

Report Title: Reflective Report

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Introduction

The foundation of health and social care practice in the United Kingdom is a set of values that guarantee people receive high-quality, safe, efficient, and compassionate care. Person-centred care, partnership functioning, and ethical behaviour are some of the most crucial tenets. These guidelines help professionals provide care that upholds service user's rights, fosters independence, and respects their dignity (NICE, 2021). The Care Act of 2014, the Health and Care Act of 2022, the Mental Capacity Act of 2005, and professional standards set by bodies such as the Nursing and Midwifery Council (NMC) are among the laws, regulations, and professional frameworks that support them (NMC, 2018). The significance of these ideas in UK health and social care practice is examined in this paper. It examines how they promote high-quality care, assesses their application in the chosen NHS England case study, and considers how these ideas may affect my future work as a health and social care worker (Gibbs, 1988). In addition to discussing strategies for future professional development, the report highlights personal strengths and areas for improvement.

Task 1:

Reflection on the Importance of Principles of Health and Social Care Person-Centred Care:

A core concept of health and social care is person-centred care, which emphasises treating people with respect, decency, and compassion while considering their unique needs, preferences, and values (<https://www.hee.nhs.uk/our-work/person-centred-care>). Person-centred care encourages complete help that considers social, psychological, physical, and emotional welfare rather than focusing solely on disease or disability (Maslow, 1943).

According to Flicker (1999), persons with unique identities and experiences must be acknowledged in care settings. This idea must be followed when providing support to the elderly, those with dementia, or people with long-term illnesses (SCIE, 2020).

According to Maslow (1943), to achieve wellbeing, people require more than only medical care. highlighting the importance of person-centred care. Opportunities for self-fulfilment, emotional stability, a sense of belonging, and self-esteem are also necessary for people. For example, a patient recuperating in a hospital may require emotional support in addition to medical care [Maslow, 1943].

Person-centred care, partnership functioning, and ethical practice are the cornerstones of health and social care in the United Kingdom. In addition to fostering dignity, independence, and wellbeing, these principles guarantee that care is safe, considerate, and customised to each patient's needs (Care Act, 2014; NMC, 2018).

Person-centred care emphasises treating each person as an individual, considering their complete requirements, preferences, and beliefs. To achieve wellness, people need emotional, social, and psychological assistance in addition to physical care, according to Maslow's family involvement, communication, assurance, and support (NICE, 2021). Patient happiness and recovery success can be boosted by meeting these broader demands.

Despite its benefits, person-centred care can be challenging to apply in busy hospital environments. Staff and resource limitations, together with time limits, may impact professionals' ability to provide fully individualised treatment. Nonetheless, UK laws like the [Care Act 2014].

Partnership functioning is another essential idea since effective treatment often requires collaboration between healthcare providers, service users, families, and other organisations. Information exchange, communication, and continuity of care are all facilitated by multidisciplinary collaboration (NCBI, 2024). Hierarchy of Needs (1943).

According to Bronfenbrenner's Ecological Systems Theory, a person's well-being is impacted by a variety of systems, such as family, community support, and healthcare. Integrated care systems are encouraged under the Health and Care Act (2022) to improve Professionals who practise ethics are guaranteed to behave honourably, respectfully, and responsibly Health and Care Act (2022).

Autonomy, beneficence, non-maleficence, and fairness are important ethical precepts. The Mental Capacity Act (2005) promotes decision-making when persons may lack capacity, ensuring their rights are safeguarded. Obtaining informed permission and upholding confidentiality are further components of ethical conduct. These norms are reinforced by the NMC Code. Balancing patient autonomy with safety frequently presents ethical issues, especially in complex care scenarios.

Overall, these principles work together to improve care quality. Partnership working enhances coordination, person-centred care guarantees that each person's needs are satisfied, and ethical behaviour upholds rights and dignity. When together, they produce a healthcare system that is effective, safe, and compassionate. cross-service cooperation. Effective partnership functioning increases communication and minimises hospital readmissions; nevertheless, poor coordination or communication breakdowns can significantly affect care quality.

Task 2:

Putting Principles into Practice (Mrs. C Case Study)

The NHS case study of Mrs C illustrates how ethical behaviour, cooperative cooperation, and person-centred care enhance results in healthcare settings. Professionals included Mrs. C in treatment and care planning choices, demonstrating person-centred care. Staff

considered her emotional needs, preferences, and personal issues rather than just her medical condition. This approach accords with the Care Act (2014) and NICE standards, which promote dignity, choice, and shared decision-making. Mrs. C's engagement increased and her worry decreased because of feeling more appreciated [[National Health Service England].

The medical personnel came to see how important it was to understand Mrs. C as an individual with unique experiences and interests. For example, they adjusted care plans to meet her emotional and practical requirements, making sure she always felt important and participated. This approach improved the patient-provider connection, reduced her anxiety, and raised her self-esteem (NICE, 2021).

