is that the

ability to access the services provided by the NHS should be based on clinical needs and not on the ability of the person to pay. The services provided by the NHS is free of charge with few exceptions that parliament has sanctioned. The **third principle** is that the NHS must **reach for the highest standards of professionalism and excellence**. The care it provides must be of high quality, safe in nature, and focussed on the experience of the patient. Dignity, respect, being compassionate and caring should be at the core of the way it treats its patients and staff. **Principle number four is that the patient should be at the heart of all that the NHS does**. Individuals should be given the necessary support to manage and promote their personal health.

Principle number five is that the **NHS has work that is spread around organisational bodies**. This means that it is in partnership with other sectors and organisations for the interest of its patients, the immediate community, and the population in general. **The sixth principle** is that it is **committed to giving the best value for taxpayer's money**. It should provide sustainable, effective and fair use of the finite resources available to it. **The seventh principle** is that the NHS **will be accountable or answerable to the public, patients, and the community that it serves**. National taxation funds the NHS and its services are national, the framework of the NHS is set by the government and is answerable to parliament as regards its operation. Decision taking in the NHS and the responsibilities therein should be clear and transparent to the patient, public and staff. (Department of Health and Social Care, 2021)

AN ANALYSIS AND EVALUATION OF SUPPORT THAT IS AVAILABLE TO MR AND MRS T IN THE NHS

MRS T will be supported by a **rehabilitation programme** that is tailored to help her regain her mobility and independence within the shortest possible time. Her team will comprise of health care professionals like a **physiotherapist** who will assist her by using physical methods like massage, exercises and manipulation which will assist in promoting her health and wellbeing. An **Occupational therapist** will **assess her home** and identify everyday problems like dressing herself, if she needs handrails or

going out to shop and the occupational therapist will find solutions for her. Others that might be involved in her care are an orthopaedic surgeon, a geriatrician, a liaison nurse, and a social worker. Her GP and carer will be informed. She might return to the hospital after being discharged for a rehabilitation appointment, meet with her GP for a follow up appointment and receive visits at home and phone calls from those involved in her care. (NHS, 2018). The local council can be contacted.

The **local council** safeguarding adults board has the main objective of protecting adults with needs of care and support and to protect those who are experiencing or are at risk of abuse or neglect. They are in communication with partner agencies and increase awareness on the need to promote and safeguard the welfare of adults.

They monitor and evaluate the actions of other agencies; they undertake safeguarding reviews of adults and develop safeguarding policies and procedures.

Available support includes firstly providing a dedicated phone line and contact email where individuals can contact adult social care where a discussion will be arranged to determine if the individual needs support and care, the degree of care and support that is required, how these needs will be met and the family and social network of the person that needs help. **Adult social care** department will want to have a **discussion** with MRS T and MR T where they require care and to what extent as described above. Based on the discussion held the council might arrange for a **care needs assessment** for both adults. This process involves a **social worker or occupational therapist** visiting MR and MRS T to have further discussions with them and to give relevant advice as regards possible next steps to be taken.

After the assessment and the couple are then deemed to need support and care, a **care and support plan** will be agreed in conjunction with MR and MRS T.

Some of the aspects of the care and support plan include answering the question of how the support will be provided, what are the costs associated with giving the support and who will be responsible for the payment. Further **analysis and evaluation** of care and support available to the couple will reveal that due to MRS T.'s fall, the **hospital would contact adult social care** with the aim of arranging a **discharge assessment**. This assessment is necessary to ascertain what kind of care would be needed by MRS T when she gets home. She would be involved in the

plan and agree on a **care and assessment plan**. The plan should address things like treatment and care when she returns home, the people responsible for her care and how she can get in contact with them and when or the frequency that she needs care. When leaving the hospital, she will be given a **discharge summary** with a copy being sent to her **GP** to provide information and to address future care needs.

