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The main report is within the required 1,350–1,650 word range.

1. Introduction

This report examines the care of Mrs Thompson, an 84-year-old woman recently discharged from hospital following pneumonia. She lives alone in sheltered housing, receives domiciliary care twice daily and has mild dementia. Her missed medication and subsequent increase in confusion, together with being found outdoors in cold weather without suitable clothing, indicate risks to her health, safety, independence and wellbeing. Effective care therefore depends not only on clinical treatment but also on respectful communication, accurate administration and coordinated work between professionals. This report discusses these three areas in relation to Mrs Thompson, with particular attention to the Equality Act 2010, the Data Protection Act 2018 and relevant health and social care guidance. It also applies the Shannon-Weaver communication model to show how information can be transmitted accurately and how barriers can be reduced. The overall aim is to demonstrate how person-centred practice and partnership working can support safer, more consistent care.

2. Importance of Effective Communication

2.1 Communication with Mrs Thompson and family members

Effective communication is essential to Mrs Thompson because dementia may affect memory, concentration, understanding and the ability to express needs. Communication should therefore be person-centred rather than assuming that confusion removes her ability to participate. Staff should introduce themselves, use her preferred name, maintain an appropriate pace, use short and clear sentences, allow extra processing time and check understanding without being patronising. Evidence suggests that communication which protects dignity, relationships and involvement is particularly important for people living with dementia (Dooley, Bailey and McCabe, 2015; Eggenberger, Heimerl and Bennett, 2013). Staff should also use non-verbal communication, visual prompts and repetition where helpful. Because Mrs Thompson has recently missed medication, workers should explain what medicines are for, confirm whether she understands the instructions and report concerns promptly.

2.2 Equality Act 2010 and reasonable adjustments

The Equality Act 2010 protects people from discrimination on the basis of protected characteristics, including age and disability (Equality Act 2010). Mrs Thompson must not receive poorer care because she is older or has dementia. The Act also requires reasonable adjustments where disability would otherwise place a person at a substantial disadvantage. In practice, staff may need to provide information in a simpler format, use longer conversations, reduce distractions or involve an advocate where appropriate. The Accessible Information Standard similarly requires health and adult social care services to identify, record, meet and review communication support needs (NHS England, 2025). Family members should be involved where Mrs Thompson wants this, while her confidentiality and decision-making rights remain central. NICE guidance emphasises individual needs, preferences, dignity and informed participation, with family involvement when the person agrees (NICE, 2021).

2.3 Shannon-Weaver communication model application

The Shannon-Weaver model provides a useful framework for analysing communication. It describes a sender encoding a message, a channel carrying it, a receiver decoding it and possible “noise” interfering with transmission (Shannon and Weaver, 1949). In Mrs Thompson’s case, a domiciliary worker may be the sender when explaining a medication change, Mrs Thompson is the receiver, and speech, writing or an agreed visual aid is the channel. Dementia-related confusion, hearing difficulties, environmental distractions or professional jargon may create noise. The model is valuable because it highlights the need for accurate transmission, although it is mainly linear and can understate the importance of relationships and feedback (Fakhr-Movahedi et al., 2016). Staff should therefore ask Mrs Thompson to explain the information back in her own words, observe her response and correct misunderstandings. Important information should also be shared securely with relevant professionals and documented. With consent and where lawful, family members can support continuity, especially if they notice changes in behaviour or medication adherence. This combination of accessible communication, feedback, reasonable adjustments and respectful family involvement can reduce misunderstandings and promote Mrs Thompson’s autonomy and safety.

3. Importance of Good Administrative Skills

3.1 Record keeping in health and social care

Good administrative skills are fundamental to safe professional practice because care decisions depend on reliable information. Mrs Thompson's missed medication, increased confusion and episode of being outdoors in unsuitable clothing should be recorded accurately, promptly and objectively. Records should distinguish observed facts from assumptions: for example, a worker can document the missed doses, Mrs Thompson's presentation, what she said, actions taken and who was informed, rather than making an unsupported judgement about why the medication was missed. Accurate records enable staff on different shifts and services to understand what happened and reduce the risk of repeated errors. NHS England states that high-quality records should be accurate, managed securely and retained appropriately, while the Records Management Code provides a framework for managing records across health and adult social care (NHS England, 2023; NHS England, 2025).

