

Health and Social care: Unit 5 Case Studies

Section 1

Nusrat Patel

Nusrat Patel is 19 years of age and has learning disabilities and epilepsy. She has recently left her residential school and now lives full time with her mother. Nusrat's mother has recently given up work to care for her, but is finding this very stressful. Nusrat's father died when she was five years old. Nusrat now attends the community centre on Tuesdays and Thursdays so her mother can take a break from caring for her.

Staff and volunteers at the community centre are aware of Nusrat's right to be involved in decisions about her own care. However, as she has learning disabilities, it was decided to also involve Nusrat's mother, as her main carer.

Nusrat sometimes has difficulty in expressing her own needs, wants and wishes and the team has included an advocate who has experience in working with individuals who have learning disabilities.

Nusrat has her own personal care plan at the centre, which has been formulated taking a person-centred approach. The plan focuses on Nusrat's abilities rather than her disabilities and is flexible to incorporate any necessary changes.

The plan includes the designation of a named person Nusrat can come to if she has concerns. Nusrat frequently becomes distressed and so the named person has completed a counselling skills training course, which incorporated positive communication skills, in order to support her.

The planning process for Nusrat included graphical facilitation so that a circle of support, which includes Nusrat, her mother and the named person, could be designed. Other individuals may be added as appropriate.

Nusrat enjoys dance and drama and has joined in with activities at the centre. The team who runs the activities has produced Makaton sheets for any scripts or routines to be followed, so that Nusrat can fully participate in activities and productions.

Nusrat's epilepsy is not, currently, well controlled and it has been agreed that a volunteer will accompany Nusrat to the bathroom to enable emergency action if this is needed. The volunteer is aware that she must be discreet in order not to compromise Nusrat's right to dignity.

With the agreement of Nusrat and her mother, the centre manager has arranged a meeting with Nusrat's G.P. to discuss improved management of Nusrat's epilepsy. The G.P. has now referred Nusrat to a specialist nurse practitioner, who is an expert in epilepsy.

Nusrat has a trusting nature and is likely to attach herself to anyone who appears friendly. This has raised safeguarding concerns and so a list of 'friends' using photographs and Makaton symbols has been provided for Nusrat, to support her independence, whilst contributing to her safety.

Section 1

Patrick Green

Patrick Green is 26 years of age and lives with his partner James. Patrick has recently discovered that James had a brief relationship with someone who was HIV positive. Patrick and James do not use condoms, and Patrick is now worried about his own sexual health. Patrick attends a martial arts club at the centre.

Patrick spoke to Jeff, the martial arts trainer, about his concerns. Jeff realised that this was a confidential matter, and asked Patrick's permission to arrange a consultation with the sexual health adviser, Simon, who provides a service at the centre on Saturday mornings. Now that Jeff has referred Patrick to the appropriate professional, he will not discuss the matter with anyone, recognising Patrick's right to confidentiality.

Patrick expressed the concern that, should he prove to be HIV positive, he would no longer be accepted as a member of the martial arts club. However, he has been reassured that he will retain access to all facilities and be treated with the same courtesy.

Patrick has been assured by Simon that all information will be remain confidential and will not affect his status at the centre.

Simon has advised Patrick to make a further appointment includes James, as he is also at risk and may have transmitted any infection to Patrick, due to their lack of protection during relations. Simon also advised that Patrick and James should now use protection and has advised a source of free condoms.

Simon met with Patrick and James and with their consent arranged a consultation at the Terence Higgins Trust who arranged blood tests for both individuals.

As both Patrick and James have now tested positive for HIV, they have been offered the choice of online counselling or a face-to-face appointment with a counsellor at the Terence Higgins Trust.

Patrick and James have also consulted their local G.P. who will conduct a series of blood tests before prescribing antiretroviral treatment. The G.P. has worked with Patrick and James to produce a treatment plan that incorporates necessary changes to their lifestyle and involves the counsellor and a nutritionist to support both individuals.

Patrick and James are currently living in private rented accommodation and are anxious that the landlord does not discover their health status. The G.P. has assured them of confidentiality, but has asked their permission to arrange a visit with a local housing officer to discuss their needs.

