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1. Introduction

Providing safe, person centred care relies heavily on clear communication, organised administrative practice and effective collaborative working. These elements are especially important for Mrs Thompson, an 84 year old woman recently discharged from hospital after pneumonia. She lives alone, has mild dementia and receives twice-daily domiciliary care. These factors increase her risk of medication errors, confusion, self-neglect and further deterioration. Understanding how communication, record keeping and multidisciplinary teamwork support her safety is essential for preventing avoidable harm.

Safe practice is shaped by legislation such as the Equality Act 2010 (Equality Act, 2010), Care Act 2014 (Department of Health and Social Care, 2014), Data Protection Act 2018 (UK Government, 2018) and the Health and Social Care Act 2008 (Health and Social Care Act, 2014). Professional guidance from NICE (2022) and the NMC Code (Nursing and Midwifery Council, 2018) also emphasises the importance of communication, accurate documentation and coordinated care.

2. Importance of Effective Communication

Communication is central to safe and compassionate care, especially for people living with dementia. Mrs Thompson's memory problems and confusion mean she may struggle to process information or follow instructions. Clear, calm and respectful communication helps her feel reassured, reduces anxiety and supports her independence. It also enables carers to notice early changes in her behaviour or cognition, which is vital for preventing deterioration.

NICE (2022) highlights that communication is often the first point where health changes or safeguarding concerns become visible. When Mrs Thompson became confused after missing her medication, this showed how communication gaps between carers, healthcare professionals and her family can escalate quickly.

Carers should use simple language, speak slowly, maintain eye contact and reduce distractions. Allowing extra time for responses helps her process information more comfortably (Alzheimer's Society, 2023). Communication should remain person centred, ensuring she is involved in decisions whenever she has capacity under the Mental Capacity Act 2005.

Communication Skills

Argyle's Communication Cycle (Argyle, 1972) explains how messages are sent, received and understood. In practice, it helps carers check whether Mrs Thompson has understood instructions, such as asking her to repeat back medication guidance. However, the model assumes communication follows a smooth, logical pattern. Dementia can interrupt decoding or feedback, meaning the cycle may not work as neatly as the theory suggests.

More relational approaches, such as Kitwood's (1997) personhood theory, recognise that communication is influenced by mood, environment and relationships. These approaches may be more realistic for dementia care because they focus on adapting communication to the person's emotional state and level of confusion at that moment.

Legislation and Inclusive Communication

The Equality Act 2010 protects individuals from discrimination based on age and disability. Dementia is recognised as a disability, meaning reasonable adjustments must be made. For Mrs Thompson, this may include larger print information, memory prompts or involving family members when she consents.

Family involvement can strengthen communication by providing insight into her usual routines. However, confidentiality under the Data Protection Act 2018 and UK GDPR means information must only be shared with consent or legal justification (Information Commissioner's Office, 2024). Balancing family involvement with privacy rights can be challenging when capacity fluctuates.

3. Importance of Good Administrative Skills

Accurate and timely documentation is essential for safe care. The NMC Code (2018) states that records must be clear, factual and completed promptly. For Mrs Thompson, good administrative practice ensures continuity of care and helps professionals identify risks early.

Her missed medication was correctly recorded through the incident reporting system, which triggered a medication review. Incident reporting is not just a bureaucratic task; it is a safety mechanism that helps organisations learn from mistakes and prevent recurrence. MAR charts also play a vital role in ensuring medicines are administered consistently.

Comprehensive record keeping should include medication administration, daily observations, changes in cognition, nutrition, mobility, safeguarding concerns, communication with family

and referrals to other professionals. When Mrs Thompson was found outside without appropriate clothing, this should be fully documented, including actions taken and referrals made to the safeguarding team.

Administrative Skills and Challenges

Record keeping is guided by principles of accountability, transparency and continuity of care (Rycroft-Malone et al., 2004). The theory suggests that good records create a shared understanding of the person's needs and reduce errors. However, administrative frameworks often assume staff have enough time, training and digital competence to maintain high quality records.

In practice, heavy workloads, rushed visits and inconsistent digital skills can lead to gaps or inaccuracies. This mismatch between theory and reality shows that administrative systems promote safety but depend heavily on organisational support and staff capacity.

Legislation and Data Protection

The Data Protection Act 2018 and UK GDPR require personal data to be processed lawfully, fairly and securely. Only professionals directly involved in Mrs Thompson's care should access her records. While these laws protect confidentiality, they can also create challenges when multiple agencies need to share information quickly. Over cautious interpretation of GDPR can delay essential communication (Information Commissioner's Office, 2024).

The Care Act 2014 places safeguarding duties on local authorities to protect adults at risk of abuse or neglect. Mrs Thompson's missed medication and wandering outdoors may indicate self neglecting, so accurate records are essential for safeguarding enquiries.

The Health and Social Care Act 2008 emphasises good governance through accurate and contemporaneous records. Poor record keeping can lead to regulatory action, highlighting its importance in maintaining safe care.