Since **MRS T** wishes to live independently it can be deduced that she intends to live at her home with domiciliary care. She will need to observe **hip precautions for six weeks** due to her hip replacement surgery. Depending on her home she might need independent transferring using equipment and the climbing of stairs through supervision. She will need personal care also because of the hip surgery and to assist in kitchen tasks. (Hull city council, 2021) she will be receiving about four calls per day from the **reablement support team**. She will have sessions with an **occupational therapist and physiotherapist** to practice walking safely indoors, the increase of hip strength through exercise, safe and independent washing, and dressing. Improving her mobility gait retraining and muscle stimulation (Handoll et al, 2011) Aspects of her wellbeing should be promoted by the social service and service providers such as her **physical wellbeing, control over her daily life and her social wellbeing**, reviewed in six weeks.

PERSONAL CARE, IMPROVING MOBILITY, DOMESTIC CHORES AND ENGAGING IN SOCIAL EVENTS.

A **financial means test, or a means test** that will look at her income, property, and savings to ascertain how much she needs to contribute in relation to the cost of her care and support will be carried out after the care needs assessment. Since she needs home care the means test will not include the value of her property. If she needs aids and home adaptations that the council agrees then the council must provide it for free. Staff at the hospital when being discharged can arrange homecare for her and the social worker will lead the planning (Age UK, 2020). Home care agencies can be contracted to take care of her personal care and **domestic chores** which includes assistance with mobility, help getting into and out of bed, washing and personal hygiene, dressing up and undressing, care in toilet, help in reminding and administering medication that has been agreed. Regulation of these services is

carried out by **the care quality commission (CQC)**. Home care is generally provided by domiciliary care agencies, extra care housing services and supported living (Department of Health & Social Care, 2021). Social services can give advice on **social events** and how to contact organisations like Age UK who run social activities like clubs and classes which includes bridge group, arts and craft, men in sheds, coffee mornings, quizzes, pub lunch, photography club and tea dance.

MR T. suffers from dementia which is a chronic or constant disorder of the mental process which causative effect is a disease or injury to the brain that is characterised by memory loss and disorders, impaired reasoning, and changes in personality. (Oxford Lexico, 2021). He would be assessed through basically the same process with some few differences since he had not been recently discharged from hospital and other agencies can **be signposted**. All forms of dementia are progressive, the NHS will advise him to contact social service where he will apply for a **need's assessment**, under normal circumstances this will be carried out face to face, the NHS will also advise him to contact Dementia connect and Age UK. He would have had a **care plan** which will state what kind of care will be needed, this should not be confused with a need's assessment plan. The care plan will include things like how to keep doing the things that are of importance to MR T, information about the services available and how to access them, monitoring of his health condition, the name of a health and social care person that will be responsible for coordinating the varied sorts of care that will be required. This plan is usually reviewed once yearly. Furthermore, **a memory assessment service, social services department, and his GP, will develop the plan jointly.**

The **needs assessment** carried out by the social services department will then determine if he requires help with carrying out **personal care, meals transported to the home** or a personal alarm, then he would be given a financial assessment or means test to ascertain how much he would have to contribute financially to his care. Determination will have to be ascertained if his needs relate in majority to his health, in this care he may then qualify for a **free NHS continuing care**, this is normally evaluated by NHS staff. He can also get advice and support from **admiral nurses, the Alzheimer's society, the national dementia helpline, dementia UK, the carers trust, Age UK etc.**

If it is ascertained after the **needs assessment** that he needs alterations in the home for example **grab rails** in the bathroom area, then he would be referred for an assessment of their home. **Better lighting** can help him to reduce the **risk of a fall** and to avoid confusion, **automatic light sensors** will be useful to him, and regular eye tests to spot eye problems. Reduction in noise at home can also be beneficial, carpets, curtains and cushions take in background noise and helps not to magnify the noise for a dementia person that wears a hearing aid. **Safer flooring** is important i.e., avoiding placing rugs or mats on the floor, because some people suffering from dementia might be confused by thinking that the rug or mat is something that they must step over which can then lead to tripping and falling. **Contrasting colours, controlling reflections** by mirrors, **labels and signs** to assist in movement, **dementia friendly items** in the home can also be beneficial. Social services involvement as described earlier will support him with the contraction of carers based on his situation. **Social events** advise will be given by the NHS, he will be advised to **keep in touch** with people, try activities like **tai chi, dance, swimming, walking group, painting class, drama group, sharing of life experiences in photos and videos, go to a dementia or memory café to meet people and singing.**

