

Summative assignment on learning disabilities scenario

[Health & Medicine](#), [Nursing](#)



Introduction

This essay will focus on the Learning Disabilities scenario because I have worked with people with learning disabilities for a number of years. The assignment will focus on why it had been suggested that James goes into a residential care home while his mother is in hospital. (See Appendix A) I will maintain confidentiality throughout my assignment as stated in the Nursing and Midwifery Council Guidelines for Students of Nursing and Midwifery (2009). The assignment will look at the key professional values and beliefs that underpin safe, person centred and evidence based nursing practice. The essay will focus on how I would look at the scenario as a qualified nurse. I will also where possible consider Betty's rights as my patient and as James's mother. The values and beliefs of James are, I feel, of paramount importance but I also think his safety is too. The Department of Health, (2009) says that people who have a Specific Learning Disability should have the same human rights as everyone else. Professional values and beliefs in relation to the learning disabilities scenario.

The Social Care Institute for Excellence (2007) states that between 12-17% of people with learning disabilities can show behaviours that challenge. These can include self injury/harm, physical aggression, and sexual behaviours and some people even commit crimes that are against the law. Service Users with a specific learning disability can be quite challenging to look after but I feel it is crucial to identify and meet their needs, both in terms of safety and health. Nursing and Midwifery Council (2008) states that nurses have a duty of care to act in the best interests of their patients and work with other's to protect and promote health and wellbeing to those in care, their families and the wider community. It is important to ensure that James is kept safe and

his health care needs are met. In this scenario, James's mother is the patient but she is concerned about her son so it is also important that she is reassured about his safety and wellbeing. James's rights should be taken into account however; his entitlement to be involved in the decision could be over looked by hospital professionals in their need to reassure their patient (Betty) because her needs and wishes also need to be taken into account.

This could lead to the view that it would be in James's best interest to go into care until his mother is better and able to care for him or stay at home with help and support. James has a right to decide where he wants to live. The DH (2009 np) states that: " People with a learning disability and their family should get a say about what support and care they need". It is important that James's care needs are taken into consideration and that someone from the multi-disciplinary team takes the time to sit down with James and find out what his views and wishes are and also what capacity he has to understand the situation. THE multi-disciplinary team has a variety of professionals with differing prospective about this scenario. Nurses should be able to provide reasonable services by themselves and as part of a multi-disciplinary team Peate (2012). The Mental Capacity Act (2005) is a safeguard providing a framework for approving the deprivation of liberty for people who lack capacity to consent to treatment or care. It is important that the risk to James is weighed up against his rights as an adult with a specific learning disability. How best to communicate with James and the interpersonal skills a nurse needs to be able to communicate effectively.

think it is important when working with service users with a learning disability to communicate with them on a level that they can understand and

feel comfortable with. The Department of Health (2009: p. 21) says that a learning disability means: " A significantly reduced ability to understand new or complex information or to learn new skills, an impaired intelligence". I need to as a qualified nurse find out what level of communication is right for James. McCabe, C (2006) says that: For nursing care to be effective and therapeutic, the communication skills used by nurses needs to be patient centred. As a nurse it is imperative for me to remember that James being separated from his mother Betty must be distressing. Walker & Walker (1998) states that people with Downs Syndrome are out living their parents and more often than not have to move into supported accommodation elsewhere. All of James's life Betty has acted as an advocate on his behalf and now James has to try and communicate his own needs and worries. James must be feeling very isolated so as a nurse I must remember that communication is harder for James and I would need to take steps by speaking to Betty to see how she usually communicates with James. I would also ask James what preferred method of communication he prefers to use. I may need to get in touch with a Registered Learning Disabilities nurse who could instruct me on how to best connect and communicate with James.