Unit 5 Case Studies

Section 2

Brenda Grey

Brenda Grey is 58 years of age and lives alone in sheltered accommodation. Brenda has experienced mental ill health for much of her life and needs support from a variety of agencies. Brenda is also a severe asthmatic and often forgets to take her medication due to her mental ill health. Brenda attends a life skills class at the centre.

The manager of the sheltered accommodation has met with Brenda's G.P. to discuss her concerns. It has been agreed that Brenda would benefit from a care plan that incorporated several professionals, in order to improve her quality of life. The team will comprise the following:

- Brenda
- a health visitor
- a community psychiatric nurse
- a specialist nurse practitioner who is an asthma specialist
- the G.P.
- the manager of the sheltered accommodation
- an advocate to support Brenda in expressing her own views
- a named person at the community centre who will take responsibility for safeguarding Brenda whilst she is at the centre.

The care plan took a person-centred approach and was agreed by Brenda and the team as being able to improve her wellbeing. The advocate spent some time with Brenda at the centre to form a positive working relationship with her, and to take time in listening to Brenda's views and opinions.

Brenda expressed concern that 'so many' people were involved and would 'know her business'. She was assured that any issues would not be discussed without her being informed and that all records would be retained securely. However, the G.P. explained that, in order for care to be delivered effectively, professionals would need to communicate with each other. For example regarding her medication and any changes in her mental health status, and that the named person at the centre would also need to coordinate with the team and with Brenda.

The asthma specialist arranged an initial consultation with Brenda in her home and tested her peak flow, before advising on the use of inhalers. This visit was followed up by the health visitor, who would be subsequently monitoring Brenda's physical health in conjunction with the asthma specialist and the G.P.

Brenda had asked for a weekly visit from the asthma specialist, but this was not feasible due to availability and cost of the service. It was agreed that the asthma specialist would visit once a month and more often if Brenda's condition deteriorated and she required further support.

Brenda had requested that the advocate be present at all revisions of the plan and this was agreed. However, her request to have the advocate attend all visits by health professionals was deemed an inappropriate use of resources.

Brenda had been abused by a male relative in her youth and was anxious not to have a male community psychiatric nurse to visit in her home. It was explained to Brenda that female nurses were not always available, however the manager at the sheltered accommodation has agreed to be present at all visits.

Section 2

Alice Fernandez

Alice Fernandez is 74 years of age and has recently lost her husband due to cancer of the liver. Alice is an alcoholic and prefers to spend her pension on her habit, rather than on healthy food. Alice's alcohol intake has increased since her husband died and she has also recently begun taking anti-depressants, prescribed by her G.P., which appear to be making her lethargic. Alice attends an over-65s aerobics class at the centre.

The manager of the centre has discussed her alcohol consumption with Alice, as she frequently smells strongly of alcohol when attending the class, causing distress to the trainer and class members. Alice feels that she is being judged and has become distressed on several occasions. However, the manager feels that other attendees must also receive consideration and has suggested that Alice may wish to attend the local meeting of Alcoholics Anonymous, rather than the aerobics session. Alice has refused unless she can also attend the aerobics class.

The manager is anxious not to discriminate against Alice and has agreed, after discussion with the aerobics class that Alice can attend if she stands away from the others in the group.

The manager has also become concerned about the effects the anti-depressants are having on Alice and has advised her to visit her G.P. to discuss this. Alice feels that her G.P. does not understand her needs, as she finds personal expression difficult. The manager has agreed to accompany Alice on her next visit in order to act as advocate.

The manager suspects that the increase in Alice's alcohol intake may be partially due to her recent bereavement. Alice has been persuaded to meet with a bereavement counsellor, who holds weekly sessions at the centre, to receive support in dealing with her issues and reduce the need for medication.

Following a combined visit to the G.P., an appointment with a nutritionist has been arranged to support Alice in eating more healthily. The G.P. has also taken blood samples to measure her liver function and found that there is some cause for concern. He has, therefore, referred Alice to a specialist consultant at the nearest NHS Trust and arranged transport.

