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Assignment Title

Delivering Safe and Person-Centred Care: Communication, Administration, and Collaboration in the Case of Mrs Mann

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Introduction

Mrs Mann, a 72-year-old elderly woman who is post-surgical and recovering following hip replacement surgery, has been put to use in this report to discuss the important issues of good practice in the field of health and social care. The example of her shows that communication, administrative abilities and the possibility to work in a team are the key to providing safe and person-wise care. Mrs Mann is a single woman and she has poor command of the English language and is expected to be coordinated by the domiciliary care workers, GP and physiotherapist. The issues of non-even documentation and slow medication change experienced recently also prove that strong systems and professional practice are even more necessary. The report focuses on the effectiveness of communication in fulfilling her needs personally with the help of the legal and ethical frameworks. It also speaks of the importance of record-keeping and lawfulness, e.g. the Data Protection Act 2018.

Importance of Communication in the Care of Mrs Mann.

Good communication is one of the elements in the delivery of safe, person-centred care, and this is particularly effective when it comes to the case of Mrs Mann. As a 72-year-old female, she has an artificial hip, so she relies on an interdisciplinary team of care providers, including domiciliary carers, her GP as well and a physiotherapist. It will be understandable and consistent to make every professional informed about her needs, progress and changes to her care plan. The existing issues of inappropriate documentation and delayed medication change imply the potential threats that can be experienced in the event of a communication breakdown. Such errors can put her recovery in danger, lead to the development of a mistrust toward services, and even breach organisational and professional practices (Waylen, 2017).

One of the important elements of effective communication in the case of Mrs Mann is dealing with her language needs. She speaks Urdu as her first language and has very little proficiency in English, so the treatment, medication, and mobility instructions to care staff have to be modified in a way that will communicate to her comprehensively. The Equality Act 2010 highlights the necessity of ensuring that reasonable adjustments are made to prevent the disadvantage of individuals on the basis of the characteristics that are being protected, like age, disability, or race. Here, making language assistance, e.g., the use of professional interpreters or translations, an adjustment to be made is quite sensible, as it facilitates the idea of equity in care provision (Tchikovani, 2020). The use of her daughter as the sole interpreter can be problematic in terms of accuracy, confidentiality, and excessive workload among family members. Thus, the professional care team must strike a balance between the

support of the helpful participation of the daughter and safe and professional communication.

The SOLER communication model can help carers engage in effective, compassionate, and culturally sensitive communication in direct interactions. The SOLER model promotes the carers to sit squarely, keep an Open posture, lean a little forward and maintain proper Eye contact and relax. In the case of Mrs Mann, the technique will assist in developing a feeling of security and care, especially when the English is not clear, then one might experience panic or misinterpretation. She should use straightforward language, speak slowly, ensure understanding, and add some culturally respectful non-verbal communication to ensure the interaction is stronger, as well as that she is listened to (Taguchi and Ishihara, 2018).

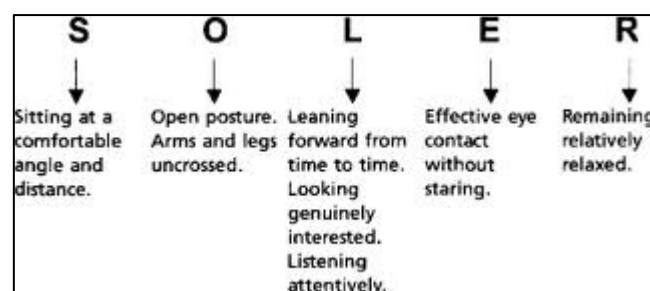


Figure and Source: SOLER Communication Model (Antonopoulou *et al.*, 2021)

Communication should also be effective, and this should include the family members of Mrs Mann in a well-designed and interactive manner. Her daughter is better placed to give an insight into what her mother likes, the cultural background and emotional needs of her mother. Through open dialogue, the care team may encourage a partnering approach. Nevertheless, communication with the family should be professional (Del Carmen López-Quesada *et al.*, 2022).

