

Name: Katya Marisa Gula Pinheiro

Student ID: 2413723

Module Code: LCHS4003

Module: Introduction to Health and Social Care

Lecturer: Wafa Nasir

Table of Contents

1: Case Study: Mr. Ahmed	3
1 - Introduction	3
2 - Effective Communication in Mr. Ahmed's Cre	3
3 - Administrative Practice and Record Management	4/5
4 - Collaborative Working	6
5 - Conclusion	7
6 -References List	8

Title: Evaluating Collaborative Working in Health and Social Care: Challenges and Strategies in Mr Ahmed's Multidisciplinary Care

1- Introduction

Effective care delivery within health and social care settings is contingent on coordinated, person-centred approaches that address an individual's medical, social and cultural needs (Department of Health and Social Care, 2021). This case study critically examines the care of Mr Ahmed, a 68-year-old man recovering from a stroke, who requires ongoing multidisciplinary support following hospital discharge (NHS England, 2022). His situation illuminates common challenges within community-based care, including communication barriers, dependence on family members for advocacy and variability in service provision (Skills for Care, 2020). Mr Ahmed's limited English proficiency, alongside his involvement with multiple professionals such as the general practitioner, district nurse and speech and language therapist, highlights the need for explicit, inclusive communication strategies. Furthermore, the reported missed care visit prompts reflection on issues of continuity, safety and professional accountability in practice. Consequently, this report will explore the centrality of effective communication to quality care, framed within relevant legal and ethical principles.

2- Effective Communication in Mr Ahmed's Care

Effective communication is a cornerstone of safe, high-quality, and person-centred health and social care practice. Within the context of Mr Ahmed's case, communication assumes particular significance due to the combined challenges of his post-stroke condition, limited English proficiency, and the involvement of multiple health and social care professionals. Adopting clear, empathetic, and inclusive communication approaches is therefore critical to ensuring accurate understanding, effective care coordination, and the preservation of Mr Ahmed's dignity and autonomy. (Nursing and Midwifery Council [NMC], 2018)

As a result of his stroke, Mr Ahmed experiences difficulties with speech, comprehension, and swallowing, symptoms frequently associated with neurological impairments. Given that his first language is Bengali and his comprehension of complex English is limited, staff must modify communication methods to enable effective interaction. Appropriate strategies include using clear and simple language, maintaining eye contact, pacing speech slowly, and allowing additional time for responses. Supplementing verbal communication with non-verbal cues, such as gestures, pictures, and facial expressions, can further facilitate understanding and reduce anxiety. These person-centred adaptations ensure that communication remains accessible and meaningful (Skills for Care, 2021).

In addition to professional communication, family involvement forms an important component of Mr Ahmed's care. His wife's fluency in English allows her to support interactions between Mr Ahmed and care staff. However, while family members provide valuable assistance, practitioners must continue to engage Mr Ahmed directly in decisions regarding his health and wellbeing. Obtaining his consent before sharing sensitive information with others aligns with the principles of autonomy, respect, and confidentiality embedded in professional codes of conduct.

The requirements of the Equality Act 2010 further reinforce the duty of care providers to promote equitable access and prevent discrimination. This legislation mandates that reasonable adjustments be made to accommodate individuals facing barriers related to disability, language, or other protected characteristics. For Mr Ahmed, such adjustments may include using a professional Bengali interpreter, providing translated written materials, or implementing visual communication aids. These actions not only fulfil legal obligations but also enhance service accessibility and uphold his right to active participation in care.

