

Lead person centered practice essay sample



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1. 1 explain person centred practice.

The ' person centred approach' is a model of practice which puts the individuals personal wishes and interests at the heart of every aspect of their care. Person centred practice endeavours to form a partnership with the service user to develop a plan of care which can be developed over time to suit every aspect of their needs.

Person centred care is ' user focussed' and is designed to preserve independence and promote individual choice. This leads to greater autonomy and inclusion and builds solid relationships with the service users and their families.

Broadly speaking, Person centred care is about preserving individuality and promoting personal diversity. It is about building an in depth but professional relationship with a service user and counteracting the effects of institutionalisation on the individual.

1. 2 critically review approaches to person centred practices

The main approach to person centred care within my own job role is based around the use of an extensive personal care plan. The person centred care plan is integral to providing a fully optimised set of support plans which set out a detailed and easy to follow plan of care. The plans are broken down into sub sections depending on the service users individual needs and preferences. This allows for systematic detailed reviews on a monthly basis and individual amendments and changes as soon as the need is identified. Upon admission, All residents have a new care plan which is written based

on information gathered from a Pre-Domiciliary Assessment (which ascertains whether an individual's needs can be met from an institutional perspective), Talking with the resident themselves, Liaising with family or carers and also analysing any specific medical notes.

This information allows a set of support plans to be drafted as soon as a service user is admitted. All staff will then make entries into a daily support plan reference which provides a chronological narration of the individual's day to day life within the home. This includes all information about daily life, health issues, mental well-being, personal care, nutrition, sleeping habits, interactions with other individuals and so forth. It is this information which acts as the baseline for future development of the overall plan of care.

During systematic review of each individual support plan, the daily support plan reference is used to contrast information about the individual with the support plan and ensure that it is 'valid' i. e. laying out a plan of care which caters for that person's needs effectively. It may also be identified through the monthly reviewing that additional support plans are needed for issues such as continence, expression of sexual needs or health & safety issues.

Other input into the care plan comes from a bi-annual review of all support plans with the service user's family or designated advocate. As within a dementia care setting it is not always possible for an individual with diminished cognition to specifically discuss their own support plan outright, we ensure that the family are also happy with all aspects of the plan of care and ask them to countersign on behalf of the resident. This of course

promotes further inclusion of family etc. in a service users care and helps to develop a extended professional relationship.

Although the daily support plan reference is used as the main baseline for care planning, We also employ a programme of dementia care mapping' on each wing focussing on individual residents during an allotted period of time. Dementia care mapping requires at least two members of staff usually stationed around a communal area such as a day room and involves an extremely detailed observation of individual behaviour and personal and environmental interactions. Dementia care mapping requires a certain amount of specialist training in order to be conducted properly. Its validity relies on the observers remaining inconspicuous and removed from any of the activity in the area. Its main downside is if the observer is detected or interacted with by a resident, the data at that time must be disregarded and not used. Dementia Care Mapping, although labour intensive and time consuming provides some of the most comprehensive information available to develop a person centred plan of care as it provides an unparalleled profile of their needs. Issues that would be otherwise highly problematic to identify through conventional means, such as pathway planning, can be actioned in a much more individualised therefore person centred way.

1. 3 Analyse the effect of legislation and policy on person centred practice

MHA guidelines on the approach to person centred care and practice endeavour to uphold the core values of promoting the individuals inclusion in decisions about their care and life within the home. The company's policy on care planning has been written and amended in accordance with various

acts of legislation issued by the department of health and also The Care standards Act (2000).

All Plans of Care from admission to discharge are written in line with MHA's Values Statement and also adhere to all criteria detailed in The Care Standards Act. This covers all of a residents health (both physical and mental) and personal & social care needs. The current draft of the policy reflects the core values of person centred care, with a strong emphasis on including both the resident and also their family or appointed advocate in all of its aspects.

The policy for care planning details an extensive criteria of what must be included in the a residents care plan in order to comply with the national minimum standards outlined in the Care Standards Act. This is arranged in a specifically structured order that ultimately allows for all information to be easily accessed, monitored and reviewed.

More importantly, this allows anyone who knows the structure of the care plan to be able to familiarise themselves with any aspect of a residents plan of care and apply the information to their own practice. As each section of the care plan is systematically reviewed and updated to ensure that it is compliant with legislation and internal policy, this means that individuals needs are outlined in detail and coupled with relevant outcomes. This in turn means that a new member of staff can be easily directed to relevant sections of the care plan and that the information provided allows them to provide care to the agreed legal standard.

1. 4 Explain the way in which person-centred practice informs the way in which consent is established with individuals.

