

**PRINCIPLES OF HEALTH AND SOCIAL CARE
(BMHP5002_LON)**

Assessment Component 1

Written Report

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INTRODUCTION

In the past, people were expected to accept what health and social services providers deem fit for their health; however, there has been a paradigm shift from these practices. Person-centred care in recent times advocate for care givers to 'do things with people' rather than using the traditional paternalistic model of 'doing things to people', in other for the individual to develop their confidence, knowledge and skills to be able to make informed decisions concerning their health (Health Foundation Report, 2014). This report will elaborate on how Age UK employ person-centred care in the provision of care services for people living with dementia.

Generally Dementia is a term use to describe persons with memory impairment, lack of problem solving skills, language, and thinking abilities severe enough to interfere in the normal life of a person, Alzheimer is one of the common cause of dementia which is usually affect older people, it is caused by decline in cognitive and thinking abilities, severe enough to interrupt the independent functioning of an older person; research indicates that the chances of getting dementia doubles after the age 65yrs (Alzheimer's Association 2017).

Age UK is one of the leading Charities with the commitment to provide quality care for older people in the UK. The organization provides support for person with dementia and their cares by offering specialized community based dementia services in other to improve quality of life of persons with dementia (ageuk.org.uk).

UNDERLYING CONCEPT OF PERSON CENTERED CARE

According to Gabrielsson et al., (2015) person-centred care has evolved within several empirical and discipline contexts. The concept can be traced back to Florence Nightingale who viewed nursing at a different from medicine by considering nursing as a patient 'focused based' rather than the focusing on the diseases itself (Lauver et al, 2011). Psychologist Carl Rogers was the first person to use the term 'person centered' in the early 1960s in relation to psychotherapy (Rogers 1951).

The concept gained prominence in the UK in the year 2000 when the NHS plan put emphasis on the need for personalization and coordination in the UK health policy (The Health Foundation Report, 2014). Two years on the Wanless report in 2002 noted the need to see patients as partners in care by focusing on enablement and empowerment of patient. In 2008 person centered care became a key component in the definition of quality health care and this was further codified into law in 2012 in the "Health and Social Care Act 2012" (Redding & Hutchinson, 2017).

Age UK provide care services rooted in person centeredness, the aim is to collaborate with people living with dementia to plan the care services together in other to deliver services that meets the actual needs of these persons. The organisation provides an 'at home' siting and personal care service and also offer specialist advice for people living with dementia. The service operates throughout the week except Sundays and has 30 places available in purposely built accommodation

that allows individual activities. These services include hairdressing, showers, personalized therapy as well as other services like gardening, excising which create an opportunity for having fun (ageuk.org.uk).

The concept of person centred care is guided by major principles (The Health Foundation report 2014). These principles have been explained in relation to dementia services provided by Age UK.

To begin, it is advocates that people with dementia are afforded *dignity, compassion and respect* at all times, the reason being that, people with dementia often becomes vulnerable and sometimes loss their independence which puts their dignity at risk (Burton, 2018). Age UK provides day care services for physically and mentally challenge persons living with dementia. These day care centres have special places for religious and cultural needs and there is provision of launch for both vegetarians and non-vegetarian, these services are provided to respect the dignity, culture and values of persons under care irrespective of their conditions. There are also support for people to continue to live in their homes with specialized trained carers who show genuine concern and care for people living with dementia and also couch them on how to live independently (ageuk.org.uk).

Moreover, Age UK *offers coordinated care support for people with dementia*. One important aspect of person centred care is to coordinate with the families and other social workers of persons receiving care in order to provide consistent health care. For this reason, it is important to have a clear understanding of individuals needs and wants and record this in the individual care plan which can then be shared with other care givers and families who may provide care services to that individual (Burton, 2018). Age UK creates an individual care plan which comprises of all the services the person under care has received, their reactions to these services, and a clearly list the needs and wants of the person in their care record, the information listed in this care record is then used to draw a care plan for the individual (ageuk.org.uk). The information provided in the care plan and the person's record can then be shared with other care providers to ensure that the individual with dementia gets consistent person centred care

Furthermore, the care services provided at Age UK are *personalised* specially to suit person living with dementia. Personalising care is the central pillar of the person-centred care which is built on the idea that what may be appropriate and suitable solution for one person may not be suitable for the other, it will therefore not be appropriate to generalized conditions (The Health Foundation 2014). At age UK, there are specific classes designed for people with dementia to improve their mood and memory, example of such classes is 'sing for the brain', 'dance for dementia', 'art for dementia', 'trips and outings; etc., and older people are at liberty to join the class that best suit them. The organization also offer 'trained befrienders' who render one on one support to people with

dementia to pursue their hobbies and interest at the comfort of their homes or any location they feel more comfortable with (ageuk.org.uk).

