

Assessment 1

Case study Report

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Introduction

The "principles of health and social care practice" are the standards that social and health care providers adhere to while delivering for their patients. Examples of such principles include patient confidentiality, safety, and empowerment. By providing them with necessary help, the health care system aims to safeguard the rights and general wellbeing of its patients. It is unethical to release any information about the service user without the service user's consent, and care providers are accountable for maintaining the confidentiality of any information about the service user. The Equality Act of 2010 stipulates that all beneficiaries of care must get the appropriate medical treatment without respect to their personalities, beliefs, cultures, gender, or race. This essay examines the services that AGE UK provides that may be utilized to assist Mr. and Mrs. T. while also describing the organization's guiding values, rules, and procedures. The support concepts, policies, and procedures of AGE UK are examined critically in this study along with their applicability to supporting and protecting elderly adults. Assistance and Age and Concern England combined to become AGE UK in 2009, a significant elderly charity with headquarters in London, United Kingdom. More than 520 charity shops provide its services, and it earns funds for operations via fundraising initiatives and income from its commercial services (Leeson, n.d.).

The principles of support, policies and practice available at AGE UK

Age UK's organizational strategy deals with a range of public issues, such as money problems, care and aid for health and wellness, home safety, and active communities. The organization's mission is to maintain senior citizens' good health and prevent health emergencies. One of Age UK's founding principles is to provide older people the freedom to choose how and when they receive assistance. Once their particular demands and preferences are established, they are provided with help and services that are tailored to their particular needs and preferences (Salvatore et al., 2021). Age UK was able to do this by depending on a wide range of help as opposed to too standardized services that would force people outside of the safety net. In order to

provide Mr. T and Mrs. T the help that is suitable for their specific service needs, the organization would need to pay attention to their needs.

For instance, Mr. T has deteriorating dementia while Mrs. T has a dislocated hip that restricts his mobility. Age UK would have to decide what kind of care and support the couple needs to continue living independently. The two would need help with daily duties, Mrs. T's mobility, and personal care, to mention a few. The Care Act, which mandates regional Safeguarding People Boards in the UK to safeguard people from danger and reduce the possibility that they would suffer abuse and neglect, is rooted in this tactic (Muqimova and Usmonaliyeva, 2018). Age UK's support, policies, and care are all built on the central premise that living and aging well is a fundamental requirement. The core causes of poor health must be addressed, and public services and policies must adopt a culture of prevention, according to Age UK. The group is conscious of how crucial physical and mental health are to maintaining older people's wellbeing.

As a result, the organization recognizes the need of assisting seniors in maintaining their wellbeing as they age, reflecting Mr. and Mrs. T's demands. Mr. T suffers from dementia, a mental health condition, as well as mobility challenges, which are physical health concerns. The organization's ability to provide local counseling to people with mental and physical health difficulties is one of the things Mr. T and Mrs. T need to stop their health from declining. They both need quick access to information and assistance in to prevent their current issues from becoming worse and turning into a catastrophe (Liebler and McConnell, 2020). Age UK also provides therapy for those with late-stage dementia and depression to avoid the escalation into self-harm. The group also provides older individuals with physical activities in an attempt to improve their mobility, support them in participating in their communities, and reduce their risk of dementia and depression.

Given that these support services clearly outline the care that Mr. and Mrs. T require, the organization is among their best alternatives. The importance of assisting persons who have dementia to live well and continue to be active members of society is emphasized in the policy position statement of Age UK. The policy position paper emphasizes the need of providing dementia patients and their carers with lifetime access to high-quality care and support, regardless of where they live or their

individual histories (Clendon and Munns, 2018). 850 000 people in the UK were thought to have dementia in 2014, including both those who had received a diagnosis and those who had not (Alzheimer's Society, 2014). The primary carers for these dementia patients were around 670,000. The UK's aging population was predicted to cause these numbers to climb dramatically in the next years.

