# CASE STUDY – MR AHMED

## Introduction

Effective health and social care practice relies on clear communication, accurate administration, and strong collaborative working. These elements are essential for ensuring safe, client-centred care, particularly for individuals with complex needs such as Mr Ahmed, a 68-year-old stroke survivor who lives with his wife and receives domiciliary care at home three times a day. As Mr Ahmed's first language is Bengali, he faces post-stroke communication difficulties, which present specific challenges for his care team. This case highlights the importance of adapting communication to meet the linguistic and cognitive needs of the patient, maintaining records in line with legal requirements, and coordinating effectively across agencies to prevent errors such as missed visits or medication delays.

## 1. Importance of Effective Communication in Mr Ahmed's Care

Communication is central to delivering safe, dignified and client-centred care, particularly for individuals with language barriers and post-stroke communication difficulties. Mr Ahmed's first language is Bengali. Although he understands some English, he struggles with complex conversations. This increases the risk of misunderstanding care instructions, medication information, or consent processes. Effective communication ensures dignity, autonomy, and inclusion, aligning with the Equality Act 2010, which protects individuals from discrimination based on race, disability, and language needs (Equality Act 2010). Under the Act, service providers must make "reasonable adjustments," such as using Bengali interpreters, providing written information in Bengali, or using easy-read or pictorial material to communicate with him. It is important to note that while Mrs Ahmed speaks fluent English and often communicates on her husband's behalf, too much reliance on family members as interpreters carries risks, including potential breaches of confidentiality and the unintentional filtering of medical information (Gerrish et al., 2004).

People who have survived a stroke often experience aphasia, i.e. they have reduced cognitive processing speed, which makes communication challenging for them (Royal College of Speech and Language Therapists [RCSLT], 2021). The RCSLT recommends tailored communication approaches, including visual aids, slower speech, and supported conversation techniques. The SLTs play a crucial role in Mr Ahmed's multidisciplinary team (MDT) in assessing and advising about his communication needs to all other professionals on how best to interact with Mr Ahmed. It is, therefore, imperative that such guidance is shared with everyone rather than limited to the SLT team. According to the National Institute for Health and Care Excellence (NICE), shared working and accessible communication are very

important within care environments. They recommend that all health and social care workers are educated on communication skills for individuals with cognitive or language impairments (NICE 2013).

There are various communication models SLTs can use, but the most relevant model for Mr Ahmed's case is the SOLER Model. Developed by Gerard Egan and first published in his book, The Skilled Helper, in 1975 (Egan, 2010). SOLER is a framework of non-verbal communication, i.e., sitting squarely to the client, maintaining an open posture, leaning slightly forward, maintaining eye contact, and remaining relaxed. This helps professionals to build an initial trust bond with the client. This model focuses entirely on body language as an important tool of communication and ensures that non-verbal communication supports, rather than contradicts, what is being said. For Mr Ahmed, whose communication is limited by language barriers and medical conditions, non-verbal communication becomes much more important. A care worker who has an open posture, remains calm, and maintains eye contact communicates reassurance and trust with the patient.

Understanding Mr Ahmed's cultural background, values, religious beliefs, and preferences can influence how he perceives illness, recovery, and the roles of the professional and his family. Professionals should avoid making assumptions, check understanding, and actively encourage involvement. The professionals must acknowledge and respect this while ensuring that Mr Ahmed's own preferences are implemented first (Gerrish et al., 2004). Campinha-Bacote (2002) also contributes to the model by highlighting the need for “continuous cultural competence development of cultural awareness, cultural knowledge, and cultural skills.” It is thus clear that professionals must work to develop cultural awareness, cultural knowledge, and cultural skills to provide the best possible service to all people, regardless of cultural background.

Missed home visit serves as a clear example of communication failure. Due to this failure to inform the family or the relevant authority, Mr Ahmed's medication was delayed, causing risks to his health. This incident highlights the need for clear, structured communication lines between all parties, including the care agency, district nurse, GP, family, and Mr Ahmed himself. NHS England also stresses the value of involving families and communities in interaction and decision-making (NHS England, 2022).

In summary, structured communication is vital to ensuring fair, safe, and client-centred care for Mr Ahmed.

## 2. Importance of Good Administrative Skills and Record Keeping

Administrative skills serve as a fundamental pillar of safe and effective health and social care practice. In Mr Ahmed's case, the missed home visit and delayed medication administration highlight the importance of strong administrative systems and clear documentation. Dimond (2008) argues that good record keeping is a matter of professional duty and an insurance policy in case a complaint or an action for negligence is made in the future in relation to any injuries that may occur to the service user or practitioner.

