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Assessment Component 1

Case Study Report

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Principles of Health and Social Care

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TABLE OF CONTENTS

Pages

Introduction.....	3
What is dementia and the risk factors	3.1
The Policies and Practices in Health Care	4
Maslow Hierarchy Theory of Needs	5
Intervention.....	6
Recommendations.....	7
Conclusions.....	8
References.....	9

Introduction

This report is about the case study of Mr. T and Mrs. T dealing with their underlying condition. The couple are both dealing with long term illness problems, they are categorized under the safeguarding (Vulnerable groups Act 2006) UK Social Health Care 2008 and Health Social Care Act 2012. The practice and policy that need to be applied, the support they can have from the state, so they cope in their daily basic needs, CQC (Care Quality Commission) The health care services that can help them to have a good service that Services relevant to their needs. In these case of Mr.T and Mrs. Get the National Health (NHS) is adequate and relevant to support to their daily basic needs.

The supports that Mr. T needed for the progressive dementia and other chronic conditions that he is suffering. Despite of their ages, both 85 years old they used to live independently, no support from family or anybody.

This report also distinguishes the examples of that arrangement how providers are band together to give more efficiency-always using technology to help to ensure that people received the care they needed when they needed it. ("CQC Special update- The State of Care – Everyday care)

Mrs. T which she had recent fall; she cannot cope anymore to do the personal care to her husband. Mrs. T wanted and interested to know all the possibility to improve their mobility, helps for domestic chores and social events, also to improve their lives by having relevant person - centred care.

"The services user needs distinct to be applied the humanistic Maslow hierarchy theory of needs applied to their designated physical support a top of Social Care" (Rollin,2011) But also the person-centred care plan because of their situation. Mr. T has progressive dementia and other chronic disease which he needs a specialist in dementia disease. While they need the help it should be applied the Code of Practice of National Health Services (NHS) for their privacy.

The Dementia and Risk Factors

Dementia is not disease itself; it is a word to define a group of symptoms that come about when brain cells start the deficit function of brain. (Dementia, UK)

However, dementia is not having the same, it may vary symptoms to every person, example that forgetting to eat even and keeping personal hygiene in Mr. T case is worsened of the situation that Mrs. T got also hip operation which is not capable to help him in his daily basic needs.

But as a person with progressive dementia should require the participation of any family member to develop care plan. The mental abilities and understanding of Mrs. T will help them to get the support they needed from the local government of Department of Health and Social Care

Family, carers and the person with dementia (where possible) should always be involved in developing a care plan based on person-centred care.

Their cognition and consciousness of the person are important to ensure the care plan is correctly for them. ("Person-centred care | Alzheimer's Society")

The Policy and Practice in Health and Social Care

The intention of Parliament and government must be supported by commissioners national and local leaders and the Parliament to optimised real changes in how and how the real changes where people are care for, and how they are supported to stay well. The older people should get be planned their basic needs by local services that community can be offered nowadays as it is in 2019 not as in past year in 1948(Miller & Reeve: Health and Care Update: October2019) ("CQC high lights difficulty accessing services/Pharmacy...)

They want the community service will be sustained to get the right place for them the care for having the exact staff health care services in the proper place decisive right time to get the right care.

The Carl Rogers (1951) the person-centred care comes from the humanistic psychotherapy Carl Rogers says that if we are cherishing of true affection in us interact positively towards other Rogers (1951) claim that whatever our age we need to gain the true affections in our entire lives within trusting and open relations we can evoke sadness, self-doubt and even psychological damaging effect.