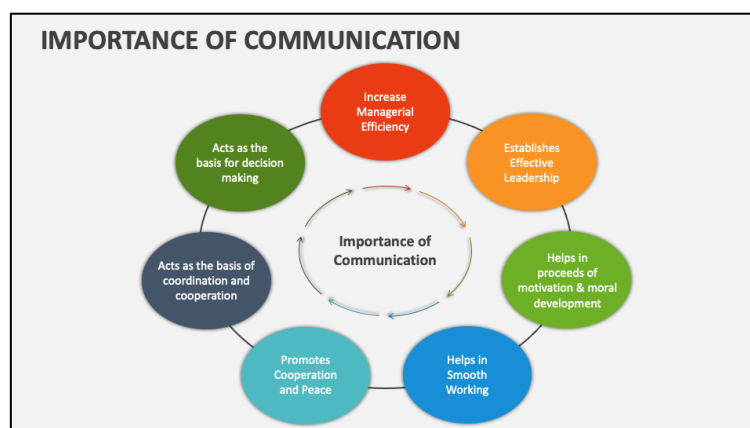


Figure and Source: Importance of Communication (Banerjee, 2023)

The role of Good Administrative Skills in the Care of Mrs Mann

The principle of safe and effective professional practice in health and social care is best achieved through good administrative skills in situations such as those involving Mrs Mann, where there is a plurality of professionals at work. Quality of care provided directly depends on the administrative functions like proper record keeping, documentation, exchange of information and the coordination of the services. The recent case of Mrs Mann, in which the lack of documentation and communication errors resulted in a delayed change of medication, shows how the failure of the administration to meet specific administrative needs can endanger the safety, introduce delays in treatment, and diminish the trust of service users (Stone, 2023).

One of the major administration roles and the basis of continuity of care is record-keeping. Correct, explicit and current records assist in making sure that every member of the care team can know the current needs of Mrs Mann, her medication schedule, her level of mobility, and her rehabilitation progress. Good records can also enable the staff to detect the changes in her condition timely manner and act accordingly. Written records are frequently the main communication tool in domiciliary care, where personnel will work in shifts and most will not meet on a regular basis (O'Toole, 2020).

Good record keeping should be in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR), which contains a set of principles of processing personal data. In the case of Mrs Mann, her personal and medical information should be:

- Accurate and kept up to date
- Only utilised for legitimate care purposes.
- Gathered in a minimum and kept safely.
- Only to the people involved with her care and with sharing.
- Was left to stay as long as required.

These values guard her privacy, dignity and autonomy. Since she uses a multi-disciplinary team, carers, GP, and physiotherapist, effective information sharing will require that it is secure. This means that the staff should adhere to confidentiality guidelines, seek consent when required, and avoid unauthorised communication systems (e.g. encrypted digital records instead of informal messages) (Davison and Matthews, 2023).

The significance of proper documentation and confidentiality is also underlined in terms of policy frameworks (the Health and Social Care Act 2012, the Care Quality Commission (CQC) Fundamental Standards, professional codes of conduct (e.g., the NMC Code for nurses or the CQC Code of Practice for care providers)) and professional codes of conduct (e.g., the NMC Code for nurses or the CQC Code of Practice for care providers) (Musa,

2024).

Through the administration skills in the context of recovering Mrs Mann, the administration skills would aid in preventing medication errors, facilitate coordinated rehabilitation, and ensure that the needs of the channels of communication that are culturally sensitive are recorded and addressed.

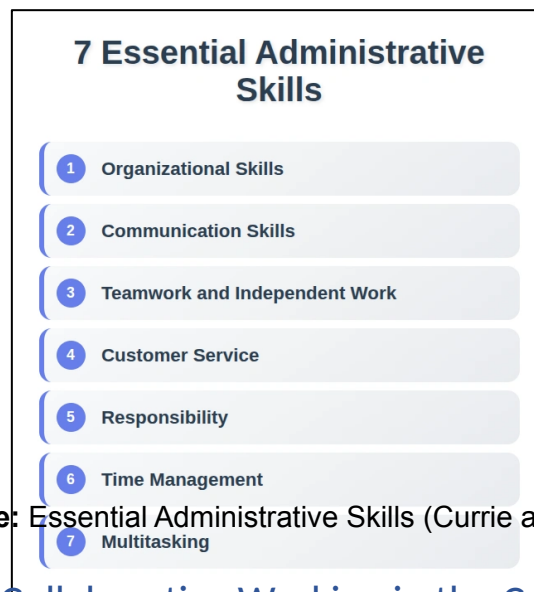


Figure and Source: Essential Administrative Skills (Currie and MacLeod, 2016)