Also, Age UK offers an *enabling* care by involving the individual in decisions concerning their lives, in order to take actions to support themselves. The aim of enabling care is to support people to recognize and develop their own strength and abilities to enable them live an independent and fulfilling life (Heath Foundation, 2016). For instance, Age UK Coventry have been involving people with dementia by gathering their views and ideas about how user friendly Age UK public offices and shops are. This was done by interviewing users by asking questions on how they felt about each of the areas while walking around the facilities and how they could be improved. The people with dementia saw the whole process as important and felt valuable since their contributions were considered (ageuk.org.uk).

In all, it is expected that people living with dementia receive standard care that reflects these principles.

THEORETICAL UNDERPINNING OF PERSON-CENTERED CARE

As the concept of Person-centred become more common in health and social care profession, theoretical frameworks has evolved to allow the concept be put into practice (Byrne et al., 2020). The globally adopted framework that has contributed to theory development of people-centred care is McCommack & McCance (2015) person centred practice framework. The framework is based on four main domains and these have been explained below

The prerequisites for person-centred practice; the attention here is on the attributes of care givers. At Age UK, the organization trains its volunteers and befrienders to be professionally competent and committed to their job. Age UK wants their staff to be inspired, be positive and not to see conditions of dementia persons as hopeless but rather staff are trained to support persons with dementia to find long lasting solutions (ageuk.org.com).

Furthermore, the care environment is an important factor in care delivering, according to McCommack & McCance (2006) the environment within which care is given should have appropriate skill mix. It is also important to create a social enabling environment since it is sometimes difficult for dementia patient to adjust to new environment McCommack & McCance (2015).

At Age UK care homes, there is the use of pictures to depict the life stories of persons and the things they use to do, patient sometimes look at these pictures and reminisce in the past and carers listen to them and offer empathy and reminiscence in the past together with them (ageuk.org.uk). This helps to develop a cordial relationship and strengthen belief and support for the care services being offered.

In addition, McCommack & McCance (2010) posited that it is important to also consider the physical environment where the care is provided, since the physical surroundings could have an impact on

persons receiving care. For this reason, most of the activities at the Age UK dementia day centers like furniture, décor, music etc are designed to stimulate the brain in a relaxed environment this is to ensure that dementia patients are physically comfortable and are able to freely express themselves in their environment (ageuk.org.uk).

Person centred-outcomes; this is the result we obtain when we are able to achieve the domains above (The Health Foundation 2014). The outcomes of Age UK services is that it helps people living with dementia to feel more valuable, optimistic, sociable and included (ageuk.org.com).

Similarly, the *personalised comprehensive model* advocate for involving a whole-population in delivering care. It reveals that adopting integrated approach in care delivering empower the person receiving care to have greater choice and control over the care they receive. A person with dementia usually need help from friends or relatives at a certain stage as person may not be able to take care of themselves and may have to depend on others. The dementia advisors of Age UK offer support to family and friends of people with dementia with care information and offer advice on local services available and how they can apply for benefit for the person to live a comfortable life through their support.

ETHICAL UNDERPINNING OF PERSON-CENTRED CARE

Ethics represent a key aspect of person-centred care. According to Tomaselli (2020) “ethics refers to the principle of doing what is right, establishing the right kind of relationships and doing away with what is wrong”. Edvardsson et al., (2017), view person centred care as ethically just and the right thing to do.

Person-centred care is rooted in the ethical principle of *autonomy* (Shine & Shape, 2011). The ethical principle of Autonomy state that “We have an obligation to respect the autonomy (self-rule) of other persons, which is to respect the decisions made by persons with dementia concerning their own lives”. This is also called the principle of human dignity which gives us the responsibility of not interfering with the decisions of competent adults, and that means dementia patients are at liberty to refuse treatment even if the treatment will be the most appropriate solutions.

