

Reflective Report

Name: Diana Mihaela Briceag

Student Number: 2408209

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Lecturer: Junaid Shaikh

Reflective Analysis on the Core Principles of Health and Social Care Practice

This reflection explores the importance of person-centred care, partnership working and ethical practice in delivering high-quality health and social care. Drawing on relevant theories and frameworks, it examines how these fundamental principles promote effective collaboration, individualised support and moral decision-making in UK practice.

Person-centred care means offering support that truly fits an individual's own preferences, beliefs and needs, making sure they are always treated with dignity and respect. It puts the person at the heart of all care decisions, recognising them as active partners rather than passive recipients. For example, when working with an elderly patient, a healthcare professional might not just focus on medical treatment but also ask about the patient's daily habits and cultural traditions to create a plan that feels right for them. This approach moves away from one-size-fits-all care and instead values the whole person. (Coulter, 2016) The theory of Carl Rogers supports this by highlighting the importance of empathy and genuine understanding, which build trust and help people feel valued. By applying person-centred care, individuals often feel more independent, respected and satisfied with the services they receive. (McLeod, 2025)

Partnership working is about different healthcare professionals and organisations collaborating effectively to provide comprehensive, coordinated and holistic care. It involves sharing information, planning together and respecting each other's roles to ensure the best possible outcomes for the individual. For example, in a community setting, a social worker and a GP might work closely with a mental health team to support a patient with complex needs, ensuring they receive the right care at the right time. (Chazin, 2017) This aligns with Vygotsky's Social Development Theory, which highlights the importance of social interaction and shared responsibility in learning and development. Good communication and joint planning help build trust among professionals, making care more consistent and responsive. When teams work well together, patients benefit from seamless support that respects their dignity and promotes better health outcomes. (McLeod, 2025)

Ethical decision-making in health and social care revolves around four main principles: autonomy, beneficence, non-maleficence and justice. Autonomy respects a person's right to make their own choices. Beneficence means acting in the best interest of the individual, while non-maleficence focuses on avoiding harm. Justice ensures fairness and equal treatment for everyone. Beauchamp and Childress's Four Principles provide a clear framework to help professionals navigate complex situations and make balanced, fair decisions. In the UK, codes

of practice such as those from the Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC), and laws like the Care Act 2014 back up these principles. These guidelines hold practitioners accountable, protect patients' rights and promote equality, ensuring that care is both ethical and respectful. (Varkey, 2020)

The three principles of person-centred care, partnership working, and ethical decision-making are closely linked and fundamental to delivering outstanding care. They collectively ensure that care remains respectful, cooperative and just. One important insight I have developed is the significance of communicating with empathy, as it builds trust and supports more thoughtful ethical choices. Enhancing this skill will be vital for offering compassionate and effective care in the future. (Ellis, 2023)

Case Study: Applying Person-Centred Care, Partnership, and Ethics in Discharge Planning

Discharge planning for older adults with complex health needs clearly demonstrates how person-centred care, teamwork across multiple disciplines and ethical decision-making come together in the UK's health and social care system. This reflection focuses on Mrs. A, an elderly patient who was admitted to hospital after a fall. She has diabetes, struggles with mobility and experiences mild cognitive impairment. Living alone, she felt anxious about returning home.

Person-centred care was a key focus throughout Mrs. D's discharge planning. Her wish to remain in her own home with independence, while respecting her cultural and religious values, shaped every decision made. She and her family were actively engaged in discussions, ensuring her preferences and concerns guided the care plan. Communication was tailored to her cognitive needs, using clear language and involving her daughter when necessary. This approach reflects the core values emphasized in the Care Certificate and aligns with NHS and NICE guidance, which advocate for respectful, inclusive and personalised discharge planning. (Coulter, 2016)

Partnership working was clearly shown through a multidisciplinary team meeting that brought together nurses, physiotherapists, occupational therapists, social workers, the GP and family members. Each professional shared their expertise, providing a comprehensive assessment of Mrs. D's physical, mental and social needs. Together, they coordinated arrangements for home modifications, community nursing, fall prevention and social care support. This

collaborative approach reflects NHS and NICE recommendations that promote integrated, team-based care to enhance outcomes for patients with multiple complex conditions. Such teamwork helps ensure care is tailored, efficient, and holistic. (NHS Confederation, 2025)

Ethical decision making was fundamental throughout the planning process. The team carefully respected Mrs A's autonomy, meaning her right to decide where to live, while also considering safety and risk minimisation. This approach honoured the principles of beneficence, which involves acting in her best interest and non-maleficence, which is about avoiding harm. Discussions were open and respectful, ensuring her dignity was maintained and avoiding paternalism. The Care Act 2014, along with professional standards from the Nursing and Midwifery Council and the Health and Care Professions Council, provided the framework to guarantee fairness, equality and safeguarding throughout the process. (Menon, 2020)

Linking to UK policies strengthened care quality and safety. The discharge plan implemented the NHS Discharge to Assess model, which supports timely assessments and care in the home environment. NICE guidelines on falls and multi-morbidity guided clinical and social care decisions. Capacity assessments and safeguarding protocols maintained legal and ethical compliance. These frameworks helped navigate challenges such as competing demands and limited resources. Integrating person-centred care, partnership working, and ethics resulted in positive outcomes for Mrs. A, including reduced readmission risk, increased confidence and a personalised care package. Communication and professional differences were managed through collaborative planning and commitment. Ongoing joint ethics and communication training with enhanced follow-up can further improve responsiveness. (Wolters Kluwer, 2022). This example demonstrates how these principles combined with current policies ensure dignified, safe and effective care for complex.

