



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Name: Sadaf Noreen

Student ID: 2434656

Module Code: LCHS4003_BIRM

Module: Introduction to Health and Social Care

Lecturer: Dr. Helen Parsons (Module lead)

Assignment Title: Portfolio – Two tasks

Submitted on: 22nd February, 2026

TASK 1: Poster (900 words equivalent) – RESIDENTIAL CARE HOME

Residential care home is one of the most vital parts of social care services as it offers accommodation and 24-hour personal support to people who cannot live independently because of different reasons: age, disability, illness, or other complicated needs. The persons who utilize these services are usually elderly people who are feeling weak, residents with dementia, physically challenged adults, and persons with long-term illnesses that require extra support and help.

In a residential care home, support is provided to improve the life quality of residents. It consists of personal care activities such as bathing, dressing, toileting, medication management, meals preparation, mobility and mental health support. These services are delivered by a team of professionals e.g. carers, managerial workers who work conjointly with general practitioners (GPs), district nurses, and social workers to provide ample care to every single resident.

These services are critical in the UK health and social care system, as they not only preserve the safety and dignity of service users, but also maintain their overall well-being. Furthermore, care homes reduce the strain faced by hospitals and family carers, thus leading to a more viable care model (Legislation.gov.uk, 2025).



Figure 1: Care professional helping elderly in Care Home setting (Carehome.co.uk, 2025).

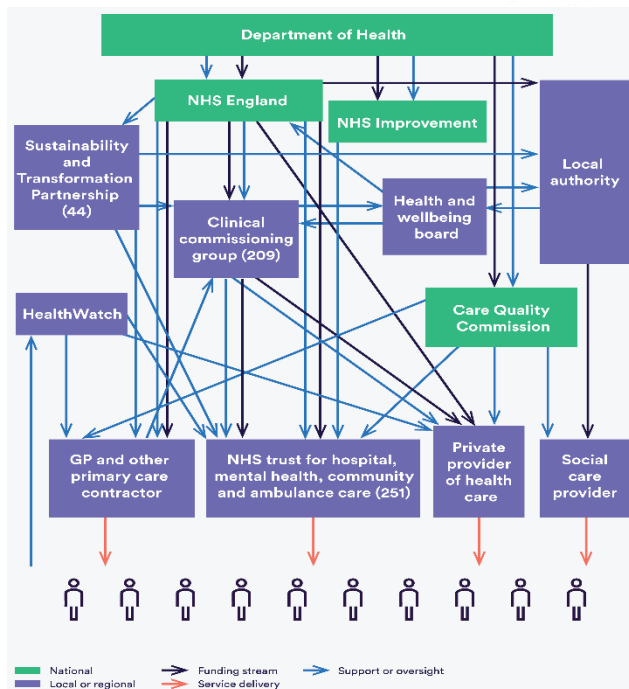


Figure 2: Structure of Health and Social care system in UK (Nuffieldtrust, 2017).

care services offered (Care Quality Commission, 2023). The residential facilities are required to formulate custom-made care plans that are specially designed according to the individual needs of residents. Additionally, the homes work in integrated care systems (ICSs), which closely work with NHS professionals to accomplish the goals of health and wellbeing management of residents (NHS England, 2021).

Multidisciplinary teams (comprising care assistants, managers, and visiting healthcare professionals) assist the provision of these services. The main objective of these teams is to propose not only safe space but also the daily support that supports independence and improves the overall wellbeing of the residents. With the help of this combined effort, residential care aims to provide a setting that encourages personal growth and honourable living, hence contributing majorly towards the quality of life of all the residents.

Challenges in the Last 10 Years:

Problem 1: Staffing Problems and Budgeting Constraints.

In the UK, the adult social care sector has been facing serious workforce shortages in the last decade, which has mainly disturbed the working capacity of the residential care facilities. As the report published by (Skills for Care, 2025) shows, care homes in England are straining to deal with a high number of job opportunities. Some of the reasons that led to this crisis are the poor wages, extreme workload, and lack of career growth opportunities, which make employment and maintenance of qualified personnel challenging. This lack of workforce does not only weaken the quality of services provided to the residents but also triggers high rates of staff burnouts. There is a certain continuum insufficiency in the provision of care to the residents, which, eventually, poses a danger to their general health and quality of lifestyle in such amenities.

Problem 2: Rise of More Complex Resident Needs.

