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Effective communication is crucial when assisting older adults with dementia, like Mrs. Thompson. Individuals with mild dementia often struggle with memory, comprehension, and decision-making, affecting their ability to handle daily tasks on their own. This is why those with dementia need extra care and attention; their physical and mental conditions make them particularly vulnerable. Having someone nearby to offer support is vital to prevent them from becoming completely vulnerable and disoriented. The NHS (2025) advises healthcare professionals to use straightforward, simple language and to allow enough time for the person to process information and respond. Research by Maidment et al. (2017) also underscores the difficulty of managing complex medication routines in the community for people with dementia. The Equality Act 2010 is a significant piece of legislation in supporting Mrs. Thompson. Under this Act, dementia is acknowledged as a disability, obligating health and social care professionals to make 'reasonable adjustments' in their communication and care delivery. The NHS (2025) suggests practical changes like speaking slowly, using short sentences, and offering written or visual reminders to aid memory. For Mrs. Thompson, these changes are essential as her mild dementia affects her ability to remember important details, such as her medication schedule. Without these adaptations, she may become more confused and at higher risk, as evidenced by an incident where she was found outside in inappropriate clothing. Therefore, applying the principles of the Equality Act ensures that Mrs.

The Role of Technology in Modern Dementia Care*

In recent years, technology has become a key tool in monitoring people with dementia. Smart home systems can now learn a person's daily routine and send alerts if there are unusual changes, such as not opening the fridge or not using the bathroom. GPS tracking devices are widely used to prevent wandering, which is one of the most dangerous behaviors in Alzheimer's patients. Additionally, artificial intelligence is being used to analyze speech patterns and facial expressions to detect early signs of confusion, anxiety, or depression. Telehealth platforms also allow doctors and caregivers to have regular virtual appointments, reducing the need for hospital visits. However, it is important to balance technology with human care. Devices should support, not replace, family interaction and professional support. The main goal of technology is to increase safety while respecting the person's independence and privacy.

That is why direct communication with the family of a patient undergoing treatment for dementia or Alzheimer's is extremely important; the patient is in a vulnerable situation, and attention and care must be redoubled at this time. Managing the care of a patient with dementia requires a strong support network—not only from the family but also from the local community, the local health center, and the family doctor—since the patient will need every possible form of care to ensure dignified, high-quality treatment. Early diagnosis allows for faster treatment, and today's technologies have made it much easier to provide such dignified, quality care to patients.

Thompson receives fair and accessible support tailored to her needs. Beyond verbal communication, practical strategies are necessary to assist Mrs. Thompson in remembering her medication. Banerjee (2009) stresses the importance of regular medication reviews for individuals with dementia to ensure treatments remain safe and suitable. Research by Maidment et al. (2017) found that informal carers often feel burdened by managing complex medication routines and frequently lack support from healthcare professionals. For Mrs. Thompson, who lives alone and recently missed her medication for two days, using tools like a dosette box, medication reminder charts, and visual prompts could be very beneficial. The NHS (2025) emphasizes the need for effective communication, which also involves collaboration with carers and other professionals supporting Mrs. Thompson. Although she lives alone, the NHS (2025) recommends including family members, friends, and formal carers in care discussions to offer additional support and reassurance. Maidment et al. (2017) highlight that medication management in the community often depends on informal carers and that healthcare professionals can be unaware of the challenges involved. In Mrs. Thompson's case, improved communication between the GP, home carers, and council staff could have prevented the incident where she was found outside in cold weather wearing inappropriate clothing. Clear and respectful information sharing ensures that everyone involved understands Mrs. Thompson's needs and can respond quickly if problems arise. Accurate record-keeping is essential in ensuring Mrs. Thompson's safety and continuity of care. The Data Protection Act 2018 mandates that all health information about Mrs. Thompson is stored securely and shared only with relevant professionals like her GP, nurses, and home carers. Research by Maidment et al. (2018) found that medication management for people with dementia in primary care is complex and that home-based medication reviews can help identify problems early. For Mrs.

Thompson, keeping clear records such as a MAR chart and notes about missed doses allows the care team to monitor patterns and implement support before another risk occurs. Therefore, good administration and record-keeping protect both Mrs. Thompson and the professionals involved in her care. The use of a Medication Administration Record, or MAR chart, is a key component of safe medication administration for Mrs. Thompson. The MAR chart provides a legal record of which medications have been given, by whom, and at what time, helping reduce errors. The NHS (2025) advises that clear documentation supports continuity of care, especially for people with memory issues. In Mrs. Thompson's case, if a MAR chart had been used and checked regularly, the two days of missed medication could have been identified sooner and reported to her GP. However, confidentiality must also be considered. Under the Data Protection Act 2018, any information recorded about Mrs. Thompson's health must be kept secure and shared only with professionals directly involved in her care. Therefore, accurate and confidential record-keeping is essential to protect Mrs. Thompson from harm and to ensure all members of the care team have up-to-date information. Record-keeping is also important for supporting carers involved in Mrs. Thompson's medication management. Aston et al. (2017) found that informal carers often feel stressed and unsupported when responsible for complex medication routines, particularly when communication from healthcare professionals is poor. The NHS (2025) recommends providing carers with clear written information and keeping records of any training or support provided. For Mrs. Thompson, who lives alone, any home carers or family members assisting her must have access to accurate records to understand what medication she should take and when. Without proper documentation, carers may become confused, increasing the risk of mistakes. Therefore, good administration includes maintaining records not only for Mrs. Thompson but also to support and protect the carers involved in her care. Finally, regular review and documentation of medication are essential to ensure Mrs. Thompson's treatment remains safe. Maidment et al. (2018) suggest that home-based medication reviews involving pharmacists and GPs can help identify problems like missed doses or side effects early. For Mrs. Thompson, arranging a medication review at her home could help simplify her routine and reduce the risk of further missed doses. The NHS (2025) highlights the importance of working collaboratively to support Mrs. Thompson's health, safety, and well-being. Individuals with dementia often have complex needs that cannot be met by one professional alone. Maidment et al. (2018) found that medication management for older people with dementia in primary care requires input from GPs, pharmacists, nurses, and social care staff and that poor communication between these groups can lead to errors and missed care. In Mrs. Thompson's case, the incident where she was found outside in cold weather and the two days of missed medication suggest that information was not being shared effectively between the GP, home carers, and council services. The NHS (2025) emphasizes that effective collaborative working requires each professional to understand their role in supporting Mrs. Thompson. The GP is responsible for prescribing and reviewing medication to ensure it remains appropriate for her condition, as highlighted by Banerjee (2009). Community pharmacists can support by providing medication advice, conducting medication reviews at home, and supplying tools like dosette boxes. Nurses and home carers play a crucial role in administering medication, observing Mrs. Thompson's well-being, and reporting any concerns. Social care workers and council staff can assist by ensuring her safety at home and in the community. In conclusion, collaborative working offers numerous benefits for Mrs. Thompson's care. When professionals communicate and share information, the risk of errors such as missed medication or appointments is reduced. Collaborative working also alleviates pressure on individual staff and

carers by distributing responsibilities across the team. Maidment et al. (2018) emphasize that joint efforts between health and social care enhance outcomes for people with dementia by ensuring support is coordinated and consistent. For Mrs. Thompson, this means her GP, pharmacist, nurses, carers, and council staff can all contribute to keeping her safe at home and in the community.

References

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