4. Importance of Working Collaboratively

Collaborative working means different professionals share their skills and knowledge to provide holistic care. Mrs Thompson's needs are complex, she has physical health concerns after pneumonia, mild dementia affecting cognition, ongoing medication requirements and potential safeguarding risks. No single professional can meet all her needs alone.

The GP should undertake a medication review and monitor her overall health. Community nurses can assess her recovery from pneumonia and identify early signs of deterioration. Pharmacists can review her medication regimen and suggest compliance aids. Domiciliary carers provide daily observations, prompt medication, monitor nutrition and hydration and report concerns. The safeguarding team investigates potential self-neglect and coordinates interventions.

Collaboration Skills and Limitations

Collaborative skills emphasise shared decision making, joint responsibility and coordinated care (Reeves et al., 2010). However, collaboration theory assumes professionals have equal access to information, clear roles and effective communication pathways. Services often use different digital systems, have limited time for meetings or face unclear boundaries around responsibility. This can lead to fragmented care, even though the theory promotes seamless collaboration.

Interprofessional working theory also highlights the importance of trust, respect and understanding between professionals (Tuckman, 1965). Without these relational elements, collaboration can become superficial, with agencies working in collaboration rather than truly together. This is particularly relevant for safeguarding, where delays in communication can increase risk.

The World Health Organization (2021) also highlights how ageism may influence decision-making, potentially affecting how older adults like Mrs Thompson are supported. This shows that collaboration requires more than policy guidance; it depends on organisational culture, resources and professional relationships.

5. Critical Evaluation

Although communication, record keeping and collaborative working are all promoted as essential parts of safe care, real practice often shows that these systems do not work as smoothly as the theories suggest. Most guidance assumes staff have enough time, training and support to follow best practice, but this is not always the case in domiciliary care. For example, NICE (2022) recommends calm, person centred communication for people with dementia, yet carers often work under strict time pressures. This means communication can become rushed and task focused, reducing opportunities to check understanding or notice early changes in behaviour. In theory, Argyle's Communication Cycle provides a clear structure for how messages should be sent and received, but in practice dementia can

interrupt this process. Mrs Thompson may not decode information in the way the model expects, showing that communication theories do not fully reflect the unpredictable nature of cognitive decline.

Administrative practice also shows a gap between policy and reality. The NMC Code (2018) expects records to be accurate and completed promptly, but heavy workloads, limited digital skills and inconsistent systems can lead to incomplete or delayed documentation. The theory suggests that good records improve continuity of care, yet in practice carers may prioritise urgent tasks over detailed documentation. This means important information, such as missed medication or changes in cognition, might not be recorded clearly. Legislation like the Data Protection Act 2018 aims to protect confidentiality, but staff sometimes interpret GDPR too cautiously. This can delay information sharing between agencies, especially in safeguarding situations where quick communication is essential. Therefore, although administrative frameworks promote safety, they rely heavily on organisational support, training and realistic workloads.

Collaborative working is another area where theory and practice often differ. MDT models emphasise shared decision making and equal access to information (Reeves et al., 2010), but services frequently use different digital systems and have limited time for joint meetings. This can lead to fragmented care, where each professional works in isolation rather than as part of a coordinated team. In safeguarding cases like Mrs Thompson's, delays in communication can increase risk. The Care Act 2014 requires agencies to work together, but unclear roles, limited resources and organisational barriers often make collaboration difficult. The WHO (2021) also highlights how ageism can influence decision making, meaning older adults may not always receive timely or proactive support. This shows that collaboration is not just about policy; it depends on professional relationships, trust and a culture that values shared responsibility.

Overall, the theories and policies provide strong guidance, but they do not always match the realities of frontline care. Communication models assume predictable interactions, administrative frameworks assume ideal working conditions, and collaboration theories assume equal access to information. In practice, carers face time pressures, digital challenges and organisational barriers that limit their ability to follow best practice. Improving safety for people like Mrs Thompson requires more than policies, it requires investment in training, better digital systems, realistic workloads and stronger inter agency communication.

6. Conclusion

This report has shown the importance of effective communication, strong administrative skills and collaborative working in delivering safe, person centred care for Mrs Thompson. Communication adapted to her cognitive needs promotes dignity, informed decision-making and medication adherence while ensuring compliance with the Equality Act 2010. Good administrative practice, including accurate documentation, secure information management and incident reporting, supports patient safety, continuity of care and legal accountability under the Data Protection Act 2018, UK GDPR, Care Act 2014 and Health and Social Care Act 2008. Collaborative working between the GP, community nurse, pharmacist, domiciliary carers, safeguarding team and family members enables comprehensive assessment, coordinated intervention and timely decision-making. Collectively, these professional practices reduce the risks associated with medication errors, self neglecting and avoidable hospital admissions while promoting Mrs Thompson's independence and wellbeing

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