Alzheimer's disease and associated dementias were the third leading cause of death in the UK as of 2013. According to the support, policy, and practice guiding principles of AGE UK, Mr. T may be considered one of these dementia patients and is provided with the care and help he needs. Although the government has said that it is dedicated to working with carers to expand access to support following a diagnosis, England does not have a statute mandating post-diagnosis assistance, in contrast to Scotland (Crotty et al., 2019). This emphasizes the challenge encountered by those suffering from dementia, like Mr. T, whose needs cannot be fully satisfied by the health and care systems. In the absence of efficient treatment and a cure, managing Mr. T's Alzheimer condition and its impact on his health would be challenging.

The principles of support, policy, and practice of AGE UK state that both new and existing homes for the elderly must be adjusted to accommodate their changing needs in order to promote their freedom and self-determination. Poor and inaccessible housing would have a significant negative effect on those with mobility issues like Mr. T. 13.3 million individuals with disabilities lived in the UK in 2015 and 2016, and 44% of them were older residents who were eligible for state pensions, according to figures from that country for the two-year period. Only 7% of homes, however, have the features Mrs. T. and other people with mobility challenges need to access them (Hall, 2019). A flush threshold at the main entrance, a toilet at entry level, and circulation space are just a few of the essential components that make homes more accessible.

Even while living independently would be difficult for much older people like Mr. and Mrs. T, who are 86 years old and have other underlying issues, many older people live in inferior housing that would need to be updated to suit older people's needs. Thousands of elderly people get repair and adaptation support from neighborhood home improvement groups, but they are only able to help a small percentage of those who need this sort of help. Thankfully, funding from the government for the Disabled Facilities Grant has been increasing (Laver-Fawcett and Cox, 2021). From £220

million in 2017–2018 to £468 million in 2018–2019, and then to £50 million in 2019–2020, the funding was increased by the government. The government's pledge instills hope in people like Mr. T and Mrs. T by ensuring that they would have access to better living circumstances as well as greater care and support services.

Adult-safeguarding-policy

Many older people have experienced neglect and abuse, which puts them at risk of becoming hurt unnecessarily. Organizations like Age UK have a responsibility to safeguard the well-being of older people by ensuring that they live in a secure environment free from abuse and neglect since most older people are unable to defend themselves against danger and abuse. Since they are more prone to face abuse and neglect, those 65 years of age and older are the target demographic for protection. Fraud, theft, assault, and other wrongdoings, such as elder abuse and neglect, are considered crimes (Jackson, 2021). But finding and punishing those who do this to old people does not deter them, and it also does not provide justice to the victims. It would be more effective to educate the general population on the need of sustaining the well-being of elders. Practitioners need to be able to recognize cases of spousal abuse and neglect since elderly people sometimes find it difficult to disclose such instances.

Mental capacity act 2005

According to the Mental Capacity Act, persons should be given as many chances as possible to make choices on their own, and when they are unable to do so, decisions should be made in their best interests. The ability to make wise judgments is lacking in older individuals, particularly those who have dementia, and as a result, they have little to no impact on society. They can be subjected to social marginalization as well as a loss of their basic liberties, rights to equality, and autonomy (Wilson and Obasanya, 2022). The Mental Capacity Act of 2005 provides a legal basis for safeguards against loss of liberty when people who lack mental capacity are completely unable to determine what is best for them. Hospitals and care institutions have the right to ask for approval to remove the liberty of a person who is confined to one of their facilities.

Social Care Act 2012

The Clinical Commissioning Groups, Public Health England, and NHS England are among the health institutions that will be required under the Social Care Act to demonstrate their commitment to reducing health inequalities in England. It is well recognized that people from affluent socioeconomic backgrounds tend to have better educations, happier lives, and more access to health care and services than their friends from less affluent backgrounds, who often depend on public services (Benson and Grieve, 2021). To remedy these discrepancies, it would be important to invest in infrastructure, promote accessibility in education, and diversify health services so that everyone could afford and have access to them. This will assist enhance social cohesiveness and inclusion while also enhancing the general well-being of every member of society.

Equality Act 2010

All bodies subject to the requirement were considered while developing the Act in order to promote equality. The law mandates that everyone, regardless of differences in gender, religion, age, handicap, or cultural origin, has the right to be treated fairly, with integrity, and with respect. Health care providers must have a solid awareness of the diversity that constitutes society in order to assist patients in a way that cannot be seen as prejudiced, according to the law. Everyone must be treated with respect for their uniqueness, beliefs, and diversity in accordance with Age UK's guidelines (Rauch and Hübner, 2022). This is necessary to promote equality, inclusion, and the reduction of disparities in England on both a local and a national scale.

Advantages and disadvantages of the principles of support, policies and practice

Organizations have the opportunity to define and articulate top management objectives via policies. Health sector policies are essential for directing healthcare providers at all levels since senior management communicates its leadership and ideas to the staff and other workers via policies. Policies also serve as a guide for executing an action plan and serve as a basis for consistent decision-making (Taylor,

2018). Policies ensure that employee actions are in line with the executive's expectations by specifying the standards and procedures that all employees must follow. In large companies, it may be difficult to communicate policies to everyone, which is one of their limitations. Workers may disagree with the regulations even after being told, making it difficult to implement them. Because they formalize procedures and standards, policies may restrict creativity and adaptability.

Recommendations

Since foot care is crucial to lowering falls, the NHS should provide these treatments. The NHS does not commission basic foot care services, despite the fact that every day, over 1000 older people are sent to hospitals as a result of falls. It is vital to provide safer public transit with trip-hazard-free pavement and install mobility aids in homes to significantly reduce the risk of falls. To carry out this kind of low-level preventative intervention, the financing for the same would need to be boosted (Benson and Grieve, 2021). The wellbeing of older individuals varies, with those from socioeconomic groups with more financial stability experiencing the highest levels of wellbeing.

Additionally, these people are socially integrated, healthier, and have higher levels of education and education. As a result of their reputation for bad health, elderly adults from low socioeconomic level groups are disproportionately the least preferred category. They often have a propensity to rely heavily on public services and show less involvement with and relationships to their neighborhoods (Rauch and Hübner, 2022). In order to bridge the deficit in the aforementioned categories—infrastructure, health, and education—better policies must be put in place. According to the report, dementia cases are inconsistently diagnosed and people who have the condition get inadequate and ineffective treatment.

Two thirds of people with dementia live in the community, and one third of them live alone, according to estimates. Since even banking, retail, and transportation facilities fall short of their needs, these people are subjected to prejudice and patronage. Both governmental and private entities engaged in providing healthcare and services should take measures to assist people with dementia by eliminating stigma and discriminatory practices (Wilson and Obasanya, 2022). Services like banks, shops, the police, and other institutions should put up personnel and procedures that make it

simpler for people with dementia to get the services they need without being mistreated. Everyone will eventually become old, therefore it makes sense to make future homes better in terms of both quality and design.

Therefore, a planning directive on housing for the elderly and the disabled must be published by the government. House designs should be designed such that they are easy to construct and maintain while also being appealing to elderly adults (Crotty et al., 2019). Sustainability and transformation organizations should include a strategy on housing support, including home adaptations for older people, to integrate local health and care services.

Conclusion

While providing the proper health services and support to service consumers, health organizations and home caregivers are constrained by a number of support, policy, and practice considerations. Workers at these institutions must be aware of the many support ideas and policies in to help their organizations achieve their objectives and improve the quality of life for older people and people with disabilities. So as to choose the organization that best meets their needs, consumers of health services must do background study to grasp the many guiding principles of support, policy, and practice available in different organizations offering home care services. A few legislative acts and legislation have been established to ensure that older people in the UK may properly receive health care services. These legal frameworks are designed to protect the welfare of healthcare consumers and to keep them safe from social neglect, abuse, and poor health. Additionally, they work to promote equity and lessen injustices. Principles, policies, and practices have advantages and disadvantages, but the advantages outweigh the disadvantages. In order to better the daily lives of older people in terms of things like access to shopping services, house upkeep, safety, and personal hygiene, it is necessary to welcome them.

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