Again, the ethical principle of *nonmaleficence* (do no harm) and *Beneficence* (prevent or remove harm) is directly link to the duty of a health and social care workers to protect the safety of persons with dementia care at all times, this explains one of the reasons to provide conducive physical environment free from harm for persons’ receiving care. As caregivers it is also important to consider this ethical principle before any form of treatment is given to persons with dementia. This can be achieved through effective communication with both patient and families and by consulting the person’s past records to understand their past health history, likes and dislikes in order to understand their health cycle to avoid any negative consequences that may arise in delivering care to persons with dementia.

The ethical principle of *Veracity (Truthfulness)*; the ethical reason behind most interactions with persons with dementia is based on the overall wellbeing of the person. As care givers it is morally importance to tell dementia patients the true state of their health and at the same time avoiding distress as person centred care advocate for patient to understand what is wrong with them and based on it to make informed decisions.

MAIN BENEFITS OF PERSON-CENTRED CARE

Person-centred Care helps people living with dementia to receive appropriate care and feel more valued as human being as they are involved in the care process. Involving dementia patient in the decision making process empower them and strengthen their capabilities and this helps manage the behavioral symptoms of dementia.

Person-centred care makes dementia patient receiving care feel more comfortable and confident in the service being provided by the carer. For instance, when caregivers uphold the dignity of patients and develop a mutual relationship with them the patient turns to trust that, the care being given them is what is most appropriate and best for them and therefore offer their full support

Person-centred care promote self-esteem and improve the independence of the person with dementia: By involving patient in the decision making process encourages them to take independent decisions concerning their lives and also gives them the confidence and ability to look after their own selves with little or no support.

Person-centred care reduces some of the pressures exerted on health and social services by person with dementia. This is because person-centred care improves patient's understanding of their own health condition and when there is the need for emergence. These individuals are therefore less likely to visit the hospital frequently or use emergency or choose invasive treatment since they understand their own health and exactly what to do (Burton, 2018).

LIMITATION OF PERSON-CENTRED CARE

Offering person-centred care to people with dementia might exclude certain groups as there is no consensus regarding which group dementia patient's person centred care is best suited for and therefore there could be the risk that person centred care might be beneficial for some but not for others (Summer et al., 2020). This assertion is affirmed by Age UK by indicating that despite the media discussions on dementia, the "disparities within age group are still greater"

Age discrimination; symptoms of dementia are often characterised as merely old age and often relative or care giver do not pay attention to and these persons may remain undiagnosed and therefore may not receive the appropriate care needed (Bhardwa, 2015). Age UK added that in most

instance people with dementia are poorly diagnosed and lack appropriate care since the behavioral change may be assumed as just a symptom of old age (ageuk.org.com).

Also there is lack of long term strategic approach that combine individual reforms on care delivery for people with dementia (ageuk.org.com).

Practice Recommendation

The national institute for healthcare excellence recommends that, people with dementia are involved in their own care by encouraging and enabling people living with dementia to give their opinions about their own care by using structured tool to assess the interest and history of persons living with dementia (National institute of Healthcare Excellence).

Policy Recommendation

It is recommended for policy actors in the health and social care services to develop and implement care services that are focused on people living with dementia, this measure should be holistic in approach, strength-based in nature that can be used pragmatically across long term services (Wagner et. al., 2021). This could help solve the limitation on lack of holistic reforms as indicated by Age UK

Another recommendation is for policy actors to improve the existing interventions on person-centred care for dementia persons by incorporating key components that ensure equal distribution of social and economic services for people living with dementia and to set up social determinants that will examine the extent to which this equal distribution of social and economic resources support the functioning, cognition and well-being of people living with dementia to help address the inequalities (Wagner et. al., 2021).

CONCLUSION

In conclusion, we have understood that as care givers we must recognise and accept dementia person's reality by seeing their world from their own perspective and collaborating with them as well as their family and friends in delivering care. We recognised the importance of building person-centred relationships with people living with dementia by concentrating on the interactions we have with the individual rather than the task. One key take away is to provide care that focuses on the persons with dementia by helping them to live a good quality life irrespective of their conditions.

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