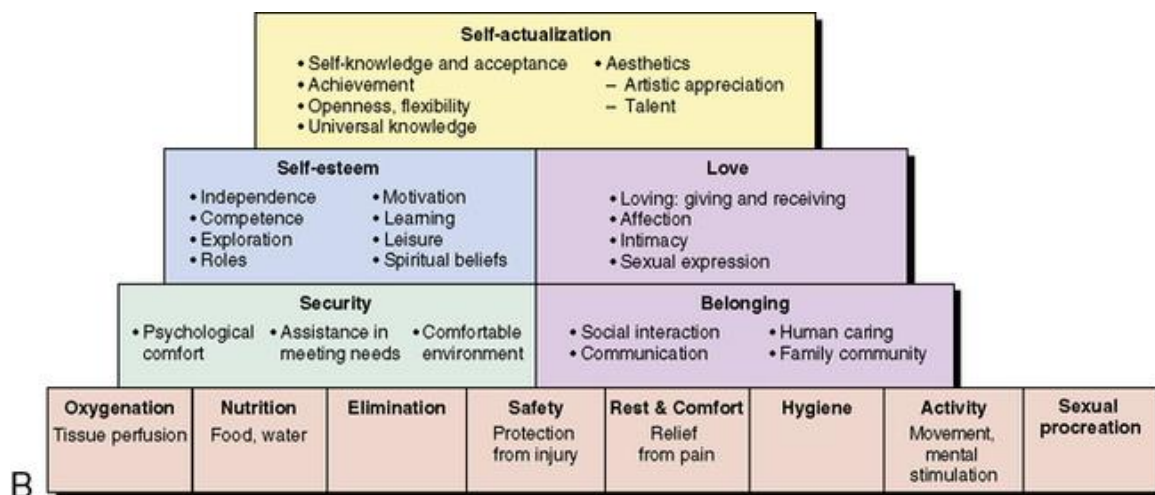
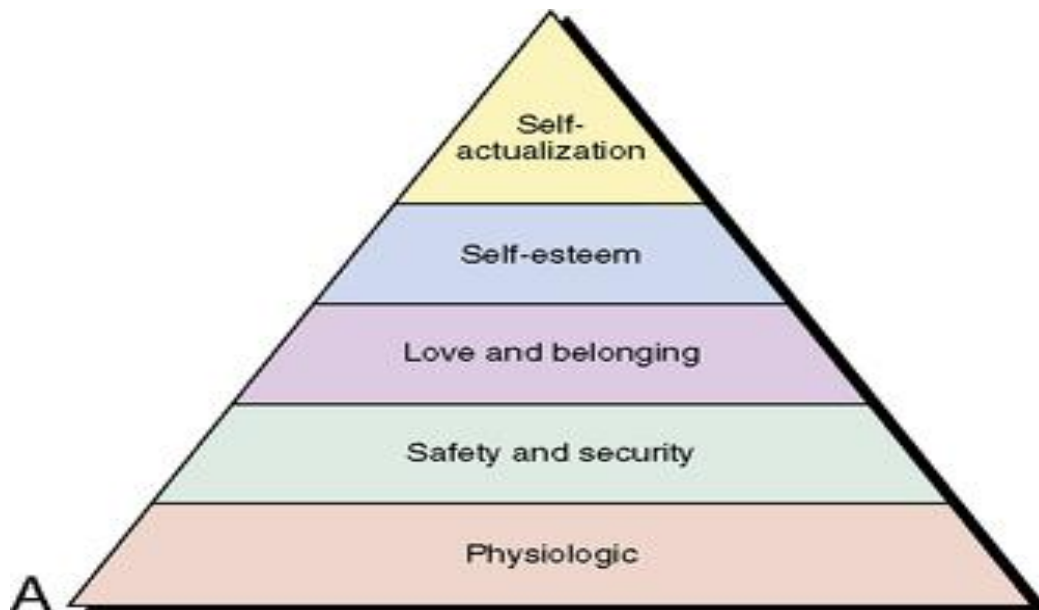
These procedures are applied in person –centred care therapy session to build a trust relationship with the services user to have compassion with them. The service provider should have role of partnership with service user .A person centred care relationship helps to gain confidence and feel valued. It is important so the service user will be shown up for the incoming appointment also, not to think the refusal to come.

The services provider will ensure to promote the humanistic concept of respect and for person individual right,.self-care, mutual respect and compliance (McCormack et al 2011) which underpinned the person-centred care.

The government decided under Equality Act 2010 response the hampered physical or mental disabilities that as continuous adverse consequences on the ability to perform daily activities. (Gov.UK) to be considered in disability and protected from discrimination law.

The Act 2012 of Health and Social Care put clinicians as free service providers to the public users to give them the high quality patient health care services .("How does the Health and Social Care Act 2012 empower ...") Key legislative changes from 2008 to act 2012. The NHS reforms of efficient, responsive and accountable driving from their experienced through their services. Spending from the funding effectively is allowed by Act, to the clinicians in charges so they can supply good services. One main key policy is to have the greater voices for patients and supplies them the regulations to support innovative high-quality services .

The legislation that patients are be able to choose services which best meet their needs.Providers ,including NHS Foundation trust provides innovative high quality service of care.The charity or independent sectors bound a monitor to the data protection of the services user ,the public health concept of England provides the Act improvement for the public health(.NHS Foundation).



A. Maslow's Hierarchy of Human Needs. B. Evolving Hierarchy of Needs adapted by nursing

The motivational theory of Maslow hierarchy of needs, appease the five-step level upward of pyramid. The lower down needs to have necessarily well planned before a person can manage the needs to step level up again. The needs to step level up again are needs are physiological safety, love and belongings valued self-achievement.

