

Care of people in residential setting



Task 1 Explanation of Te Tiriti o Waitangi and apply in the social services

- There are four principles of Te Tiriti o Waitangi:
 1. Partnership: engagement/work together for acquired outcome
 2. Protection: protect all maori assets
 3. Participation: maori ensure to be participating at all levels
 4. Permission: maori given rights to practise their culture
- To apply the principles of Te Tiriti o Waitangi
 1. Partnership: involve whanau/family into client's care plan, sign the consent form, inform whanau/family if something unusual happened to the client, always consult whanau/family's opinion.
 2. Protection: all the social services delivery should follow the human right and privacy act. Information of clients shouldn't be disclosed to others except whanau/family and staff of the organization who signed the confidentiality. Also, clients have the right to be respected during the services delivery.
 3. Participation: Encourage client into decision making such as assist client to set the goals for himself/herself in the assessment, so as to encourage independence as well as let client pay more attention to achieve the goals.
 4. Permission: allow cultural practises such as karakia, to speak their language maori.

Task 2 Manage admission to residential care

Context /Setting

Summary
Reason
Age for
Individual/group admission to
residential care
Intellectual
20+ al
RP Adult disability
,
Male Type 1
Diabetes

Student Name: Jingzhu YE

Workplace: XX Men House

Note/Key points of
Date information
provided to the
residents

03/0 There is vacancy in
1/14 XX men house.

Also, introduction
of XX service

organization

Requirement of

resident who entry

xx men house: full

medical

03/0

examination,

1/14

needs assessment

by relevant

assessor, finances,

and so on.

Summary of information gained to determine individual placement needs in the residence

- Health status: significant intellectual disability & Type 1 Diabetes, general health is good
- Medication: insulin dependence: Lantax 20 units at 8am & 14 unit at 8 pm. Novorapid before each meal. Glucagon available when RP fall in coma.
- Police check: No issues found from Justice of Ministry.
- Smoking & Drugs & alcohol: No history of smoking and drug. No addicted to alcohol.
- Finance management: unable to manage his money. Need support in shopping within his budget.
- Hygiene: He is independent with personal cares. He is able to keep himself clean.

- House activity: Need to cook for him. He is willing to do some of the house work. Need assistance with gardening, laundry.
- Outing activity: Need to manage the relevant risks of Type 1 Diabetes. Need to drive him for outing
- Communication: Able to speak, hear, and write English.
- Socialise: like socialise with others but might annoy and upset girls.

Note/Key points of how you managed admission in accordance with our workplace standards/requirements.

- Check RP's personal information. He needs to be an adult with intellectual disability existed no less than 6 months is deemed to last longer than 6 months.
- RP is a resident in NZ
- RP has financial support from government, community and family to meet basic living needs.
- A need assessment must be completed by approved assessor.
- Get the application form done.
- Obtain outcomes of RP's full medical examination.
- Inform RP/family their rights: code of right, compliant right, privacy act, and so on.
- Sign consent form, agreement is done by both RP guardian and xx men house.

Other notes/reflections on the admission process

RP admitted a trial basis of at least one- month to assess compatibility within the home. After which the situation was reassessed.

A meeting with RP and his family/guardian was made both parties reached agreement that xx men house would like to RP to stay. Also RP was happy and desired to stay in the house.

Task 3 Contribute to planning for residential care of the resident

Note/Key points of
any meetings or
other

Dat communication,
e details of actions
related to planning
for the care of the
resident

Meeting with RP
and his family was
made for the care
plan of RP. XX men
30/
01/
14 house set a care
plan with RP and
his family. RP and
his family request
more support for
outing

06/ Contact relevant

services vacancy,

02/ register in the

14 singing program-

starjam for RP

Aother meeting

was made to make

support plan for

06/

the new request

02/

from RP's family.

14

Dicussion. Confirm

the plan with all

parties.

What factors were relevant to the planning of residential care for the resident.

- Risk management of outing: RP has Type 1 diabetes. His blood sugar level needs to be checked and managed for outing. Otherwise he might fall in coma with low BSL or too high to trigger challenging behaviours.
- RP wants to find a job in Café.
- RP likes singing. He wants to join the singing program-starjam
- Family Connection: RP likes to visit family on weekends.
- He wishes to do house activity with assistance.
- Need monitor /manage his challenging behaviours.

What were the essential features of the resident's residential care plan?

<https://assignbuster.com/care-of-people-in-residential-setting/>

Activity, food, behaviours, emergency regarding to RP's Blood Sugar Level.

- Before activity, his BSL needed to be checked and according to the type of activity, there are different standards of BSL. If his level is in safe range, he can do the activity. Risks management Plan should be done before outing.
- Food. RP needs meal on time due to his insulin. No extra for him and any drink, ice-cream should be none-added sugar.
- Monitor sign of low BSL and high BSL. Ask RP to check BSL if needed.
- Glucagon for he fall in coma. Emergency kit must be with RP at all time.

Other notes/reflections on the admission process

- RP and his family were very excited about RP goes to starjam every Wednesday.
- Family visit of RP was managed in every Saturday morning with company van to drop him at 8 am and picked him from family's at 5PM.
- All information about RP insulin was given to family to manage his BSL when at home.

Task 4 Contribute to residential care of the resident

Dat Note/Key points of
e any meetings or
other
communication,
details of actions

related to planning
for the care of the
resident

Phone RP's his
family to inform
what information

15/0 we need. Needs

1/14 Assessment of RP

must be done by
relevant proven
Assessor.

20/0 Phone RP's his
1/14 family for RP's full
information.

27/0 Face to face

1/14 meeting to get the
Needs Assessment
of RP from his
family and relevant
information.

Confirm next
meeting for RP
care plan with RP's

family.

