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PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

BMHP 5002

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INTRODUCTION

The NHS is working in collaboration with partners to help the elderly age gracefully. The NHS aims to provide support for the elderly to enable them to remain as healthy as possible and at the same time keep giving them the best quality care when needed (NHS England, n.d.)

The case study is about an elderly couple, both 85 years old. The husband known as Mr T. has been diagnosed with progressive dementia and other chronic conditions, Mrs T. recently had surgery in the hospital after a fall at home and she had returned home with a mobility frame. They now need help to be able to still live their lives independently. Such help will cover personal care, improving mobility, doing domestic chores and social events that could be of help.

The NHS also has put in place a person-centred approach which has been in a five-year plan from 2021 to 2025. This plan places people, family, and communities as its focal point of health, care, and well-being. People are encouraged to voice out to staff on issues that are of utmost concern to them (HEE, 2017). This new policy will be quite suitable in the case of Mr and Mrs T.

Queen's Hospital in Romford which is a part of the Barking, Havering and Redbridge University Hospitals NHS Trust has several departments among which we have dementia, orthopaedics, geriatric medicine, pain management and trauma. Mr and Mrs T will benefit so much from the services of these departments in the management of their respective and collective cases. Principles of support mapped out to support the wellbeing of service users in the NHS include dignity and respect, privacy, choice, rights, safety and safeguarding, equality and inclusion, and confidentiality (Skills for Care, 2014). All these will be of immense importance in the care of Mr and Mrs T who are both 85 years old and will benefit immensely from them.

ANALYSIS

Personalised care and support planning: The NHS has got in place, personalised care, and support plan scheme. The aim is to create a relationship with its patients and community which will give room for them to have a big control of their care when they require health services. It is envisaged that with the involvement of patients, carers and the community, the provision of person-centred care will be more effective and sustainable for elderly people with long-term conditions (NHS, 2019). This type of plan will benefit Mr and Mrs T when it comes to eating, bathing, dressing, toileting, and nail trimming. This NHS personalised care aims to give total and holistic care to the elderly and as part of a plan for the long term, the six main components of this personalised care are:

Personalised Support and Care Planning (PSCP): This refers to the various planned conversations organised with the person or those who are close to him, to take part in looking at ways to manage his situation.

Shared Decision Making (SDM): This is applied to make sure that Mr and Mrs T are assisted to make decisions that are deemed appropriate for them.

Enabling choice, including legal rights to choose: This allows the patient the choice to select a provider that meets his or her needs. This helps patients to be part of the decision-making process about his or her health.

Social prescribing and community-based support: This happens when the carer or other health care professionals refer service users to some non-clinical services.

Supported self-management: This applies to how caregivers encourage and help and position people to manage their present physical and mental condition (NHS England, n.d.)

Personal Health Budget and integrated personal budgets. This is done after an assessment is done and the eligible person now gets to know towards the point of discharge from the hospital.

The safety of the couple is of utmost importance in this case because this couple are both elderly and Mrs T had a fall recently. They need protection from falls, seizures and other harm that can befall them. The management of their medication is also particularly important, the staff of Queen's hospital are trained to help with drug administration and management and will be of immense help to this elderly couple. They will also need help when it comes to running errands like shopping, meeting people outside, all these are part of services the staff of Queen's hospital are trained to provide.

The above points mentioned are key components of person-centred care and support care and support planning, which would be of immense benefit to this elderly couple.

EVALUATION

Mr T has been diagnosed as having progressive dementia. Dementia cannot be looked at as one disease but when a person is not able to remember, think, or make decisions that enables one to carry out day to day activities. Dementia mostly affects adults, but it is not seen as a part of ageing (CDC, 2019). Mr T has progressive dementia with other chronic conditions, this implies that his dementia will deteriorate over time. Queen's hospital has a department that handles dementia with highly skilled professionals running it.

Mrs T's fall and subsequent hospitalisation and hip operation meant that she is going to have problems with mobility. It is on this premise that they both will need a reassessment to ascertain the kind of assistance they will require from the NHS.

What will fit their situation will be person-centred care which will imply that they will be fully involved in helping to assess their needs and helping in planning their care. This is exactly what Mrs T is willing to do because she is not disposed to getting total care without her making an input. Much as Mrs T knew they needed help for them to carry on living independently, she wanted to gather information on how to better their lives with such things as personal care, mobility, and domestic chores, she would also want herself and her husband to be involved in social events just to help them live independently as much as possible.