The G.P. has revised Alice's medication following feedback from the accommodation manager who accompanied Alice on her visit. The G.P. has suggested that Alice may benefit from sheltered accommodation, where she could receive support. Alice has agreed to a visit from a representative from a local housing association, but has requested the presence of the centre manager to act as advocate. This was not possible due to other demands on the manager's time and so the G.P. has arranged for a volunteer advocate to support Alice, who will visit her at home prior to the meeting with the housing association representative to discuss Alice's wants, needs and wishes.

Unit 5 Case Studies

Section 3

Martin Smithers

Martin Smithers is 45 years of age. Martin has recently been made redundant from his factory job and cannot, currently, find another job.

Martin is finding that he cannot pay his household bills and fears that he may be evicted from his rented apartment due to rent arrears.

Due to the stress of this, Martin's chronic skin condition has become worse. Martin attends a carpentry class at the centre.

The carpentry instructor has noticed that Martin appears distracted and has asked him if there is anything wrong. Martin has replied that he has been made redundant and has financial problems.

The instructor has suggested that Martin makes an appointment with the debt adviser who runs a session on Thursday mornings. Martin has now spoken with the debt adviser. The debt adviser has produced a plan to enable Martin to manage his limited finances. With Martin's permission, the debt adviser has also arranged a meeting with Martin's landlord to discuss ways of dealing with the rent arrears.

The centre runs a job club that supports individuals to find alternative employment. Martin has attended a session and is receiving advice in the following areas:

- completion of a CV and application forms
- interview skills
- time management
- dressing for interviews.

Martin's worsening skin condition is affecting his ability to participate in the carpentry classes and so he has visited his G.P., who has referred Martin to a dermatologist at the local NHS Trust. The dermatologist has prescribed medication and advised Martin to refrain from carpentry classes until his condition improves. This has caused Martin to become distressed, as he has enjoyed the companionship of the group.

Martin has discussed the dermatologist's advice with the centre manager who has suggested that Martin joins the reading club for companionship. Martin is not a competent reader and expressed this to the centre manager,. The centre manager showed him the selection of books at the centre, which included large print novels with 'easy reading' text. Martin met with the leader of the reading group who welcomed him and assured him that reading larger print novels was not a disadvantage and he would be accepted into the group.

Section 3

Maria Montanelli

Maria Montanelli is 34 years of age and lives with her 96-year-old mother who has dementia. Maria's mother is a first generation immigrant from Italy but, due to her condition, does not remember any English and speaks only in Italian.

Maria is a primary school teacher and is finding caring for her mother is affecting her ability to perform her teaching duties, due to lack of sleep, as her mother needs to use the toilet several times during the night. Maria has asked her doctor for sleeping tablets and has found that she is becoming dependent on them. Maria attends a flower arranging class at the centre, whilst her mother visits the chiroprapist on Saturday mornings.

Maria's G.P. has been reviewing her records and has realised that she has been taking the tablets for over a year with no improvement. He has contacted her to suggest that she should attend the surgery for a consultation. At the visit, Maria's G.P. suggests a referral to a counsellor to explore alternative methods of falling asleep without the need for medication.

The G.P. also suggests a referral to social services, with a view to Maria's mother being placed in a nursing home that can provide specialist dementia care. Maria has expressed reluctance to place her mother in care but has agreed to an assessment of both her mother's and her own needs by a social worker, as the situation at home is becoming intolerable.

In order for Maria's mother to be included in all areas of the arrangements, a volunteer interpreter will be attending all sessions where decisions are made. However, bilingual community care assistants and night sitters were not available, due to lack of funding, and this can affect cooperation between Mrs Montanelli and her support workers.

The social worker has arranged for Maria to have support from a community care assistant, who will help her mother with dressing and personal care during the day, and a night sitter once a week, to allow Maria an undisturbed night. Maria had asked for the night sitter to attend more often but was told that resources were not available for this.

Maria is also concerned about her post as a primary school teacher, as the head teacher has suggested that her mother's condition is affecting her performance in class. Maria has consulted her trade union representative who has arranged a meeting between the head teacher and Maria, at which the representative will be present.

It has now been agreed that Maria should be permitted some compassionate leave until the support from social services has been fully implemented. The head teacher has agreed with the trade union representative that Maria will not be discriminated against when she returns to work and will be able to take up her post with slightly reduced hours.