The Shannon–Weaver Model of Communication provides a practical framework for understanding communication processes in multidisciplinary contexts. The model identifies the stages of message exchange and acknowledges the presence of “noise,” including language barriers, emotional strain, or cognitive difficulties, which may impede comprehension. Professionals can mitigate these barriers by seeking feedback, using repetition, and assessing Mr Ahmed’s responses. (McCabe & Timmins, 2021)

In addition, the effective interprofessional communication through accurate record keeping, timely reporting, and consistent information sharing, remains essential for coordinated care delivery. Collectively, these communication principles underpin Mr Ahmed’s recovery, safeguard his independence, and promote equitable, person-centred care. (DHSC, 2022)

3- Administrative Practice and Record Management

Administrative practice and systematic record management represent essential components of safe, ethical and person-centred health and social care delivery. Well-structured administrative systems support compliance with statutory and professional expectations while ensuring that services remain responsive to the complex and evolving needs of individuals (Department of Health and Social Care [DHSC], 2022). For Mr Ahmed, effective administration is especially important because his care involves a range of practitioners, including his general practitioner, district nurse, speech and language therapist and domiciliary care team. Coordinated planning, reliable communication and accurate documentation across this multidisciplinary network are fundamental to maintaining continuity, promoting safety and ensuring high-quality care provision. (Care Quality Commission [CQC], 2023)

Administrative duties in the sector cover a broad range of interconnected functions, such as maintaining clear and up-to-date records, scheduling appointments, managing rota systems, tracking medication administration and facilitating professional communication. The incident in which Mr Ahmed’s medication was delayed due to a missed home visit demonstrates how administrative shortcomings can directly compromise a service user’s well-being. Inadequate rota planning, poor

documentation or insufficient information sharing may result in missed interventions and increased risk. For this reason, robust administrative procedures are essential for preventing disruptions, avoiding avoidable errors and ensuring that support remains consistent, regulated and aligned to best practice standards. (Skills for Care, 2021)

High-quality documentation forms a central element of effective administrative governance. Care records serve as a structured, chronological account of assessments, observations, interventions and outcomes, enabling practitioners to monitor progress and identify areas of emerging concern (Nursing and Midwifery Council [NMC], 2018). For an individual such as Mr Ahmed, documentation should include details of medication administration, blood pressure monitoring, rehabilitation progress and any stroke-related changes. Thorough record keeping strengthens communication between professionals, supports continuity during handovers and enhances accountability. It also provides essential evidence for incident reviews, quality assurance processes and regulatory inspections. (CQC, 2023)

Ensuring compliance with data protection legislation—specifically the Data Protection Act (2018) and the UK General Data Protection Regulation (GDPR) is vital when managing sensitive personal information (Legislation.gov.uk, 2018). Because Mr Ahmed's care records contain highly confidential health data, information must be stored securely, accessed only by authorised personnel and processed in line with lawful, ethical requirements. Key principles, such as data minimisation, confidentiality and accuracy, ensure that only relevant information is recorded and that discussions involving personal data occur discreetly and with informed consent, unless safeguarding duties necessitate disclosure. (Health and Care Professions Council [HCPC], 2023)

National frameworks, including the Health and Social Care Act (2008) and CQC regulatory standards, further require providers to maintain accurate records, uphold confidentiality and deliver safe, effective care. Thus, strong administrative practice forms the foundation of lawful, accountable and person-centred care for individuals like Mr Ahmed. (DHSC, 2022)

4- Collaborative Working

Collaborative practice forms a central principle within contemporary health and social care, ensuring that service users receive safe, coordinated, and holistic support (Department of Health and Social Care [DHSC], 2022). In the case of Mr Ahmed, effective multidisciplinary collaboration is fundamental due to the complexity of his post-stroke recovery, which requires the expertise of various professionals to address his medical, physical, and communication needs. (Skills for Care, 2021)

Mr Ahmed's care involves several key professionals working in partnership. His general practitioner (GP) oversees his medical management and ongoing treatment, while the district nurse monitors blood pressure, administers wound care, and supports post-discharge recovery. Domiciliary care workers assist with personal hygiene, nutrition, and medication reminders, promoting independence within the home environment. Additionally, speech and language therapists facilitate recovery of communication and swallowing abilities, supporting both rehabilitation and quality of life. Each professional contributes specialist knowledge and skills that, when integrated, enhance overall care outcomes. (Nursing and Midwifery Council [NMC], 2018)

