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Introduction:

The UK health and social care system is a publicly funded model that combines NHS healthcare services with local authority social care provision. Established in 1948 following the Beveridge Report, its purpose was to provide universal healthcare free at the point of delivery. Although this principle remains, the system now faces increasing pressure due to an ageing population, workforce shortages, and rising demand for complex community care.

This report focuses on Mr Ahmed, a 68-year-old man recovering from a stroke who receives support from a multidisciplinary team, including a GP, district nurse, speech and language therapist, and domiciliary care workers. His case highlights key areas of practice including communication, record keeping, and collaborative working.

The report will examine the importance of effective communication, administrative responsibilities linked to data protection, and multidisciplinary teamwork. It will apply relevant legislation such as the Equality Act 2010 and Data Protection Act 2018, alongside academic sources including Moss (n.d.), Hurley and Linsley (n.d.), and Grunberg (2024).

Communication in Mr Ahmed's Care:

Effective communication is essential in health and social care as it supports safe, dignified, and person-centred practice. In Mr Ahmed's case, communication is more complex due to his limited English and post-stroke communication difficulties, which increases the risk of misunderstandings relating to medication instructions and care planning.

Moss (2020) highlights that communication should be clear, structured, and checked for understanding to ensure safe practice. This involves using plain language, avoiding jargon, repeating key points where necessary, and confirming understanding using techniques such as teach-back. Without these strategies, there is an increased risk of errors in care delivery, as demonstrated by the missed medication incident.

The Equality Act 2010 requires health and social care providers to make reasonable adjustments for individuals with disabilities. In practice, this means ensuring that communication needs are properly supported. In Mr Ahmed's case, reliance on his wife as an informal interpreter may reduce his independence and increase the risk of inaccurate communication. Therefore, the use of professional interpreters and appropriate communication aids is important to ensure both equality of access and safe care.

The transactional model of communication shows that communication is a two-way process influenced by "noise," such as language barriers, emotional stress, and cognitive impairment. In Mr Ahmed's situation, these barriers may affect how information is shared and understood between him and healthcare professionals, increasing the likelihood of miscommunication.

Research by Bischoff and Hudelson (2010) highlights that access to professional interpreter services is essential in healthcare settings to reduce communication errors and improve patient safety. This is particularly relevant in Mr Ahmed's case, where inaccurate communication could directly affect medication adherence and recovery outcomes.

Hurley and Linsley (2026) also emphasise the importance of emotional intelligence in health and social care practice. This enables professionals to respond with empathy, patience, and flexibility, which is especially important when supporting individuals recovering from a stroke.

Communication barriers may also impact Mr Ahmed's emotional wellbeing. He may experience reduced confidence, anxiety, or frustration, which could lead to reduced involvement in decision-making and increased reliance on family members. This may affect his independence and sense of control over his care.

In addition, poor communication in stroke rehabilitation can delay recovery. If Mr Ahmed does not fully understand physiotherapy exercises or medication instructions, his engagement with treatment may be reduced, which can slow progress and increase the risk of avoidable harm.

Overall, effective communication is essential not only for patient safety, but also for maintaining dignity, independence, and emotional wellbeing.

Record Keeping and Data Protection:

Good record keeping is essential in health and social care as it ensures continuity, accountability, and safe practice. In Mr Ahmed's case, the missed medication visit highlights how failures in documentation or communication between services can directly affect patient safety.

Moss (2020) states that records should be accurate, complete, and updated promptly. This includes care plans, risk assessments, medication records, and daily notes. Accurate documentation ensures that all professionals involved in care have access to the same up-to-date information, reducing the risk of errors.

The Data Protection Act 2018 and UK GDPR provide the legal framework for managing personal and sensitive data. These laws require that information is processed lawfully, fairly, and securely. Only professionals directly involved in Mr Ahmed's care should access his records, ensuring confidentiality and protection of personal information.

Waldron (1990) highlights that legal accountability is essential in professional practice. Records must be clear, accurate, and defensible, meaning they clearly show what care was provided and why decisions were made. In Mr Ahmed's case, accurate documentation would support investigation into the missed medication incident and help identify where the failure occurred.

Confidentiality is a key principle of record keeping. Although Mr Ahmed's wife provides support, information should only be shared with her when consent has been given or when it is in Mr Ahmed's best interests.

Poor record keeping can lead to serious consequences, including delayed treatment, safeguarding concerns, and fragmented care. In multi-agency settings, inaccurate records can result in professionals working with outdated information, increasing the risk of harm.

The NHS Records Management Code of Practice sets standards for how records should be created, stored, and shared. These standards help ensure consistency across services. In practice, health and social care professionals are expected to update electronic records in real time to ensure that all members of the multidisciplinary team have access to accurate and current information, reducing the risk of duplication or missed care.

Incident reporting is also important. The missed medication visit should be documented and investigated to identify learning points and improve future practice.

Multidisciplinary Team Working:

Mr Ahmed's care involves a multidisciplinary team including a GP, district nurse, speech and language therapist, and domiciliary care workers. Effective collaboration between these professionals is essential to ensure coordinated and safe care.

Grunberg (2024) explains that multidisciplinary teamwork improves patient outcomes by bringing together different areas of expertise to deliver holistic care. In Mr Ahmed's case, this supports medical treatment, rehabilitation, communication support, and daily living assistance.

Teamworking can be supported through regular MDT meetings, shared care plans, and communication tools such as SBAR. These help ensure information is shared clearly and consistently between professionals.

Hurley and Linsley (2026) highlight that emotional intelligence supports teamwork by improving communication, trust, and cooperation between professionals.

However, MDT working can face challenges such as time pressures, poor communication, and fragmented services. In Mr Ahmed's case, the missed medication incident suggests a breakdown in coordination between services.

Clear role allocation and effective leadership can help reduce these risks by ensuring responsibilities are understood and tasks are not missed. Effective MDT working also relies on consistent information sharing between community and hospital services, particularly during transitions of care such as discharge, where communication breakdowns are most likely to occur.

Overall, effective multidisciplinary working is essential in community care settings where multiple services must work together to provide safe and consistent care.

Conclusion:

Mr Ahmed's case highlights how communication, record keeping, and multidisciplinary teamwork all interact to influence patient safety and quality of care. Although the UK health and social care system aims to provide coordinated and person-centred support, real-world

challenges such as language barriers, communication breakdowns, and fragmented services can still affect outcomes.

Overall, communication is the most critical factor in Mr Ahmed's care because it directly influences understanding of treatment, medication adherence, and engagement in rehabilitation. Without effective communication, even well-planned care can become unsafe.

Accurate record keeping is also essential to ensure continuity of care and accountability between professionals, particularly in multi-agency settings. The use of the Data Protection Act 2018 and NHS record-keeping standards ensures that information is shared appropriately and securely.

Finally, effective multidisciplinary teamwork ensures that Mr Ahmed receives holistic support from different professionals, although this depends on clear communication, defined roles, and consistent information sharing between services. Strengthening coordination between teams would therefore have the greatest impact on improving outcomes and reducing avoidable errors in his care.

Reference list:

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