Maslow (1943) from the beginning said that every person should be contented the lower level of needs, to go forward on the higher-level stages of needs.

Physical survival that is the primary needs that can reason the behaviour of an individual.

The first among the five stages of hierarchy are physical needs that are basic needs to survives food, water, house, air, warmth love and rest.

The second is the safety needs, safeguarding, the law, order, legislation, being stable and no fear of anything

The third is being love and feel that belongings, the social and includes the interpersonal inspire behaviour the characteristic being in intimacy, trust, friendship and to give and receives of sentiment and love, connecting to a member of a group family friends and works

The fourth Maslow needs is esteem, divided into two categories self-care (career, reputation, being high level up freedom) and the longing for honour or respect in status or position.

The last and fifth needs is to develop personal perspective self-actualization, self-satisfaction, looking for personal development and highest achievement.” *A desired to become everything can becoming* “(Maslow 1987 p64) Maslow (1971.p195) proclaim that humanist educational approach would make people who are stronger, healthier and would manage their own lives into their will to a better opportunity. With more personal acquaintance for one owns life with aiming to gain the changing actual society they belong.

The service provider of NHS is using the Maslow of hierarchy of needs to perform of high quality of care that can use for the services users

Intervention

The case of Mr. And Mrs. T is to be reviewed by a primary care health professional, examine and clarify where urgently, and through to a directed, systematic physical and mental health examination which results in identification of any medical regulator of emergencies that are in record and ideal acted upon. The procedure is optimally with right referral about usually missed and syndrome-specific health problems is to inform the person with mental disability, their caregivers and the health professional

In UK (United Kingdom), the health policy reacts upon the implementation of health check about through the e- referral of general practice doctor (GP). The policy led to upgrade and trace the people with mental disability. It is legal duty of public health services to make the health services reachable and practical in primary health care. (Disability Right Commission ,2006)

Starting from the end of 2006 the National Health Services (NHS) and Primary Health Care Trust in England and Local Boards in Wales will be under the Disability Equality Duty will put them the responsibilities to guarantee that their policy does not removes the possibilities and the chances for disabled persons and to receive the same treatment as people without learning disability and mental health problems. So, the disable and mental inability will not facing real hindrances to get the right health services. ([Hatton, Roberts, & Baines, 2011](#)) it's called "reasonable adjustment".

The CQC (Care Quality Commission) role as an independent regulator is to register health and adult social care service providers in England and to check, through inspection and ongoing monitoring, that standards are being met. (CQC)

The CQC afterperception is put into services to check potential adjustment to the quality of care provided. It presents all the record about the practice in one place, this sustained the information of the Annual Regulatory Review which is used by the CQC to process the inspections where the record shows the quality care practice changes from currently inspections.

Recommendation

The intentions of continuing funding solutions for the old ages people and with long term illness should not be negative impact on the quality and quantity of available care to be in high priority. Mr & Mrs T needs to attend social gathering that communities in their ages programmed to feel the belonging by having lunch or small chats together. The tension that Mrs. T facing may lead to the sense of isolation because of their vulnerability. Especially now that she got hip operation. From their traditional independent lifestyle, they may experience that isolation of their family circle of friends and can be led to depression (Age UK) Mr. T & Mrs.T need the assist for their day to day lives.First,thing is to contact and asked for the assesment from the local council..Mrs.T had recently hip operation so she needs gadgets of personal alarm connected to the council in case of emergency.Stand assist aid ,changes the setting of shower to walk-in or grab rail in bathroom or the assesment of personal own's home.A helper or caregiver might help to getting in chair ,making breakfast

Anyone can asked for free the needs assesment .Just contact the social services helpline to gain the services.Mrs.T can also have session from GP ,occupational therapies,dietitians,nutritionist,special nurse, psychiatrist all various specialist can be involved in their needs.The local care and assesment and support team

The government under Blair (1999)proposed from the department of Royal commission to review the way of future funding of continous illness and long term care,from public sector to the private and the hindrance between NHS and Social Care.The deparment of Royal Commission give direction to all nursing and personal care in person's own home and care home should be free.After a year the Royal Commission issue the NHS plans making all the setting of care should be free of charge .The National services of fair newest social context to improved the highest development framework (DH.)2004including increasing the intermediate care,itinerary careby the National Services framework facilitating the theme .dignity in care,joined uo and healthy ageing (Philp,2006)

Conclusion

The support Plan also includethe individual preferences,which the individual preffered name and what is important to them.The persobnal budget that council give to MR.and Mrs.T will help them to meet their social needs by giving free transfortation on thir further appointment .These case assesment and the core supportteam from the hospital including mental health .So Mrs T is still capacity to decided ,she can still contact the further local government assessment .

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