The Royal Society for Mentally Handicapped Children and Adults (2008) say that working with someone with a learning disability may challenge a nurses idea of what communication is and how us as individuals make ourselves understood. As a nurse speaking to James I would have to think about the tone of my voice and also listen to James because he would be very sensitive and could easily be frightened and be wary of communicating with me. Over 55% of the way we communicate is done through body language, tone of

voice 38% and words 7% MENCAP (2008). I would offer James a range of communication tools such as accessible language, avoiding jargon, long words that are hard to understand, ask open questions, and seek confirmation when needed, try drawing, gestures and facial expressions, objects and pictures. If these alone did not help James I would use contacts from the multi disciplinary team such as Sign along or Makaton that have been taken from the British Sign language Society that can be used to support people with a learning disability.

What James needs are in relation to the scenario It is imperative that James's needs and his safety are taken into account A Multi disciplinary team should work with James in order to assess his needs physically, intellectually, emotionally and socially and to assess how severe his needs are and whether he can stay at home on his own or go into residential care while Betty recovers. James has other needs other than just health so he needs a multi-disciplinary approach to his care. Center for Disease, Control and prevention (2011) says that studies have been shown in recent times that people with a learning disability are more likely to report ill health, less adequate health care than those without a specific learning disability. Betty also needs to be a part of the assessment as she knows James better than anyone else. Every step of the situation needs to be explained to James in a way he can understand and so he can have an input into the decision making process about where he wants to live, so he feels involved and in some control of his life. It is important to remember however, that if James is given too much choice that could also have a detrimental effect on the situation to both Betty and James. The Down's Syndrome Association (2012) says that there is a growing number of

cases where a person's needs for supervision in supported living placements is judged on a person's ability to self care and not on their level of maturity around certain key issues.

This could have a profound effect on the decision over James's care. Promoting James's health and wellbeing in the scenario. Holistic strategies should be put in place to deal with James and his mother. The National Institute for Clinical Excellence (2011) explains a Holistic Assessment should include at minimum the physical, emotional, social, intellectual, and spiritual and where appropriate the environmental considerations of Service users. This may also relate to needs and preferences as well as associated treatment, care and support. Wade (2009 np) states that: " Holism refers to an approach to health which acknowledges that health depends upon many inter-related components which interact in such a way that the overall effect constitutes health or illness". It is evident from this quote from Wade (2009) that the basic concepts of holism can be thought of in many different ways. It was first thought of by Abraham Maslow in 1943 (See Appendix B for Maslow's Hierarchy of needs). Both models look at holism but Wade looks at it from the nurse's perspective while Maslow looks at it from a deeper analysis of psychology and the needs of the body. He looks at it scientifically while Wade looks at the needs of the body physically. Barry (1996) agreed with Wade's definition of holism but also in some respects combines Maslow's Hierarchy of needs because he looks at what a human's needs are made up of both physically and mentally. For both James and Betty their holistic needs must be taken into account.

A comprehensive assessment needs to be carried out including the relevant health and social care professionals as well as the appropriate support

services. The British Journal of Nursing (2012 np) states that: " Nurses have a duty of care to act in the best interests of the patient at all times and therefore must ensure that they are fully aware of the health care needs of those with intellectual disabilities, and provide reasonable services". The Pros and Cons of James going into residential care while his mother Betty is in hospital. If James is left at home while his mother is in hospital there is a significant risk of him injuring himself that is why it has been suggested in the scenario that he goes into residential care while Betty recovers. The DOH (2009) explains that many people with learning disabilities and their families have the opportunity to make an informed choice about where they want to live and who they want to care for them. More than 50-55% of people with a learning disability live at home, 30% live in residential care and 15 % live on their own in rented homes. As a nurse it is my role to make Betty and James aware of the good and bad points to about residential care homes and what support can be made available. The Guardian (2012) explains that almost half residential care homes for people with learning disabilities failed to meet care and welfare standards.\n\nThe Care Quality Commission said that 48% of 150 homes that were inspected were non-compliant in terms of whether patients experienced safe, person centred care, treatment and support and were protected from abuse. Care homes can however be exceptionally good places for people with learning disabilities. James would be with other people he may be able to relate to. The MENCAP (2008) says that residential care homes for people with learning disabilities can provide a range of flexible support including 24 hour care, looking after people with complex needs, challenging behaviours, sensory impairments, dementia and other