CRITICISM OF AVAILABLE SUPPORT

In the case of MRS T's care, more studies should be advanced to shed light regarding why fractures are deadly for the elderly, one in three adults above the age of fifty dies within twelve months after a hip fracture. Existing health conditions can also increase the risk of death from a hip operation. (Brennan-Olsen, 2019). The care givers perspective should be explored more by the NHS especially because dementia patients will not be able to report on the care, they receive later due to the progressive nature of the disease (Davies et al., 2016). Dementia patients like MR T needing to go into hospital for care can be detrimental and difficult especially for aged people like MR T, community care should be the focus and would have been suitable for him (Hawkes, 2013) together with early diagnoses and information about services and the appropriate criteria for targeting a possibly high-risk dementia patient group is unknown but should be known and addressed (Ranson et al., 2018) one third of health trusts do not have plans in place to cut unnecessary hospital visits

by patients with dementia, the plans should have been put in place as it would be beneficial to MR T (Ramesh, 2010).

CRITICAL EVALUATION OF RELEVANT PRINCIPLES OF SUPPORT AND PRACTICE INCLUDING PROTOCOLS OF THE NHS

The NHS has responsibilities to provide care and advice and for safeguarding under legislation i.e., the Care Act 2014. They have policies and practices in place to address the needs of those that need care. They have a duty to **promote the wellbeing** of the individual, **preventing or reducing and delaying of needs, give information and advice** when required, **shaping of the market and commissioning of the support** and adult care, **managing provider failure including several service interruptions** that can affect the service user, **undertaking assessments and determining eligibility, the arrangement of independent advocates** for adults, **financial assessment and charging, deferred payments including agreements, care and support planning and the allocation of the personal budget**. (Department of Health and Social Care, 2016).

The mental capacity Act protects and empowers people with the absence of mental capacity to make decisions relating to their care and treatment. Examples include people suffering from dementia, brain injury, severe learning ability, mental illness, stroke, and unconsciousness that was triggered by an anaesthetic or unexpected accident. (NHS, 2018b), **The Health and Social Care Act** imposed the first legal duties relating to health inequalities. The equality Act of 2010 established duties of equality on all public institutions and aims to advance equality in all their duties, a supporting legislation is the **Social Value Act of 2012**. **The safeguarding vulnerable groups Act 2006** is amongst several key legislations related to care. (Care Quality Commission, 2009)

RECOMMENDATIONS

Irrespective of the control of post-surgery pain and symptoms, patients after a hip surgery should receive high quality therapeutic rehabilitation and functional training and improved nutrition (Brennan-Olsen, 2019). At the stage of diagnoses, people

with dementia should be granted the opportunity to allow them to address their future priorities and wishes through an advanced care plan which can assist in influencing and controlling what happens to them -in the long run when they have arrived at the point that they have lost language, the capacity, and the ability to be able to make choices related to their care. (Karen Harrison Denning et al., 2019). Alternatives to hospital treatment should be found for MR T by the NHS since he prefers independently living at home.

CONCLUSION

This report has looked at the available care and support through the NHS, focussing on the support available and advice from other organisations that are intertwined with the NHS, and an evaluation and criticism was carried out to find better ways of providing care and support for MR and MRS T as was stated in the key findings relating to deaths post-surgery for the elderly who had a hip operation and the opportunity being given for dementia patients to carry out an advanced care plan.

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