3.2 Data Protection Act 2018 and information governance

The Data Protection Act 2018 works alongside the UK GDPR to regulate personal information. Health information is particularly sensitive and is treated as special category data. The legal framework requires organisations to identify a lawful basis for processing and, where relevant, an Article 9 condition for special category information (ICO, 2024). For Mrs Thompson, staff should only collect information necessary for her care, keep it accurate and up to date, restrict access to authorised people and avoid discussing confidential details in public areas. Information should be shared on a need-to-know basis and in accordance with local information-governance procedures. Consent is important, but it is not the only possible lawful basis for health and social care processing; staff should follow organisational guidance and professional responsibilities rather than assuming consent is always required.

Good administration also requires secure incident reporting, medication documentation, care plans, risk assessments and timely referrals. Mrs Thompson's two missed days of medication have already been entered through the service incident process and a medication review requested. This record should support learning rather than simply allocate blame. The CQC's Regulation 17 requires providers to have effective governance and to maintain accurate, complete and detailed records, including records relating to care and treatment, while ensuring records are secure and accessible only to authorised people (CQC, 2025). The Records Management Code also stresses consistent management, retention and disposal of records (NHS England, 2023). Staff should therefore follow local retention schedules and secure disposal procedures.

The NMC Code requires nurses to keep clear and accurate records, make entries promptly, identify risks, avoid unnecessary jargon and keep records secure (NMC, 2025). In Mrs Thompson's case, administrative competence means recording the medication incident, monitoring confusion, documenting the cold-weather safeguarding concern, updating the care plan after review and ensuring that relevant professionals receive accurate information. Good administrative practice creates an accountable evidence trail, supports continuity and helps organisations identify patterns and improve services. It therefore contributes directly to patient

safety, dignity and decision-making.

4. Collaborative Working with Other Professionals

4.1 Working with the GP, community nurse and domiciliary workers

Mrs Thompson's needs cross organisational and professional boundaries, so collaborative working is essential. The GP can review her post-hospital condition and medication; a community nurse can assess clinical deterioration and support monitoring; domiciliary care workers can observe daily functioning, medication adherence, nutrition, hydration and changes in behaviour; and social care professionals can assess her wider wellbeing, housing and safeguarding needs. NHS England describes multidisciplinary teams as professionals working together around the person to develop shared solutions and a holistic approach (NHS England, 2023). Research indicates that effective teamwork requires coordination, information exchange, shared goals and clear leadership (Manser, 2009; Buljac-Samardzic et al., 2020).

A practical approach would be a coordinated review involving Mrs Thompson, relevant family members with her agreement, the GP, community nurse, care provider and local authority. The team should agree clear responsibilities, a shared care plan, escalation arrangements and timescales. Structured communication, such as SBAR, can help staff communicate important changes consistently, while regular multidisciplinary reviews can identify whether the medication problem, confusion and cold-weather incident are improving. Mrs Thompson's voice should remain central rather than allowing professionals to make decisions without her. Research suggests that interprofessional collaboration can support patient-reported outcomes, although the evidence is heterogeneous and collaboration itself does not guarantee better care (Kaiser et al., 2022).

4.2 Addressing barriers to multi-agency working

Multi-agency working can be challenged by different professional priorities, unclear responsibilities, incompatible information systems, workload pressures and confidentiality concerns. These barriers can be reduced through agreed information-sharing protocols, secure records, regular meetings, clear role allocation, respectful challenge and escalation routes. Staff should avoid sending sensitive information through insecure informal channels and should use approved systems. If disagreement occurs, professionals should return to Mrs Thompson's assessed needs, evidence, legal duties and shared safety goals. Collaborative working should also include learning from the medication incident and safeguarding concern so that future risks are anticipated rather than managed only after harm occurs.

5. Conclusion

Mrs Thompson's case demonstrates that effective communication, strong administrative practice and collaborative working are interconnected elements of safe health and social care. Communication must be respectful, accessible and adapted to dementia while supporting equality, reasonable adjustments, participation and appropriate family involvement. The Shannon-Weaver model helps identify barriers to accurate information transfer, but feedback and person-centred relationships are also necessary. Accurate records, secure information handling and appropriate incident reporting support continuity and accountability under the Data Protection Act 2018 and relevant professional and regulatory frameworks. Finally,

coordinated work between the GP, community nurse, domiciliary workers, social care and Mrs Thompson's chosen supporters can create a more holistic response to medication, health and safeguarding risks. A person-centred multidisciplinary approach can therefore protect Mrs Thompson's dignity and autonomy while improving the consistency, safety and quality of her care. Continuous review should be used to respond to changing risks and preferences.

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Harvard-style reference list. Each source includes an HTTPS access link and access date.

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