disabilities. Another avenue that could be explored is James staying at home and being supported in his own home while his mother Betty is in hospital. The NICE (2012) says that carers find it hard to care for their family when they are ill or their own wellbeing is not what it should be. Also they can also end up living in isolation and poverty and this in the long term could affect their ability to care for themselves and their disabled family member. What have I learned in relation to caring for James in the learning disabilities scenario? In this assignment it has been made clear to me that as a nurse I have a duty of care to my patient and am bound by the Code of the Nursing and Midwifery Council (2009). In my professional opinion the whole family need help and guidance at such a difficult time. This assignment has helped me as a professional to understand more about how the multi-disciplinary team works and how I can access it in my future career as a nurse. Another really good lesson I will take away from this assignment is learning about the NICE guidelines especially in relation to what a holistic approach is in relation to nursing. Conclusion This learning disabilities scenario has considered the needs of an elderly patient and her son who has learning disabilities and how my professional values and beliefs underpin safe, person-centred and evidence based nursing practice. I have looked at the needs of my patient and her son and the role of the MDT in the decision making process together with my active role as a nurse. Through this process I have learned some key lessons for my future practice as outlined in the paragraph above which will improve my confidence from a novice to a competent practitioner.

References

Brittle, B. (2004) Managing the needs of people who have a learning disability. Nursing Times. [Online]. 100 (10), 28. Available from: www.nursingtimes.net/nursing-practice-clinical-research-managing-the-needs-of-people-with-a-specific-learning-disability1204517. article [Accessed 2nd September 2012].

Centers for Disease, Control and Prevention (2011) Disability and health. [Online] Available from: <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html> [Accessed 26th September 2012].

Department of Health (2009) Valuing people now. [Online]. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalasset/dh_093374 [Accessed 28th August 2012].

DSA (2012) Social care professionals. [Online]. Available from: <http://www.charityportal.org.uk/detail.php?id=100554> [Accessed 2nd September 2012].

McCabe, C. and Timmins, F. (2006) Communication skills for nursing practice [e-book] Hampshire, Palgrave, Macmillan. Available from: <http://lib.myilibrary.com/Open.aspx?id=86186> [Accessed 18th September 2012].

MENCAP (2008) Communicating with people with a learning disability. [Online]. Available from: <http://www.mencap.org.uk/sites/default/files/documents/communicating%20with%20peopleupdated.pdf> [Accessed 2nd September 2012].

MENCAP (2008) Residential care. [Online]. Available from: <http://www.mencap.org.uk/what-we-do/our-services/support/residential-care> [Accessed 10th September 2012].

Mental Health Act (2005) (c, 1) London, Ministry of Justice.

NICE (2011) Assessment, care planning and review. [Online]. Available from: [http://publications.nice.org.uk/quality-standard-for-end-of-life-care-for-](http://publications.nice.org.uk/quality-standard-for-end-of-life-care-for-https://assignbuster.com/summative-assignment-on-learning-disabilities-scenario/)

adults-qs13/quality-statement-3-assessment-care-planning-and-review#definitions-3 [Assessed 3rd September 2012]. Nice (2012) Mental wellbeing and older people. [Online]. Available from: <http://publications.nice.org.uk/mental-wellbeing-and-older-people-ph16/considerations> [Assessed 10th September 2012].\n\nNursing and Midwifery Council (2008) The Code: Standards, performance and ethics for nurses and midwives. [Online] Available from: <http://www.nmc-uk.org/Nurses-and-midwives/Standards-and-guidance1/The-code/The-code-in-full/#dignity> [Accessed 17th September 2012]. NMC (2009) NMC, guide for students of nursing and midwifery. 3rd edition. [e-book] Portland Place, London. P 13. Available from: www.nmc.uk.org [Accessed 28th August 2012]. NMC (2009) Guidance on professional conduct for nurses and midwife students. [Online] Available from: