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1. Introduction

Mrs Thompson is an 84-year-old woman who has recently been discharged from hospital following pneumonia. She lives alone in sheltered housing and receives domiciliary care twice a day. She has mild dementia and sometimes forgets to take her medication. This has recently resulted in two missed days of medication and increased confusion. A further concern arose when she was found outside without suitable clothing during cold weather, and the local council is now reviewing the incident. These events suggest that Mrs Thompson's needs may be changing and that her current care arrangements may require review.

This report examines three important areas of health and social care practice in relation to Mrs Thompson. Firstly, it considers effective communication with Mrs Thompson and her family, including the Equality Act 2010 and the Shannon and Weaver communication model. Secondly, it examines good administrative practice, particularly accurate record keeping, confidentiality and the Data Protection Act 2018. Finally, it considers collaborative working between professionals such as the GP, community nurse and domiciliary care workers. The report evaluates how these approaches can promote Mrs Thompson's dignity, safety, independence and wellbeing.

2. Importance of effective communication

Effective communication is fundamental to safe and person-centred care because it allows information, concerns and preferences to be understood and acted upon. This is particularly important for Mrs Thompson because dementia may affect her memory, concentration and ability to process information. However, having dementia does not mean that she should automatically be excluded from decisions about her care. NICE recommends that people living with dementia should be encouraged and supported to express their own views and that communication should be adapted when necessary, for example through simplified information or visual aids (NICE, 2018).

The Shannon and Weaver communication model can be applied to Mrs Thompson's situation. Shannon and Weaver (1949) describe communication as a process involving a sender, message, channel and receiver, with potential interference affecting whether the message is understood. For example, a domiciliary care worker may be the sender, Mrs

Thompson the receiver and spoken communication the channel. Dementia, hearing difficulties, background noise, unfamiliar terminology or speaking too quickly could create interference. Therefore, simply giving Mrs Thompson information does not guarantee that communication has been successful.

A more appropriate approach would be for the care worker to use short sentences, one instruction at a time, a calm tone and sufficient time for Mrs Thompson to respond. The worker could ask her to explain the information back in her own words rather than simply asking whether she understands. This would provide stronger evidence that the communication has been effective. NICE also recommends clear and concise communication and careful listening when providing home care (NICE, 2015).

Communication should also be person-centred. Brooker and Latham (2016) argue that person-centred dementia care should recognise the individual rather than allowing the diagnosis to define them. Therefore, professionals should speak directly to Mrs Thompson, listen to her preferences and avoid discussing her care as though she is not present.

The Equality Act 2010 is relevant because age and disability are protected characteristics. Professionals must not make assumptions that Mrs Thompson is unable to participate because she is 84 or has dementia. Instead, reasonable adjustments should be considered so she can access information and participate as fully as possible. NICE similarly states that people with communication or cognitive difficulties should receive suitable adjustments to support involvement in care planning (NICE, 2018).

Family involvement may also be valuable because relatives can provide information about Mrs Thompson's normal routines, preferences and changes in behaviour. However, professionals must respect Mrs Thompson's privacy and wishes. Dementia alone does not remove a person's right to make decisions or control their information. If there is doubt about her ability to make a particular decision, the Mental Capacity Act 2005 requires capacity to be considered for that specific decision rather than assumed to be absent. Any decision made on her behalf must follow the best-interests principle and consider less restrictive alternatives (Department of Health, 2007).

Therefore, the most appropriate communication approach is one that combines clear professional communication with reasonable adjustments, active listening and person-centred decision-making. This could reduce medication errors, increase Mrs Thompson's involvement and allow professionals to identify changes in her needs earlier.

3. Importance of good administrative skills

Good administrative skills are essential because health and social care decisions depend on accurate, timely and accessible information. In Mrs Thompson's case, administration is directly connected to safety. The two missed days of medication, increased confusion and incident involving inappropriate clothing should all be recorded accurately and followed through the correct reporting procedures.

Care records should be factual, clear, relevant and completed as soon as possible. A care worker should record what happened, when it happened, what was observed, what action was taken and who was informed. For example, recording that Mrs Thompson "appeared more confused than usual and had missed medication for two days" is more useful than writing that she was "being difficult". The first statement records an observation, while the second is subjective and could lead to an unfair judgement.

Accurate records also support continuity of care. If the GP or community nurse reviews Mrs Thompson's medication, the missed doses and increased confusion may be clinically important. NICE states that care plans should consider medication management and the implications of non-adherence in older people with multiple care needs (NICE, 2016).

Therefore, record keeping should not be viewed as routine paperwork; it can provide evidence that enables professionals to identify risks and make informed decisions.

The Data Protection Act 2018 and UK GDPR are also important. Mrs Thompson's health information is special category data and therefore receives additional protection. The Information Commissioner's Office explains that health and social care organisations must have an appropriate lawful basis and condition for processing such information and must comply with the wider data protection principles (Information Commissioner's Office, 2026a).

The principles include lawfulness, fairness and transparency, purpose limitation, data minimisation, accuracy, storage limitation, security and accountability. In practice, professionals should only record and share information that is relevant to Mrs Thompson's care. For example, her medication information may need to be shared with her GP or community nurse but should not be disclosed to people who have no legitimate reason to access it.

Security is equally important. The ICO states that care records should be stored securely, protected from loss or damage and kept up to date (Information Commissioner's Office, 2025). This applies to both paper and electronic records. Care workers should also follow their organisation's policies for passwords, electronic systems and reporting data breaches. However, confidentiality must be balanced with safe information sharing. A common misunderstanding is that data protection legislation prevents professionals from sharing information. In reality, information can be shared lawfully when appropriate conditions are

met, including for the provision of health or social care. The ICO identifies health and social care as a specific condition for processing special category information where the legal requirements are satisfied (Information Commissioner's Office, 2026a).

The incident involving Mrs Thompson being found outside in cold weather should also be documented because it may indicate a wider safeguarding or care-planning concern. It would be inappropriate to assume that this was simply a result of dementia. Professionals should consider possible causes, such as confusion, unmet needs, changes in mobility, environmental factors or inadequate support. A review should therefore use the records as evidence when deciding whether her current care package remains suitable.

Good administration consequently supports accountability, communication, safeguarding and professional decision-making. For Mrs Thompson, accurate records could identify patterns and provide evidence for a reassessment of her needs rather than allowing problems to remain isolated incidents.

4. Importance of working collaboratively

Mrs Thompson's needs involve both health and social care, meaning that no single professional is likely to have all the knowledge required to manage her situation effectively. Collaborative working between the GP, community nurse, domiciliary care workers, social care professionals and, where appropriate, family members can provide a more complete understanding of her needs.

Each professional contributes different expertise. Domiciliary care workers may notice changes in Mrs Thompson's daily behaviour, medication routine or ability to manage at home. The GP can review her medical condition and medication, while the community nurse can assess her physical health and recovery following pneumonia. Social care professionals can review her care and support needs and consider whether safeguarding action is required.

Effective collaboration requires clear communication, defined responsibilities, accurate information sharing and mutual respect. NICE recommends that people with dementia have coordinated care, including a named professional responsible for coordinating their care and a care plan that is reviewed with the person, family or carers and relevant professionals (NICE, 2018).

There are, however, potential barriers. Different organisations may use separate record systems, professionals may have different priorities, and information may not always be communicated promptly. These problems can create gaps in care. A practical solution would

be regular care reviews, clear referral pathways, agreed responsibilities and appropriate information-sharing arrangements.

The Care Act 2014 places cooperation at the centre of adult social care, including cooperation between local authorities and relevant partners where this is required to support an individual (Department of Health and Social Care, 2025). The Care Act also places wellbeing at the centre of care and support, including dignity, physical and mental health, protection from abuse and neglect, control over daily life and suitable accommodation (Department of Health and Social Care, 2025).

In Mrs Thompson's case, a multi-agency review would therefore be appropriate. The professionals should consider whether the two missed days of medication and the incident outside indicate a change in her needs. Possible solutions could include reviewing medication support, increasing care visits, introducing medication prompts, assessing her home environment or considering additional community support. Importantly, the least restrictive and most person-centred option should be considered before assuming that Mrs Thompson can no longer live independently.

5. Conclusion

Mrs Thompson's case demonstrates the importance of effective communication, strong administrative practice and collaborative working in health and social care. Her recent missed medication, increased confusion and unsafe incident suggest that her needs may have changed and should be assessed rather than treated as separate events.

Effective communication should involve Mrs Thompson directly and be adapted to her cognitive needs. The Shannon and Weaver model demonstrates how barriers can interfere with communication, while the Equality Act 2010 and person-centred principles support fair and inclusive practice. Professionals should therefore use clear language, allow additional processing time and make reasonable adjustments where required.

Accurate administration and record keeping are equally important because they create an evidence base for safe decision-making. The Data Protection Act 2018 and UK GDPR require information to be handled lawfully, securely and appropriately, but they should not be misunderstood as preventing necessary information sharing between professionals.

Finally, collaborative working allows different professionals to combine their knowledge and respond to Mrs Thompson's changing needs. The most appropriate judgement is that her current situation requires a coordinated review rather than a single intervention. A person-centred, multi-agency approach can balance safety with independence and ensure that

decisions are based on evidence, professional responsibility and Mrs Thompson's own wishes and wellbeing.

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