Effective collaboration relies upon structured coordination, transparent communication, and adherence to shared care objectives. Regular interdisciplinary meetings and accurate record-sharing enable practitioners to exchange relevant information, review progress, and adjust interventions where necessary. Person-centred practice should underpin this process, ensuring that Mr Ahmed and his wife remain active participants in decision-making and that care remains responsive to their preferences and values. (Health and Care Professions Council [HCPC], 2023)

Nonetheless, multidisciplinary collaboration can be challenged by organisational boundaries, unclear role definitions, and communication breakdowns. The missed domiciliary care visit, which resulted in delay in medication, exemplifies how fragmented coordination may compromise safety and continuity. Strengthening teamwork through shared electronic record systems, consistent documentation, and effective leadership can mitigate such risks (Care Quality Commission [CQC], 2023). By maintaining clear communication, mutual respect, and structured coordination, the multidisciplinary team can effectively support Mr Ahmed's recovery, independence, and overall wellbeing. (DHSC, 2022)

5- Conclusion

In conclusion, high-quality care for Mr Ahmed depends on the integration of effective communication practices, strong administrative structures, and well-coordinated multidisciplinary engagement. Ensuring clear, person-centred communication enables Mr Ahmed to understand his care options and actively participate in decisions, thereby placing his individual needs, values, and preferences at the forefront of clinical planning (NHS England, 2020). Tailoring communication methods to accommodate

his language profile and post-stroke needs reinforces equitable, respectful, and inclusive practice. (CQC, 2023)

Similarly, rigorous administrative processes are vital for maintaining continuity and safety across his care (NMC, 2018). Accurate documentation, organised scheduling, and sustained compliance with information-governance legislation, such as the Data Protection Act 2018, support confidentiality, accountability, and the reliable delivery of services.

Moreover, effective collaboration between professionals including the GP, district nursing team, domiciliary carers, and speech and language therapy services facilitates coordinated and holistic support. Together, these components strengthen rehabilitation outcomes, promote independence, and contribute to enhancing Mr Ahmed's overall quality of life.

6- Reference List

Care Quality Commission (2023) *Equity in Care: Ensuring Inclusive and Person-Centred Practice*. Available at: <https://www.cqc.org.uk> (Accessed: 12 March 2026).

Department of Health and Social Care (2022) *Health and social care: Principles of high-quality, person-centred support*. Available at: <https://www.gov.uk/dhsc> (Accessed: 5t March 2026).

Health and Care Professions Council (HCPC) (2024) *Standards of Conduct, Performance and Ethics*. Available at: <https://www.hcpc-uk.org> (Accessed: 12 March 2026).

NHS England (2020) *The NHS Long Term Plan: Integrated and Person-Centred Care Framework*. Available at: <https://www.england.nhs.uk> (Accessed: 19 March 2026).

NHS England (2023) *Records Management Code of Practice for Health and Social Care*. Available at: <https://transform.england.nhs.uk> (Accessed: 5 March 2026).

NICE (2023) *Stroke Rehabilitation: NG236*. Available at: <https://www.nice.org.uk/guidance/ng236> (Accessed: 19 March 2026).

Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. Available at: <https://www.nmc.org.uk> (Accessed: 19 March 2026).

Skills for Care (2021) *Care Certificate Standard 14: Handling Information*. Available at: <https://www.skillsforcare.org.uk> (Accessed: 26 March 2026)

Social Care Institute for Excellence (SCIE) (2022) *Effective Multi-Agency Working in Health and Social Care*. Available at: <https://www.scie.org.uk> (Accessed: 26 March 2026).

UK Government (2018) *Data Protection Act 2018*. Available at: <https://www.legislation.gov.uk> (Accessed: 26 March 2026).