Reflecting on My Practice: Integrating Person-Centred Care, Collaborative Working and Ethical Principles

Reflecting on my development as a health and social care student and employee at Boots, I have become acutely aware of how vital the principles of person-centred care, partnership working and ethical practice are in shaping my professional identity. These values not only inform my everyday actions but also establish the foundation for the practitioner I strive to become.

Person-centred care lies at the core of my philosophy. My academic studies have strengthened my understanding of legislation such as the Care Act 2014 and NICE guidelines, which both highlight the necessity of placing individuals' values, beliefs and preferences at the centre of all care decisions. (Department of Health and Social Care, 2025) In my role at Boots, I am regularly presented with opportunities to enact these principles by adapting my communication style for customers with differing needs or ensuring that every interaction is guided by empathy and respect. University modules on communication and diversity have further supported my ability to address barriers and create inclusive environments. Through assignment work and practical scenarios, I have experienced the importance of tailoring care plans and advice, which builds trust and enhances engagement.

My key strengths include compassion, a commitment to high standards and strong organisational skills. I approach each customer or service user with genuine concern for their wellbeing, and I am consistently told by peers and tutors that my attention to detail and systematic approach facilitate thorough and effective case management. Both academic and professional feedback confirm that my ambition drives me to seek out best practice, reflecting the values outlined in the NMC Code regarding documentation and professionalism.

Nonetheless, I recognise clear areas for development. Public speaking remains a challenge, particularly during group presentations and multidisciplinary meetings both at university and work. Effective verbal communication is a fundamental aspect of health and social care practice and I am committed to strengthening this skill to enable me to share ideas and advocate for service users with confidence. Additionally, the increasing diversity of the population I serve highlights the need to advance my cultural competence. My studies have underlined the importance of understanding difference and adapting care to meet the needs of individuals from varied backgrounds. Supporting adults with cognitive impairments or limited capacity is another area where I seek further training, particularly in conducting robust capacity assessments and contributing meaningfully to best interests meetings.

Collaborative working is paramount in contemporary health and social care. Through group assignments, teamwork in the Boots environment and knowledge of the NHS Long Term Plan, I have seen the transformative effect of multidisciplinary cooperation on care outcomes. My approachability and reliability facilitate strong working relationships and I am proactive in contributing ideas and adapting practices in response to new information. However, coordinating across larger, multi-agency teams presents ongoing challenges, requiring clear communication, assertiveness and conflict resolution skills, areas I am resolved to develop through practice and feedback.

Ethical principles underpin every aspect of my practice. The NMC Code and HCPC Standards emphasise autonomy, beneficence, non-maleficence and justice, which are values I strive to uphold in all interactions. At Boots, this often manifests in maintaining customer confidentiality, obtaining informed consent in discussions around healthcare products and ensuring fair treatment for all. In academic settings, ethical dilemmas foster my ability to apply these principles critically and systematically. I am committed to seeking supervision and peer input in complex cases, reflecting the profession's emphasis on shared decision-making and moral accountability. Expanding my expertise around current and emerging legislation, such as the Liberty Protection Safeguards is a further professional goal.

My education is equipping me with key skills for future practice such as critical thinking, reflective writing, effective teamwork and digital literacy. Group projects and case-based learning have enabled me to analyse situations holistically, propose evidence-based solutions and learn from both successes and setbacks. Training in digital communication and record-keeping will allow me to integrate seamlessly into multidisciplinary teams that increasingly rely on technology for collaboration and information sharing.

For my continuing development, I have established clear action plans. To enhance my public speaking, I will proactively seek out opportunities to present at university and within my work setting, taking advantage of constructive feedback and possibly joining external speaking groups. To improve cultural competence, I will complete further training in equality and diversity and pursue placements in settings that serve populations with varied cultural backgrounds. I will also seek mentorship from experienced practitioners, shadowing in environments where assessment and capacity decisions are regularly made.

To further strengthen partnership working, I will participate in multi-agency training and networking events, sharpening my ability to connect and communicate effectively with professionals from other disciplines. Reflective practice will be central; after challenging collaborative experiences, I will review my performance and seek supervision to identify areas for improvement.

With respect to ethical competence, I will remain current with changes in policy and guidelines through engagement with professional newsletters, webinars, and ethics forums. Regular participation in university-led ethics debates and journal clubs will inform my judgement and expand my perspective on difficult moral issues.

In summary, my combined academic and professional experiences are providing a robust framework for my career in health and social care. The principles of person-centred care,

collaboration and ethics are guiding every aspect of my development, preparing me to meet the complex and evolving needs of future service users. By continually reflecting, seeking feedback and committing to lifelong learning, I am confident that I will progress into a conscientious, compassionate and effective practitioner who upholds the highest standards of care.

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