Outline your role and the main responsibilities you have in the residential care plan.

- To check RP's information. For example, check Police record to see if there is any history of issues so that to put into the RP's care plan. Or significant behaviours to emphasize in the care plan. Check his history of smoking and alcohol to write down in the care plan if any.
- To see RP's full medical examination and medication. Consult RP's GP with continue GP support in the care plan as well as put his medication management in the care plan.
- Get RP's family information and background to write down in his care plan. Confirm emergency contacts.
- Risk management of RP for activities.
- Behaviours management in RP's care plan for staff to monitor/manage his challenging behaviours.

What contact was arranged for the resident to have with their family/whanau?

- Telephone with RP's family were arranged to get RP's full information: police records, health status, medication, education background. Also, make phone call contact with RP's family to inform what process of care plan is at the moment and asked opinions. Moreover, phone calls were made before meeting with RP's family.

- Face to face meeting were arranged for signing documentation, seeking appropriate solution for RP's care plan. Final agreement of care plan was made after a few meeting.
- Documentation of management of outing activities also given to RP family when RP goes out with family.

What are the supervision and custodial care requirements of the resident?

- To monitor and manage the sign of challenging behaviours of RP according to the behaviours management in his care plan.
- To monitor potential hazards to RP, report it as soon as possible to TL to eliminate/Isolate/minimize the harms and enhance safety of RP. Fill the incident/accident form if there is any happen to RP, inform TL and family as soon as possible.
- To promote the health and safety of RP by enhance hygiene of RP, encourage independent, gain connection with family/friends/community.
- Ongoing contact with RP's family for better outcomes of RP. Any issues/change of RP needs to inform family as soon as possible and involve family to seek solutions.

How does the residential care plan encourage self-determination of the resident, and discourage dependency on you, other social workers and the social service provider?

Involve RP into designing his care plan. Encourage and assist RP to set goals for himself so that RP is motivated to be active in working on the goals rather than relying on staff, social workers, or other service providers.

Other notes (Reflect on the decision making process)

RP set one of his goals in gaining working experience. To support him, staff assisted him to find a café to work as volunteer a few hrs/weekly. RP was very excited about it and work hard in the café.

Task 5 Contribute to evaluation of the residential care plan

Note/Key points

related to the

Date evaluation of

residential care

plan

Contact RP and

family of the

10/0 review meeting

3/14 and ask available

time.

To

Contact all parties

11/0 that inform about

3/14 RP's review

meeting, ask

available time.

12/0 To confirm a time

1/14 for meeting and

check with all

parties and RP

family

How did you assist parties to identify progress in achieving the objectives of the residential care plan?

Contact all the parties available time to arrange a meeting that all parties sit together and review the progress in achieving the objectives of RP's care plan.

Print out the review forms before the meeting and get tea/coffee, biscuits to get ready.

Also involve RP, RP's family and key workers in to the review meeting.

According to the different objectives, go through with relevant parties one by one. Check situation of RP with last assessment and the goal. If better than last assessment, RP is on the right way to the objective. If it was worse than last assessment, the progress might need to stop and change.

How did you assist the parties to evaluate the safety and wellbeing of the resident and other residents?

Make sure restraint used, RP's behaviours and incidents/accident are documented. Those documentations showed how often was RP becoming agitated, having challenging behaviours or reasons of incidents. Provide those documentation available to relevant parties is can help to evaluate the safety and wellbeing of PR.

Key worker to attend the meeting of RP with other parties or give contact number available for other parties get to know about information about RP: environment safety, procedures and policies of XX men house, and so on.

What further options (if any) were identified following a review of the resident's care plan?

If some goals have been met, assist RP to identify further goals for better safety and well being. If some goals have not been met, the process might need to change or stop to enhance better services delivery and RP's safety and wellbeing. The care plan could go on if it works.

How did you keep all communication confidential?

All meetings must be held in separate private room and close the door to enhance confidentiality. All staff, relevant parties to sign the confidentiality so that all parties take clients' information confidentiality as part of their responsibilities. All documentation of RP must be locked safe in the cabinet of the office. All information disclosed to other parties must inform RP and his family before do it.

Outline the legislation that was relevant to this resident/situation, and how it impacted on your contribution to the resident's care.

Privacy Act 1993, Human Rights Act 1993, the Health and Disability Commissioner Act 1994 and the code of Health and Disability Services Consumers' Rights.

Those impact on RP's situation that all his files should be kept safe as confidentiality and privacy. Also, ten rights of RP were post on the wall of XX men house to remind RP that he has his rights to be respected, complain, has appropriate services delivery and so on.

Other notes(Reflect on the decision making process)

All the process of meeting and any decision making about RP always are good to involve RP' family. It is not only for respect but also engagement to provide appropriate services.

Task 6 Application of social service theory

- RP and me are not from the same culture. To work on cross cultural context, social services theory is involvement in RP's culture for the cultural safety and connection. Examples are to respect RP's belief Christian, provide support available to RP for going to church/attending fellowship, give options to RP, and seek Christian advices if needed.
- To work with RP who from particular group, social services theory is non- biased, non- discrimination, non-prejudiced and non-judgemental. When delivered services to RP, always treat him in the manner of normal people that he has the same human rights as everyone did. For example, to inform/ask his opinion rather than making decisions for RP as respecting him, to make the complaint process available to RP to promote his right to complaint, also to provide equal services to RP as any other clients.
- One of the social services theories is identify risks of RP's activities to enhance RP's protection and quality life. Example: monitor if the

environment is safe, if RP went for a bike ride, he can only go on the road which has 50Km/hrly limitation. Also RP's BSL needs to be checked before he goes for outing, the outing might be cancelled due to the BSL is too low.

Student: Jingzhu YE