The plight of Mr and Mrs T surely presents a case of adults that are vulnerable and therefore there will be a need to apply adult safeguarding as enshrined in the Care Act 2014. It points out clearly how adults at risk are to be protected from abuse by a multi-agency team led by the local council. The complete wellbeing of Mr and Mrs T will be the aim of the NHS and they will as much as possible want to abide by these principles. These principles are, the well-being of Mr and Mrs T, empowerment, prevention, proportionality, protection, and accountability. These six principles will be especially important in the care of Mr and Mrs T because they are expecting to be getting support for them to be able to live as normal life as possible in their environment rather than being taken to a care home.

The principles of support in the NHS that applies to its elderly patients are what would be applied to Mr and Mrs T. Safeguarding looks at how to protect a citizen's health, wellbeing, and human rights; and helping them to stay away from harm, abuse, and neglect. This is part of the policies put in place by the NHS in order to provide high-quality health care. Safeguarding is a collective responsibility of every stakeholder. Since Mr and Mrs T both suffer from physical sensory and mental retardation, they need safeguarding around them always and this is what the NHS staff will provide.

The NHS plans to render great support to Mr and Mrs T by rendering protection to them and making sure that their safety is assured from all perspectives. Focusing on the needs of Mr and Mrs T and ensuring that their preferences, needs, and values determine the clinical decisions that respects their needs is termed person-centred care.

CARE AND SUPPORT OPTIONS IN THE NHS

There are some options of care and support available in the NHS that Mr and Mrs T. can benefit from, but this would be after the local council must have assessed their needs and if they are eligible (Care Act, 2014). The options available in the NHS include the following:

- 1) Help at home from a paid carer: they could be entitled to free care and support in their residence for up to six weeks after a stay in hospital especially after Mrs T's surgery this could be applicable to Mrs T after her surgery.
- 2) Meals on wheels: this is a scheme that takes meals to indigent people who are unable to provide food for themselves. Mr and Mrs T could benefit from this scheme if it is proven that they cannot provide such.
- 3) Having the home adapted: This type of support and help is rendered free of charge by the NHS, the person's financial situation notwithstanding. As a result of Mrs T's surgery, the house will have need for adjustment to ease her movement with her mobility frame.
- 4) Equipment and household gadgets: One may be qualified for some free equipment in their homes, provided this equipment costs less than one thousand pounds.
- 5) Personal alarms and home security systems, to enable one to call out for help if one has a fall especially for Mrs T who has mobility issue as well as Mr T who has a case of progressive dementia
- 6) Different types of housing including sheltered housing and care homes. In future Mr and Mrs T could benefit from any of the option of care homes soon.

PRINCIPLES OF SUPPORT

There are some key principles of support in the health care sector including under the NHS, and they will also apply in the case of Mr and Mrs T. They are, dignity and respect, compassion, responsive care, and support and well-being (Government, 2017)

Dignity and Respect: The NHS carers always endeavour to respect the human rights of service users by treating them with dignity, fairness and without discrimination. This is exactly what will be extended to Mr and Mrs T.

Compassion: The NHS also makes sure that its carers give warm, compassionate, and tender care to Mr and Mrs T who are sensitive. They have also expressed their desire to get care and support at home to enable them to live independently, the NHS will as much as possible strive to abide by their wish.

Responsive care and support: The carers under the NHS always endeavour to assess and review the needs of their service users to give them the right support and care and on time. They are also expected to be responsive to complaints, that is why Mrs T was provided with a mobility frame on her return from her surgery.

Wellbeing: Proper support is given to service users to make informed choices and encouraged and helped to be independent as much as possible. The service users are also given protection from abuse and neglect. Support is given to service users to pursue their lifestyle preferences and aspirations. Mr and Mrs T would be taken care of, and they will be allowed access to as much information as possible.

Inclusiveness: Information is given to the service user about every action in a way that he or she understands. They are supported to make informed decisions on matters concerning them. This is all in furtherance of person-centred care.

These principles mentioned above will surely suit Mr and Mrs T's situation.

CRITIQUE

From the above, one can say that the NHS is quite ideal and to handle the case of Mr and Mrs T with all the principles of support, labour, and infrastructure available to it. But so far there has not been much done for both Mr and Mrs T. Mrs T has just been discharged from the hospital following hip surgery and was given frame mobility for assistance. The follow-up care was not mentioned, and the involvement of the multi-disciplinary team was not highlighted, this could have been a huge omission on the part of the NHS.