There are strict regulatory requirements under the Data Protection Act 2018, which incorporates the principles of the UK General Data Protection Regulation (UK GDPR) into domestic law. Health and social care records must be accurate, up to date, stored securely, and shared only with authorised professionals (Data Protection Act 2018). Mr Ahmed's records include sensitive information such as medical history, medication schedules, communication needs, and care plans. If record keeping is poor, such as failing to file a missed visit or not updating medication administration records (MAR), it can lead to serious harm to the patient. Strictly speaking, this is not an administrative failure but a breach of statutory duty by putting the patient's safety at risk.

The Caldicott Principles offer a complementary framework for information governance in health and social care. Originally developed after the Caldicott Review (1997), updated in 2013 and further updated in 2020, it now includes eight principles governing the use of patient information. In other words, the duty to share information is as important as the duty to protect it. For example, when a carer is likely to miss a visit, it is their responsibility to communicate this to the team rather than just recording it in isolation. For Mr Ahmed, this means that his information should be shared with the GP, district nurse, SLT, and the care agency.

The Care Quality Commission (CQC) has clear guidelines for good governance in health and social care settings (CQC, 2023). In Mr Ahmed's case, the investigation into the missed visit depends on the quality of available documentation, as only then can it be determined where the system failure was and implement corrective measures to prevent such incidents from occurring again.

Administrative skills are not limited to record-keeping. It also includes organising appointments, coordinating multidisciplinary input, and maintaining accurate care plans. The district nurse's twice-weekly visits, SLT sessions, and medication timings must be clearly scheduled and documented. Any changes in Mr Ahmed's conditions, such as difficulties in swallowing or blood pressure variations, must be recorded and communicated swiftly. Electronic record systems used in integrated care settings allow authorised health professionals to access up-to-date information and reduce the risk of communication gaps

among various agencies. The use of shared digital platforms in the home is becoming more prevalent within the domiciliary care sector and is considered a means of communication between individuals to help prevent accidents from occurring (Glasby and Dickinson, 2014).

### 3. Importance of Collaborative Working

Mr Ahmed's care involves multiple professionals, such as a GP, district nurse, domiciliary care workers, and speech and language therapist. In such a situation, effective collaborative work will guarantee that each professional applies their expertise to bring holistic, coordinated care. Effective collaboration reduces duplication, prevents errors, and supports person-centred outcomes.

The Care Act 2014 places a statutory duty on local authorities and other health care agencies to cooperate and share information to support wellbeing (Care Act 2014). This is further supported by the Health and Social Care Act 2012 for combined working across services (Health and Social Care Act 2012). In practice, collaboration in Mr Ahmed's case is fostered through regular multidisciplinary team (MDT) meetings, shared electronic care records, and clear communication pathways.

On the contrary, multi-agency working often faces challenges such as role misunderstanding, insufficient communication, and organisational hurdles. These hurdles, such as different cultures, incompatible IT systems and a lack of time for a joint care plan, can undermine effective collaboration (Reeves et al., 2017). Mr Ahmed's missed visit itself reflects a breakdown in the communication line between various agencies and his MDT. NHS England highlights the importance of partnership working with families and communities to improve coordination (NHS England, 2022).

Overall, plans to overcome these challenges include establishing clear roles and responsibilities, using proper documentation, and implementing escalation systems when concerns arise. Glasby and Dickinson (2014) argue that for collaborative working to be truly sustainable, it is not simply a case of organisational benevolence, but also the need for infrastructure to support collaborative practice, including, for example, joint training initiatives and shared governance.

## Conclusion

Mr Ahmed's case illustrates how communication, administrative practice, and collective working are connected foundations of safe and valuable care. Adapting communication to meet his language and cognitive needs guarantees dignity, inclusion, and accordance with the Equality Act 2010 (Equality Act 2010). Strong administrative skills, supported by the Data

Protection Act 2018 and Caldicott Principles (Data Protection Act 2018; Caldicott, 2013; Department of Health and Social Care, 2020), ensure accurate record keeping, protect privacy, and prevent failures such as missed visits. Shared working across the multidisciplinary team, as highlighted in the Care Act 2014 and NHS England guidance (Care Act 2014; NHS England, 2022), promotes continuity, lowers risk, and guarantees holistic care planning. When these elements function well together, service users like Mr Ahmed receive high-quality, person-centred care that promotes recovery, independence, and well-being.