Despite these positive examples, the case study also identifies challenges in UK health and social care environments. Staffing shortages, communication barriers, and growing service demand can make it difficult to consistently provide person-centred care [Thomson et al., 2024]. Professionals may disagree on the best way to prioritise treatment or distribute resources. Nevertheless, by meeting frequently, communicating effectively, and cooperating to find solutions, the medical staff surmounted these challenges. Mrs. C received coordinated support through collaborative working despite organisational obstacles [National Health Service England].

Overall, the case study shows that enhancing patient experiences and results requires ethical behaviour, collaborative functioning, and person-centred care. These guidelines enable healthcare workers to provide compassionate and efficient treatment in challenging healthcare settings, promote holistic care, and improve communication.

Collaboration between nurses, physicians, social workers, and family members served as an example of partnership working. Coordinated discharge planning and continuity of care were guaranteed by this interdisciplinary approach. Professionals were able to detect dangers early and offer suitable interventions thanks to information exchange. This integrated approach to better service delivery is encouraged under the Health and Care Act of 2022. However, communication breakdowns or workload demands might make partnership work difficult, which could compromise consistency of treatment. In Mrs. C's instance, frequent team meetings guaranteed efficient collaboration and assisted in overcoming these obstacles.

A key component of Mrs. C's care was ethical behaviour. Her autonomy, confidentiality, and right to make educated judgements were respected by professionals. In accordance with the NMC Code and the Mental Capacity Act (2005). This moral approach guaranteed that Mrs. C's dignity was upheld throughout her care journey and fostered confidence between her and the medical staff.

Despite these advantages, there were still issues with time restrictions, communication obstacles, and striking a balance between physician judgement and patient liberty. For instance, experts had to make sure Mrs. C's safety was not jeopardised by her decisions. Clear communication, interdisciplinary cooperation, and respect to professional standards were used to handle these problems.

Overall, the case study emphasises how successful application of these ideas is necessary for high-quality care. Mrs C's experience was enhanced by person-centred care, coordinated assistance was guaranteed by partnership functioning, and her rights and wellbeing were safeguarded by ethical practice. This illustrates how service users benefit from integrated care [Capacity Act 2025].

Task 3:

Using Gibbs' Reflective Cycle for Self-Reflection

An explanation

As a Health Care Support Worker in a mental health setting, I assisted a client who was feeling more anxious and distressed because of the hectic ward atmosphere. The person was withdrawing, pacing, and unwilling to interact with employees. After looking over their care plan, I found that they do well in quiet environments and calm conversation [Health Care Support Work]

Emotions

At first, I was worried about keeping the service user safe and avoiding their distress from getting worse. I was aware that mental health circumstances necessitate careful discernment and a calm approach, even if I felt confident in my communication abilities.

Assessment

Because I applied person-centred care by actively listening to the service user and attending to their needs, the scenario went smoothly. This reduced their level of anxiety and fostered trust. To promote collaboration, I also shared my observations with the nursing staff. I acknowledge, nevertheless, that my documentation could have been more thorough and impartial.

Feelings

Initially, I was concerned about protecting the service user and preventing the worsening of their distress. Even though I felt strong in my communication skills, I was aware that mental health situations require careful discernment and a calm approach.

Evaluation

The situation went well because I used person-centred care by paying attention to the service user's needs and actively listening to them. As a result, they experienced less anxiety and more trust. I also shared my observations with the nursing staff to encourage teamwork. However, I admit that my documentation should have been more objective and comprehensive.

Examination

This event highlights the value of teamwork, ethical behaviour, and person-centred care. I applied the Care Act's (2014) principles, which promote dignity, autonomy, and welfare, by concentrating on the preferences of the service user. The 6Cs of nursing—compassion, communication, and care in particular—were reflected in my communication.

Partnership working was vital, as I exchanged observations with nurses and contributed to care planning meetings. This cooperative approach to integrated care is supported by the Health and Care Act (2022). Maintaining confidentiality and making sure the service user felt appreciated and safe were two other areas where ethical behaviour was crucial.

My understanding of the value of teamwork, empathy, and communication in mental health care has improved because of this experience. It reaffirmed the necessity of involving service users in choices about their care and the significance of viewing them as people rather than as conditions.

I still need to strengthen my ability to use these principles directly in day-to-day decision-making and establish better links between them in my reflective writing and practice, even if I am aware of significant concepts like the Care Act and NICE standards. I plan to strengthen my policy understanding and confidence in putting theory into reality by routinely examining pertinent guidelines from the National Institute for Health and Care [Care Act of 2022].

Excellence and supervision talks. Because it allows health and social care experts to review their experiences, identify them is an essential part of professional practice because it enables health and social care workers to evaluate their experiences, identify their areas of strength and growth, and improve the quality of care they provide. This reflection uses Gibbs' Reflective Cycle (1988) to analyse my experience working as a Health Care Support Worker in a mental health context. It focuses on how I applied the ideas of person-centred care, partnership working, and ethical practice to assist a service user who was experiencing increased anxiety and emotional discomfort.