Person centred practice is based around establishing effective, personalised means of communication with service users. Through day to day interactions with residents, strategies are developed to build up effective lines of communication with those individuals. The important consideration, especially in a dementia care setting is that a residents capacity to communicate is highly variable. Most individuals in Hafan Y waun are deemed as not having any capacity, therefore establishment of consent can often be somewhat problematic. Each resident has their own individual ways of communicating, in my own personal experience this can be as simple as understanding a gesture or a behaviour with the individual at that particular time.

Approaching this aspect of care from a person centred perspective means that from the first instance of admission, an in depth assessment has already been made to gather all available information about that person for initial development of the support plans. However, the most effective means of establishing communication comes from 1 to 1 interactions with the resident through person centred care.

From personal experience from residents that I have been key worker for, The way consent is established is one of the most highly individualised aspects of care. As you build relationships with people during their time in the home, I have found that people with the most profound difficulties in communicating have the most abstract ways of responding to questions or

requests. This can be as subtle as a subtle gesture or body language as you approach a person. This can be an act such as turning their head and closing their eyes. It can even be down to observing a person over the course of a period of time, examining the way in which they are presenting and choosing the right time to approach them. More than often however, It is about taking the time to provide the right reassurance to that person and making sure that they have ample opportunity to express themselves.

There is generally always a way to establish consent for most things, with very little instances where there is no communication at all. Person centred care informs the way in which consent is established by promoting the building of relations and taking time to understand a persons individuality, behaviours and preferences.

1. 5 Explain how person centred practice can result in positive changes in individuals lives. Because person centred practice emphasises the empowerment of the individual in decisions regarding the care they receive, there is a constant drive towards improving that persons quality of life. Prior to the widespread introduction of Person centred practice, treatment of service users in care was based on the medical model, allowing their condition or disability to define them. The medical model worked on the presumption that an individual could not be deemed as able to be independent or make a decisions for themselves before that condition was overcome. With a progressive illness such as dementia, this model of care raises many issues regarding detrimental effects on that individuals mental and spiritual well being, due to the simple fact it removes an individuals personal choice. If a condition by its nature has no chance of improving, this

means there is also little hope for that individual of having any further control of their life. By its own definition (xref 1. 1) Person centred practice reverses this by putting the individual first and allowing the most prominent level of input to be based on that persons individuals preferences and wishes.

The positive effects in an individuals life is counteracting conditions associated with depression and personal withdrawal. These can be issues such as feeling a lack of progression in their life, stigmatisation regarding their illness and delusions of over dependency; all of which were common during the institutional use of the medical model in the social care sector.

As long as an individual is defined as having a level of independence, they are given the means by which to express themselves in whatever capacity they are able. Referring back to (1. 2), following person centred practice, this input into their care begins from when they are first admitted and their plan of care begins. Having this baseline in place allows for an increase in more varied, genuine life experiences even whilst in care. In certain cases, dependant on previous life conditions this can allow for improvement in the individuals life, further inclusion in community events and the forming of new relationships with others.

3. 1 Explain how active participation enhances the well being and quality of life of individuals.

The principle of active participation is one of the cornerstones of person centred care. It is in direct opposition of the ideas behind the now obsolete Medical Model for the provision of care. This is due to the fact that the key <https://assignbuster.com/lead-person-centered-practice-essay-sample/>

principle literally includes the individual by putting them in the centre of all decisions that are made about their provision of care. Although in terms of practical application, the amount a person can input into the care planning process can be extremely variable depending on their cognitive ability and communication skills; However active participation can always be achieved in some capacity.

Building up a relationship with a resident and understanding their abilities leads to the development of more effective forms of communication and therefore a greater platform for the facilitation of active participation. This is especially relevant when working with people who have limited ability to communicate, as establishing effective routes of communication not only increases interaction with the resident; it also contributes to the ongoing development of support plans.

Active participation does not just apply to the individual resident, but also to family members and appointed advocates. Through my own job role, there is a biannual review of all support plans with next of kin or other designated individuals. Due to the nature of the conditions of many of the residents at Hafan Y Waun, this is one of the most productive means of support plan development from external input. This is also especially relevant during pre domiciliary assessment as there is often very little known about a resident prior to admission. Focussing on increasing the input of residents and their families in their care not only aids the individualisation of support provided, but also promotes inclusion.

Although all residents are different, the majority of people within Hafan Y Waun are deemed as not having capacity. This means that it is often not possible to be able to involve that person in more major decision making, this usually falls to the next of kin. The process of active participation commonly comes from acts of inclusion in day to day living tasks which have to be duly risk assessed and are normally conducted by activities staff. This can be something as small as walking to the shop to buy a newspaper or visiting friends or relatives away from the home.

Even in the smallest capacity, Any act of active inclusion is always of therapeutic benefit to an individual service user. Building relationships from a person centred approach with residents, there is always ways for them to develop new interests and build friendships. Promoting active participation allows staff to find the opportunity to facilitate this. Making an individual an active partner in their care it is possible for anyone in some capacity regardless of their cognitive impairment or condition to have active participation.