The demographic data of residents who come to care homes has changed profoundly over the past few years, and many these days have numerous long-term illnesses and advanced dementia. Studies by the (British Geriatrics Society, 2021) draw attention to the fact that dependency levels on the care home residents are notably high as compared to what was the case in former decades. This transformation to more complicated health requirements will be calling for more experienced workforce, and closer working associations with the National Health Service (NHS). In addition, it requires more investment so as to adequately meet these amplified demands. The proposition of adequate resources is also prone to adversely influence the quality of care delivered to the residents and to cause unwarranted hospitalization and poor health results which, with the necessary support, would have been evaded.

Brief History:

The history of care for vulnerable adults shows a drastic change in the attitude and practice in society. Initially, such people were generally cared by their family or were put in big institutions with restricted resources. This insufficient care led to raised issue of quality of care and a need for care homes.

One of the most revolutionary steps was a publication of the Seebohm Report in 1968. This report recognised the need to have improved structure in the social services of the local authorities. Its recommendations enhanced the coordination of the different adult care services, eventually establishing a framework for better care (Seebohm, 1968).

Another imperative development was the introduction of Care Standards Act in 2000. This act postulated national minimum standards that care homes in UK had to abide by (Legislation.gov.uk, 2025). These measures contributed in refining the quality of care provided to residents.

Recently, the Care Act 2014 has further reinforced the targets of adult safety and wellbeing. It presented roles of the local authorities in assisting vulnerable adults and therefore created a more functioning and person-centred care (Legislation.gov.uk, 2025). These amendments have played an important role in improving regulation, accountability and safeguarding the needs and preferences of the individuals being cared for.

Present Day Operations:

Residential care is usually commenced through a needs assessment employed by the local authority. If entitled, persons can get funding support either from local council, the National Health Service (NHS) in some circumstances or by personal funds.

In England, the Care Quality Commission (CQC) is the governing body of residential care homes which inspects the standards of the quality and safety of

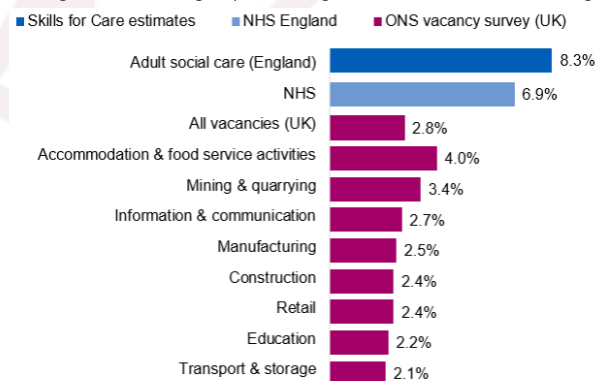


Figure 3: Adult social care vacancies in comparison to other sectors (Skillsforcare, 2025).

TASK 2: Essay (600 words) – AMBULANCE SERVICES

UK has ambulance services as part of the National Health Service (NHS) which offers emergency services to people with acute illnesses or injury. These services are free, provide quick evaluation, clinical care, and in time, transportation to hospitals. With time, these ambulance services have progressed to be more than mere means of transportation, to advanced mobile health services that are well-coordinated within the larger channels of urgent care.

The ambulance services in UK have a formal history dating back to the late nineteenth century, when the voluntary hospitals and charity organisations started using the horse-driven cabs as a means of transporting wounded persons. But these services in early phase used to be fragmented and inconsistent. A huge step was taken by the foundation of the NHS in 1948 which made ambulance facility a defined statutory responsibility in the National Health Service Act 1946. Despite of this national framework, there were still imbalances in quality and administration ([House of Commons Library, 2025](#)). In 1973, the National Health Service Reorganisation Act shifted the role of providing ambulance services off the local authorities and onto the regional health authorities and intended to perfect management and standardisation. Ambulance trusts were formed in 1990s which gave them greater managerial autonomy but public funding ([House of Commons Library, 2023](#)). Ambulance service has lately become part of Integrated Care Systems (ICSs), which enhance the alliance within the urgent and emergency care divisions ([NHS England, 2023](#)).

Currently, the services of ambulances are provided by local NHS trusts within the UK. Emergency calls are dealt with 999 and 112 systems and prioritised through systematic clinical triage means. In 2017, Ambulance Response Programme (ARP) was introduced that had substituted time-based response targets with a clinically categorised model, so that most critical cases can be handled in a timely manner ([NHS England, 2023](#)). Contemporary paramedics are highly qualified professionals who are able to provide excellent life support, administer prescriptions and make complex medical decisions on the spot. Patients are prioritised to be treated in their communities as much as possible to decrease the number of pointless hospitalizations and ease the strain on emergency departments ([Nuffieldtrust, 2021](#)).

Even with the significant improvements in service delivery, ambulance services are still faced with considerable pressures. The last ten years have seen a sharp rise in demand, which has been propelled by ageing population, rise in chronic diseases and challenges accessing basic care ([National Audit Office, 2017](#)). Moreover, hospital handover lag and staff deficiency have had adverse effects on the response time and the streamlined operations. [Care Quality Commission \(2023\)](#) has expressed strong concerns regarding the pressure on the system and the impact on the staff wellbeing. These difficulties indicate that although the reforms have resulted in the positive change in clinical prioritisation, the overall performance of ambulance services remains significantly affected by the challenges faced by NHS.

Ambulance services are crucial to the improvement of the quality of life of the patient and their contribution to it goes far beyond transportation. Timely treatment during pre-hospital care can save a lot of lives in emergency cases, including cardiac arrests and strokes. Patients can be handled through the most suitable care pathways because early evaluations by paramedics can eradicate the chances of patient deterioration.

In addition, community-based treatment options allow the independence of the patient; they also minimize inessential hospitalizations. The presence of the 24-hour emergency response system is an additional strength that helps to increase the level of trust in the healthcare environment, as it is a vital comfort to the people.

To conclude, the role of ambulance services in the UK has become more than mere transport services and evolved into a sophisticated but highly integrated clinically-based system of emergency services. Although the current forces of demand and workforce shortage are a big challenge, these services continue to be critical in providing protection to save lives, enhancing patient outcomes and making the entire operation of the NHS functional.

REFERENCES

British Geriatrics Society (2021) '*Ambitions for change: improving healthcare in care homes*'. Available from: <https://www.bgs.org.uk/ambitions-for-change-improving-healthcare-in-care-homes> (Accessed; 19th February, 2026).

Carehome.co.uk (2025) '*What is a residential care home?*'. Available from: <https://www.carehome.co.uk/advice/what-is-a-residential-care-home> (Accessed: 21st February, 2026).

Care Quality Commission (2023) '*The state of health care and adult social care in England 2022/23*'. Available from https://www.cqc.org.uk/sites/default/files/2023-10/20231020_stateofcare2223_print.pdf (Accessed: 18th February, 2026).

House of Commons Library (2025) '*Ambulance Service Response Times*'. Available from <https://commonslibrary.parliament.uk/research-briefings/cdp-2025-0042/> (Accessed: 21st February, 2026).

House of Commons Library (2023) '*The structure of the NHS in England*'. Available from <https://researchbriefings.files.parliament.uk/documents/CBP-7206/CBP-7206.pdf> (Accessed: 21st February, 2026).

Legislation.gov.uk (2025) '*Care Act 2014*'. Available from <https://www.legislation.gov.uk/ukpga/2014/23/data.pdf> (Accessed: 18th February, 2026).

Legislation.gov.uk (2025) '*Care Standards Act 2000*'. Available from <https://www.legislation.gov.uk/ukpga/2000/14/data.pdf> (Accessed 18th February, 2026).

National Audit Office (2017) '*NHS Ambulance Services*'. Available from <https://www.nao.org.uk/reports/nhs-ambulance-services/> (Accessed 22nd February, 2026).

NHS England (2021) '*Integrated Care Systems: design framework*'. Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf> (Accessed: 19th February, 2026).

NHS England (2023) 'Ambulance Response Programme Review'. Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf> (Accessed: 21st February, 2026).

Nuffieldtrust (2017) '*The structure of Health and Social care system in England*'. Available from: <https://www.nuffieldtrust.org.uk/chart/the-structure-of-the-health-and-social-system-in-england> (Accessed: 21st February, 2026).

Nuffieldtrust (2021) '*Urgent and emergency care*'. Available from; https://www.nuffieldtrust.org.uk/news-item/urgent-and-emergency-care?utm_source= (Accessed: 22nd February, 2026).

Seebohm, F. (1968) '*Report of the Committee on Local Authority and Allied Personal Social Services*'. Cmnd 3703. HM Stationary Office.

Skills for Care (2025) '*The state of the adult social care sector and workforce in England*'. Available from <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2025.pdf> (Accessed: 19th February, 2026).

Skills for Care (2025) '*A Workforce Strategy for Adult Social Care in England*'. Available from: <https://www.skillsforcare.org.uk/Workforce-Strategy/resources/Supporting-resources/A-Workforce-Strategy-for-Adult-Social-Care-in-England.pdf> (Accessed: 21st February, 2026).