

Module: Principles of Health and Social Care Practice

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Table of Contents

Introduction.....	1
1. Task 1: Review of the Significance of Principles of Health and Social Care.....	2
2. Task 2: Concepts in Practice.....	4
3. Task 3: Self-Reflection	5
Conclusion	8
Reference	9

Introduction

Health and social care are based on person-centred care, partnership working, and ethics as essential principles that guarantee the safety, effectiveness, and respect for human dignity of services (Ghaye and Lillyman, 2014). They all contribute to better patient outcomes, increased professional cooperation, and trust in the system. This report critically reflects upon the main principles underpinning the high-quality practice in health and social care in the UK. These values inform practitioners to provide safe, respectful and holistic services to cater to the needs of people, encourage well-being and safeguard rights. The report relies on the application of the relevant theories and the critical laws to examine their importance, practical application, and personal meaning. The report also outlines the strengths, areas of development, and future professional growth strategies through reflection.

1. Task 1: Review of the Significance of Principles of Health and Social Care

Maslow's hierarchy of needs is the psychological theory that elucidates human motivation based on the hierarchical pyramid of needs, whereby the needs at the bottom of the pyramid concern basic human survival and evolve to individual growth and personal fulfillment (Lester, 2013). PCC, partnership working, and ethics are three ideas working in unison to provide a holistic approach that fits well in the Hierarchy of Needs by Maslow. These principles make care compassionate, safe, empowering and effective at all levels of care, including basic health needs to self-actualisation within the UK health and social care system.

Person-centred care (PCC) is defined as a practice where the individual is central to the decision-making process by making sure that all interventions and decisions are informed by their values, preferences, and needs (Ross et al., 2015). PCC gives direct assistance to people, as it acknowledges their needs on all levels of Maslow's model. On the physiological level, PCC makes sure that the most fundamental health and care needs, e.g., medication, nutrition, and mobility, have been fulfilled in a manner that satisfies personal routines and preferences. On the safety level, PCC helps achieve emotional and physical safety by engaging people in decision-making, making the environment look predictable and supportive. Further up the hierarchy, PCC fosters a sense of belonging and respect through importance placed on personal identity, respect for culture and beliefs, and allowing people to feel heard and respected. Finally, PCC fosters self-actualisation because it enables individuals to realize their aspirations, stay independent and live purposeful lives. Partnership working denotes interaction among professionals, service users, carers and external agencies to provide organized and efficient services (Mitchell, 2012). Partnership working also strengthens the framework proposed by Maslow in that needs at all levels of the hierarchy are addressed using the support of other partners. The collaboration between the NHS, the social services, and the voluntary organisations involves integrated working, which means that there are no gaps in addressing the safety and health needs of the individual (Schot et al., 2020). Collaboration also improves belongingness through the involvement of families and carers and esteem through regular respectful communication. When there is effectiveness in the way professionals collaborate, people get continuity in care that facilitates stability and development. Autonomy, beneficence, non-maleficence, justice, and confidentiality are some of the principles in ethics in health and social care that enable practitioners to make sound and ethical decisions that are fair to

everyone (Runciman et al., 2017). Ethical practice is also crucial in assisting in Maslow's levels of need. Ethics lead to the fact that people feel safe, respected, and appreciated. Just to name a few, autonomy helps in building esteem by helping to choose and control; non-maleficence and beneficence guarantee protection of physiological and safety needs; and justice enhances fairness, which builds trust. Confidentiality helps to build emotional safety as well as uphold dignity. Such values are maintained in every interaction by professional ethical codes like NMC Code and HCPC Standards.

2. Task 2: Concepts in Practice

An example of how person-centred care, partnership working, and ethics can be applied in practice is the case of an older adult with diabetes and limited mobility whose support is offered to them in a community health environment in the UK. The district nurse starts with a comprehensive examination, in which the service user can communicate what they want to achieve and what they are concerned about. An individualised care plan is created, which shows PCC in the form of joint decision making and acceptance of personal preferences in terms of dietary habits, medication schedule, and support facilities (Munthe et al., 2012). The collaborative working can be observed through the participation of a multidisciplinary team the GP, physiotherapist, social worker, occupational therapist and the family of the individual. Such professionals exchange information in a proper manner, organize visits, and assess the plan of care together. Such inter-agency cooperation allows making timely interventions, avoiding redundancy, and providing the service user with a set of interventions. Ethical values inform each phase of process. The autonomy of the individual is accorded by having consent to all assessments and treatment done (Varkey, 2021). The confidentiality is secured based on the GDPR and organisational policies. This team also exercises beneficence and non-maleficence since it involves risk balancing, e.g., fall prevention, and the wishes of the person to be independent. UK policies at present hold this course. The Health and Care Act fosters integrated care systems (ICS), which make organisations collaborate. Guidelines on the management of diabetes by NICE also include personalised care planning and shared decision-making. These principles can be used to resolve typical issues like lack of communication, lack of continuity, and lack of follow-up. PCC also makes care responsive and meaningful; co-working enhances efficiency and minimizes the delay of services; and the moral conduct reinforces the trust and protects the rights of the individual (Martin et al., 2010). Finally, the combination of these principles can enhance the outcomes of health care, patient experience, and help in making care provided by the UK health and social care services safer and more consistent.