In terms of the capability of the NHS in providing adequate care for Mr and Mrs T, it can be strongly said that they are an ideal department to take care of the needs of the couple. The NHS has put in place the process of rehabilitation of their patients after discharge in furtherance of their showing compassion and care as enshrined in the six Cs principle.

Though the NHS has had a profound impact in providing services to patients in recent years they have been faced with the mounting issue of backlog of patients on the waiting list. This has been affecting their performances and Mr and Mrs T will be hoping for quick intervention to their case as per all the assistance they will need soon from the visits of the occupational therapist, physiotherapist, and other professionals.

RECCOMENDATION

From all that has been stated above, recommending the NHS as the right institution capable of taking care of Mr and Mrs T's physical, mental, social, and medical needs seems the most appropriate thing to do.

The NHS should try as much as possible to reduce bureaucracy in its operations and add swiftness in taking any action meant for service users. In the case of Mr and Mrs T, no action had been shown toward helping them even when Mrs T got home after her surgery.

Though the NHS has all these laudable principles and policies that could help sort out the problems facing Mr and Mrs T, there are still some problem areas in the operation of the NHS that can hamper the services they can render to them. While they are taking care of the physical need of the couple, they are paying less attention to their emotional needs, such as loneliness. The bureaucracy in the NHS slows down the speed of services thereby leading to incidents of time-wasting. In future, an adaptation of the house of Mr and Mrs T has to be done before the patient is discharged home.

CONCLUSION

In conclusion, recommending the NHS for the care of Mr and Mrs T is quite appropriate because they have the personnel, equipment, and have been complying with the basic principles of care and all the relevant Acts put in place by the government in caring for their service users. They also have the Toolkit for General practice which was formulated to aid older people like Mr and Mrs T, who are living with frailty (NHS 1919)

Though bogged down by bureaucracy with its slow response to the needs of Mr and Mrs T, the NHS represented by Queens Hospital in Romford still stands out as the ideal carers for Mr and Mrs T.

References

Andrews, J., (2020). *Dementia: The One-Stop Guide: Practical advice for families, professionals and people living with dementia and Alzheimer's disease: Updated Edition.*

CDC, (2019). *What Is Dementia?* | CDC. [online] Cdc.gov. Available at: <<https://www.cdc.gov/aging/dementia/index.html#:~:text=Dementia%20is%20not%20a%20specific,a%20part%20of%20normal%20aging.>> [Accessed 12 August 2021].

Derbyandderbyshireccg.nhs.uk. (2021). *Personalisation and the NHS Long Term Plan*. [online] Available at: <<https://www.derbyandderbyshireccg.nhs.uk/your-health-services/information-for-patients/personalisation-and-the-nhs-long-term-plan/>> [Accessed 12 August 2021].

Equality Act 2010.

Government, S., (2017) *Health and Social Care Standards: my support, my life*. [online] Gov.scot. Available at: <<https://www.gov.scot/publications/health-social-care-standards-support-life/>> [Accessed 12 August 2021].

HEE, (2017) *New framework to promote person-centred approaches in healthcare*. [online] Health Education England. Available at: <<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>> [Accessed 19 August 2021].

Mental capacity Act 2005.

NHS, (2017) *New framework to promote person-centred approaches in healthcare*. [online] Health Education England. Available at: <<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>> [Accessed 14 August 2021].

NHS, (2019) *Personalisation and the NHS Long Term Plan*. [online] Derbyandderbyshireccg.nhs.uk. Available at: <<https://www.derbyandderbyshireccg.nhs.uk/your-health-services/information-for-patients/personalisation-and-the-nhs-long-term-plan/>> [Accessed 12 August 2021].

NHS England, (n.d.) *NHS England » Improving care for older people*. [online] England.nhs.uk. Available at: <<https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/>> [Accessed 13 August 2021].

NHS England, (n.d.) *NHS England » Supported self-management*. [online] England.nhs.uk. Available at: <<https://www.england.nhs.uk/personalisedcare/supported-slf-management/>> [Accessed 13 August 2021].

Skills for Care, (2014) *Common Core Principles to support good mental health and wellbeing in adult social care*. [eBook] Leeds: Skills for Care, pp.5 - 6. Available at: <<https://www.skillsforcare.org.uk/Documents/Topics/Mental-health/Common-core-principles-to-support-good-mental-health.pdf>> [Accessed 26 August 2021].

The Care Act 2014.