This parallels the ideals preserved by the Care Act of 2014, which prioritises individual involvement, dignity, and well-being [Care Act of 2014].

The importance of person-centred treatment in promoting recovery in mental health services is demonstrated by this incident. The service user responded favourably because I catered to their interests rather than treating them like a sick patient. NICE's shared decision-making recommendations, which encourage healthcare providers to involve patients in the planning and evaluation of their own treatment, are consistent with this approach.

Plan of Action

To enhance my work, I intend to: Participate in CPD courses on safeguarding, de-escalation, and mental health. Develop my documentation abilities by concentrating on impartial, lucid recording. Seek senior staff supervision to improve your clinical judgement. Boost self-assurance during interdisciplinary conversations and handovers. Continue learning about laws like the Care Act and the Mental Capacity Act. To assess my performance and pinpoint areas for development, I will also keep utilising reflective practice. This will help me achieve my long-term objective of becoming a competent, self-assured, and caring health and social care provider [Care Act and the Mental Capacity Act].

Conclusion

In summary, ethics, partnership functioning, and person-centred care are fundamental concepts in UK health and social care practice. These values enhance patient experiences and results while promoting dignity, teamwork, safety, and high-quality treatment (Care Act, 2014). Despite difficulties in healthcare settings, the case study showed how ethical decision-making, Person-centred care is crucial because it acknowledges people's needs, interests, and preferences while treating them with compassion, dignity, and respect. It enhances enjoyment, trust, and the quality of care by promoting autonomy, choice, and decision-making participation. cooperation, and effective communication can positively impact care delivery [National Institute for Health and Care Excellence, 2021].

References

Alder, B., Edwin Van Teijlingen and Porter, M. Available at: (2011) Psychology and Sociology Applied to Medicine E-Book. Churchill Livingstone [Accessed 30th June 2026].

Bronfenbrenner, U. Available at: (1979) The Ecology of Human development: Experiments by Nature and design. Harvard University Press [Accessed 30th June 2026].

Ernst Ernstmeyer, K. and Christman, E. Available at: (2024) COLLABORATION WITHIN THE INTERPROFESSIONAL TEAM, Nih.gov. Chippewa Valley Technical College. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK610469/> [Accessed 30th June 2026].

GOV.UK (2010) Equality Act 2010, Legislation.gov.uk. Gov.uk. Available at: [2010]. <https://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 29th June 2026].

GOV.UK (2005) Mental Capacity Act 2005, Legislation.gov.uk. GOV.UK. Available at: [2025]. <https://www.legislation.gov.uk/ukpga/2005/9/contents> [Accessed 28th June 2026].

Health and Care Available at: (2022) Health and Care Act 2022, Legislation.gov.uk. Available at: <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted> [Accessed 29th June 2026]

Lewis, J. and Sanderson, H. (2012) Practical guide to delivering personalisation - person-centred practice in. Jessica Kingsley Publishers. Available at: [2012] <https://ebookcentral.proquest.com/lib/shu/reader.action?docID=864052> Accessed 29th June 2026].

Legislation.gov.uk (2014) Care Act 2014, Legislation.gov.uk. UK Government. Available at: [2014]. <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> Accessed 20th June 2026

Lee, S. and Oliver, L. Available at: (2023) Social Work Practice with Adults. SAGE [Accessed 30th June 2026].

Mental capacity act (2022) Patient.info. Available at: [2022] <https://patient.info/doctor/mental-health/mental-capacity-act> Accessed 30th June].

Maslow, A. Available at: (1943) A Theory of Human Motivation. Psychological Review, pp. 370–396 [Accessed 30th June 2026].

NMC (2018) The Code: Professional Standards of Practice and Behaviour for nurses, Midwives and Nursing Associates, Nursing and Midwifery council. Available at: <https://www.nmc.org.uk/standards/code/>.

NHS England (2024) Person-centred Care, NHS England. Available at: [2024] <https://www.hee.nhs.uk/our-work/person-centred-care> Accessed 30th June 2026].

National Institute for Health and Care Excellence (2021) Overview | Shared Decision Making | Guidance | NICE, www.nice.org.uk. Available at: [2021]. <https://www.nice.org.uk/guidance/ng197> [Accessed 30th June].

Pilnick, A. Available at: [2022] Reconsidering Patient Centred Care. Emerald Group Publishing [Accessed 29th June 2026].

The Role of Ethics and Values in Health and Social Care Practice LSIB – London School of International Business Available at: [2024] Lsib.co.uk. Available at: <https://blog.lsib.co.uk/2024/09/06/the-role-of-ethics-and-values-in-health-and-social-care-practice-lsib/>) (Accessed: 30th June 2026).

Tutt, R. and Williams, P. Available at: (2023) A Guide to Best Practice in Special Education, Health and Social Care. Routledge [Accessed 30th June 2026].

