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The purpose of a care plan is to take detailed notes on the needs of the patient, as well as the responsibilities that have to be put onto the carer, to minimise risk for the patient. It also helps other individuals, who are not primary care givers, like family and other health professionals to understand what they should be doing on a daily basis or in times of crisis. Effective care plans, like the one done for Linda Coshell, should be designed with the elderly individual in mind, consulting with doctors and family members. The care plan consisted of introductory information about Linda, allowing the carers to get to know her, in order to bond and form a professional relationship. This information included her likes (knitting, attending church and completing puzzles), as well as her dislikes (sleeping before 10pm, noisy environment). The care plan also includes details on Linda's family, stating the fact that she has two daughters who regularly visit her, as well as their responsibilities, including preparing their mothers clothing. A very important section of the care plan outlines several health and medical conditions that are faced by Linda. These include hyperparathyroidism, acid reflux, hypertension as well as heart failure. By detailing the definitions of all conditions, carers are able to understand the situation Linda is in, making sure they understand what to do when her condition worsens. The personal care section also enables carers to take the hygienic precautions needed to make sure bacteria does not spread, whilst handling eating, washing and dressing situations.

There were many different approaches that were outlined as part of Linda Coshell's care plan. One of these approaches is seen in the medical sections, which clearly states carers must observe over Linda whilst she is applying her medicated creams, as well as assisting with the placement of eye drops into the eyes. The reason behind this approach is from the experience of different carers in the past, who have failed to observe their patients whilst medication was being applied which resulted in serious harm, as elderly patients are unaware of their doses. This harm was then reported to many companies, who had to deal with the consequences of their employees placing zero limit on the medication provided (Schwartz et al, 1962). A second approach is associated with the hygiene of the individual, with the carers being told to encourage Linda to shower once a day, every morning. The approach also instructs the carers to possibly escort Linda to the shower in a careful manner. The reason behind this is to make sure the patient is well looked after in terms of physical health, as well as respecting the wishes of the individual family by making sure she does not sit in an unhygienic state all day. Another reason behind this approach is to make sure the elderly individual avoids infections that occur on the skin, as well as rashes in remote areas like the armpits and the genitals, which can lead to serious implications in the future (Beauregard and Gilcrest, 1987).

Organisational and government policies played a big part in influencing the care plan. One policy that was used to construct the plan was 'The Care Act' of 2014. The policy aimed to provide more support to family and the individual themselves through different factors like, encouraging the well-being of others, providing information and advice, as well as trying to prevent on going care by supporting independence (Clements, 2014). The policy was said to be the most significant and productive legislation ever drafted for the field of care, as it combined many different policies to bring change to how support is arranged for the elderly. This policy was successful in helping the elderly as it was able to consider what services and funds were already in place, as well as identifying the carers and the elderly in the local area

who may need support as their current needs were not being met. A second legislation that helped construct the care plan was the 'Health and Social Care Act' of 2008. This particular act aided care companies in making sure all care plans were regulated, in order to reduce the levels of the elderly receiving poor quality and dangerous care, as well as providing ways to give patients treatments that will avoid the risk of harm (Griffith and Tegnah, 2010). One positive that came from this policy, was how all equipment used during the medication and eating part of plan, was deemed safe to use as well as hygienic. It also made sure all medicine that was provided was given in safe dosages and in sufficient quantities, minimising any medical errors from carers (Bernan, 2008).

Ageing theories like the activity theory, Gerotranscendence as well as the disengagement theory, have proved to be useful when it came to creating the care plan. The activity theory, which states that elderly people are more satisfied and happier with life when they are physically active, allowing families and care staff to prioritise Linda's physical health. By helping her mobility, using the Zimmer frame, care staff are able to encourage Linda to take a few steps around the house and her garden, strengthening her body and muscles (Reitzes et al, 1995). Gerotranscendence argues that older individuals less go of world conflict, becoming less self-involved, allowing them to feel more peace and connected to the outside world. This is seen through the care plan outlining the importance of religion to Linda, as it is a source of happiness and calamity for the patient. The final theory that helped was the disengagement theory, which states how withdrawing from society and decreasing in the level of emotional and social ties with family members are very common amongst the elderly (Cumming, 1964). In order to avoid feeling of loneliness, the care plan outlines how due to one of her likes, Linda loves to converse with different people, enabling care staff to take some time to ask Linda about her interests like her family, friends and the past.

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