The significance of Collaborative Working in the Care of Mrs Mann

Co-working is critical towards the provision of coordinated, holistic, and person-centred care to Mrs Mann after hip replacement surgery. Since she has a team of professionals working with her, such as domiciliary care workers, her GP, and a community physiotherapist, a multi-agency approach is effective in this case, as every practitioner knows her rehabilitation objectives and medication needs, her mobility, and communication needs. In cases when information is shared with professionals, plans are made together and work towards a specific goal, the chances of any mistake are reduced, and the quality of care is improved (Kharouf *et al.*, 2020).

There are a number of strategies that can be used to promote positively. The routine communication, e.g. a regular update, joint electronic records, etc., makes sure that every professional is aware of the state of Mrs Mann. Role allocation eliminates task repetition and brings about accountability, e.g., the carers can check the daily mobility, the physiotherapist can assist in the rehabilitation process, and the GP can control the medication. The meetings of the person-centred planning will enable all the involved parties, such as Mrs Mann and her daughter, to participate in the decision-making process, fostering the mutual understanding and respect of cultural and communication peculiarities of the former.

In order to facilitate teamwork further, teams tend to implement coordinated methods, including the Multi-Disciplinary Team (MDT) model, in which professionals collaborate to check progress, detect risks and organise care. This model encourages the aspect of collective responsibility, as well as ensuring uniformity in various services (Gonzalez-King *et al.*, 2017).

The multi-agency working, however, can pose such challenges as delays in communication, role conflict, competing priorities or even organisational culture differences. Some of the strategies to be used to eliminate these barriers are the creation of formal communication channels, the use of standardised document templates, and shared digital systems that will minimise the information gaps (Genç, 2017).

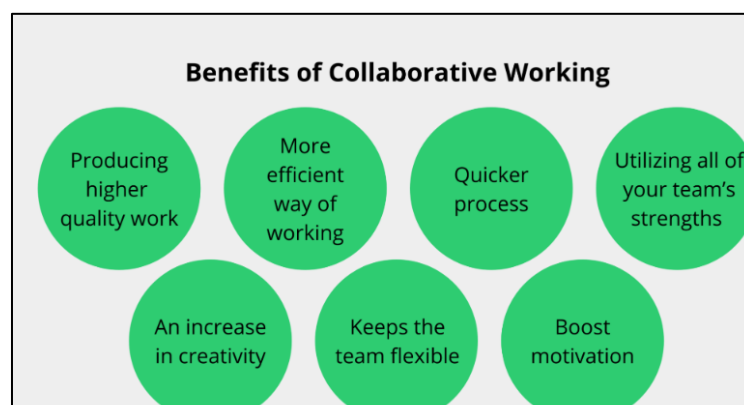


Figure and Source: Benefits of Collaborative Working (Barnlund, 2017)

Conclusion

Overall, the case of Mrs Mann can be used to emphasise the importance of effective communication, administrative skills, and collaborative working as the critical aspects of high-quality health and social care. The processes of adjusting communication to her language requirements and the use of the concepts of the Equality Act 2010 will make care inclusive, respectful, and person-centred. Correct record keeping and compliance with the Data Protection Act 2018 will protect her privacy without violating it and facilitate the making of timely and coordinated decisions. The recent problem of the lack of documentation and other delays in the medication changes proves the dangers which occur when administrative operations are defective. In equal measure, her improvement will require the competence of the professionals to exchange information, plan, and define roles effectively, namely, care workers, GPs, and physiotherapists. Through organised collaboration plans, e.g. MDT plans and regular communication channels, practitioners are able to get around these obstacles and provide seamless care.

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