3. Task 3: Self-Reflection

The Reflective Cycle by Gibbs is a reflection tool consisting of six steps to help people analyze the experience and enhance their actions (Jayatilleke and Mackie, 2013). It is cyclical in nature that is, the process can be repeated to continue with learning and development.

Description

Person-centred care, partnership working, and ethics are some of the principles that I regularly exercise in my day-to-day practice as a health and social care professional. One of the recent cases was the support of a long-term condition patient who needed to be handled by a team of professionals. I have tried to be considerate of their tastes, work in conjunction with other people, and make sure that every decision was pertinent to ethical and legal standards including the Care Act and the Mental Capacity Act. This experience illustrated my areas of weaknesses and strengths.

Feelings

In the beginning, I was confident about the use of person-centred care since listening and getting to know the history, culture, and aspirations of the person I was dealing with were important aspects. Nevertheless, I was less confident when I worked in multidisciplinary discussions because I was afraid of making contributions even after understanding the necessity of partnering working within the Health and Care Act. I equally experienced the responsibility and pressure concerning ethical decisions, especially balancing the autonomy and protection. Such emotions helped me understand that I needed to work on building more confidence and knowledge to be a safe and efficient practiser.

Evaluation

This experience had positive sides. I was respectful to the service user, engaged him/her in the care-planning process, and made sure that his/her perspectives influenced the assistance given. This aligned with the principles of person-centred care, as well as the dignity and independence of the Care Act. Working with various professionals also enhanced uniformity of care. Nevertheless, I identified some shortcomings. Partnership working was not as effective as I could have been because of my uncertainty about meetings, and though I met all the ethical requirements, including confidentiality and informed consent, I was not sure how to approach more complicated ethical issues. The time pressures also influenced the level of my documentation raising the gaps in the time-management.

Analysis

As I reflect on this scenario, person-centred care is a powerful aspect of my practice. I applied the Hierarchy of Needs, concentrating on the physical and emotional health of the individual and his needs and preferences. My communication skills, empathy, and trust building ability were great contributors to the success here. However, partnership working also showed potential areas to develop. Clear teamwork is vital to minimize errors, enhance continuity, and collaborate in decisions. Multidisciplinary teamwork is a key expectation that is solidified by the Health and Care Act because it requires integrated care systems. The fact that I do not speak up implies that I require more confidence and understanding of professional roles in the group. Ethical practice determines all the aspects of care as well. The Mental Capacity Act offered an idea of the way to assist patients with poor decision-making, with codes of conduct focusing on fairness, honesty, and protection. Even though I was practicing these principles, my reflection shows that I should further enhance my knowledge especially when there is conflict in the ethical principles such as respecting autonomy as a risk-enhancing factor. My strengths empathy, cultural sensitivity, adaptability, and effective communication assisted me in interacting positively with the service user. The latter qualities facilitate ethical and person-centred work as well. Nonetheless, I still need to work on three aspects: legislation awareness, professional setting confidence, and time management.

Conclusion

This reflection has allowed me to see the importance of PCC, partnership working, and ethics in professional practice. Although I already exhibit good interpersonal skills, a sense of dignity and respect, I should work on my confidence in teamwork, improve my ethical thinking, and become more organised. Such enhancements will assist me in becoming a more valuable member of multidisciplinary teams and ensure that my practice is sustained by UK laws and professionalism.

Action Plan

To combat the areas identified, I will do a few things. To enhance my legal and theoretical knowledge, I will first complete CPD training on the Care Act 2014, Mental Capacity Act 2005, safeguarding and ethical decision-making. Second, I will visit teamwork and communication workshops to gain confidence when addressing the multidisciplinary meetings. Third, I will refer to supervision sessions I will discuss ethical issues with experienced colleagues. Fourth, I will initiate a reflective journal to investigate scenarios related to person-

centred care, working with partners, or ethical issues to track my development. Lastly, I will shadow senior staff to see real-life partnership at work. With such action plan, I plan to use these principles more decisively and reliably, becoming a more competent, ethical and person-centred health and social care practitioner that supports the ideals of dignity, empowerment and quality of care.

Conclusion

In general, the concepts of person-centred care, partnership working, and ethics are the basis of efficient and humane health and social care practice in the UK. They guarantee individualized, cooperative, and legal and moral accountability care. These principles have a direct impact on quality, safety and positive outcomes, as shown by the real-life example and reflective analysis. The reflection also revealed my strengths (empathy and communication) and weaknesses (confidence, legal knowledge, and time management). Through continuous learning and professional growth, I will be able to maintain ethical, inclusive, and high-quality support and evolve into a competent health and social care professional.

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