

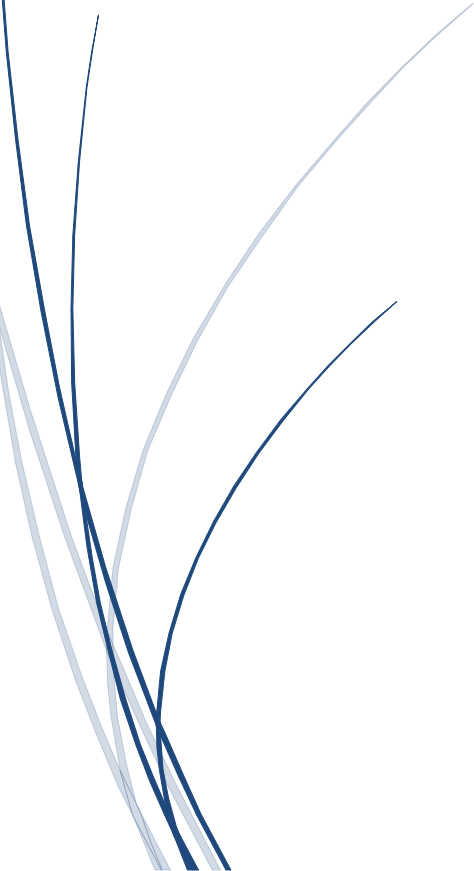


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Module: Introduction to Health and Social Care - LCHS4003

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Introduction (Glasby, 2017; Equality Act 2010; Data Protection Act 2018)

This report looks at how we communicate, keep records and work with other agencies, focusing on how these processes affect people. Mr. Ahmed, a 68 year old Bengali man was recently discharged from hospital after a stroke. He lives in a ground floor flat with his wife, who helps in communication due to his limited English language. For his personal care domiciliary care agency supports medication and meals three times daily. A GP and district nurse check blood pressure and wounds twice a week, a speech therapist helps with communication and eating. If the agency misses visiting it delays medication than investigation takes place. It covers communication, referring to the Equality Act 2010 (Equality Act 2010) and a communication model, record keeping under the Data Protection Act 2018 (Data Protection Act 2018) and plans for teamwork between the agencies. This points out challenges in health and social care, including cultural and language barriers, administrative lapses and the importance of organized working to protect patient health. (Glasby, 2017)

1. Importance of Effective Communication in Mr Ahmed's Care (Equality Act 2010; Redley et al., 2019; Berlo, 1960; Glasby, 2017)

Good communication is one of the most important parts of looking after someone properly, especially when have a serious stroke. In Mr. Ahmed's case, his recent stroke created communication difficulties, including dysphagia (swallowing problems) and expressive aphasia, this is more difficult since he speaks Bengali, not English. When communication is not clear, patients miss their medication. This can lead to problems like hypertension, aspiration pneumonia due to swallowing difficulties and confusion about exercises to help recovery. These cause delays, more hospital appointments and loosen his confidence in the care team.

Communicating with Mr. Ahmed and his family requires understanding of language, cultural, and health related barriers. The core principles of the Equality Act 2010 assign that public services reduce discrimination and make reasonable adjustments for individuals such as cultural background and disability (Equality Act 2010). Redley et al. (2019) show that making reasonable changes under the Equality Act 2010 remains difficult for adults with disabilities, that result in a performance gap. For Mr. Ahmed, this means providing fair access to information without assuming they understand English. Booking professional Bengali interpreters via telephone or video (for example, Language Line services), delivering translated leaflets on

stroke recovery and diet in Bengali script, using simple English with brief sentences and visual like picture exchange boards or apps (for example, Proloquo2Go) during sessions with the physiotherapist. Family involvement is important, especially his wife. As she speaks limited English, she should not be the main interpreter. Different interpreters should be used to avoid tiredness. She can still be included in three-way discussions with professionals so everyone understands the care plan.” Respecting Bengali customs, such as family decisions and modesty (like using same gender carers for personal care), helps Mr. Ahmed feel understood and respected.

Berlo's SMCR model (Berlo, 1960) gives a simple structure for communication. The carer (Source) explains things clearly, like wound care, so that Mr. Ahmed can understand and follow the instructions. The Channel visual charts, gestures, or interpreter support must suit his language needs. The Receiver (Mr. Ahmed and family) translates it, providing feedback like checking by asking back ("Can you show me how to do this?"). For instance, a nurse explains medication timing, makes sure he understands by asking Mr. Ahmed to point to the correct image.

In summary, effective communication empowers Mr. Ahmed's recovery, reduces errors and supports his right to make choices. Despite challenges like time resource shortages, focusing on reasonable adjustments and models like SMCR confirms safe care that honours his cultural identity (Glasby, 2017).

2. Importance of Good Administrative Skills in Professional Practice in Mr Ahmed's Care (Data Protection Act 2018; Thomson et al., 2024)

Strong administrative skills are important for good practice in health and social care, especially when caring for Mr. Ahmed. Administration is not simply about paperwork, it supports safe, fair, and supervised services. Record keeping, agreement with laws and following rules keeps care legal and personal.

Record Keeping in Health and Social Care

Record keeping is a fundamental administrative responsibility. Care records clearly show the measurements, mediations and results, making it consistent care through different professionals and agencies. Making sure Mr. Ahmed's care requirements, personal choices and medical

history are recorded and accessible reduces missed appointments or duplicate treatments. Records provide evidence to both patients and staff if problems arise, which makes them very important for responsibility. Poor record keeping can make safety at risk, reduce trust and cause legal problems for the service. (Thomson et al., 2024)

Data Protection Act 2018 and GDPR Principles

The Data Protection Act 2018, aligned with the General Data Protection Regulation (GDPR), explains how personal data should be managed in the UK. (Data Protection Act 2018) Health and social care professionals must apply its principles when managing Mr. Ahmed's information. These principles include lawfulness, fairness, transparency, accuracy, storage limitation and confidentiality. For example, Mr. Ahmed's medical records must only be shared with professionals directly involved in his care and only for official reasons. Safe storage, whether electronic or paper based prevent unauthorized access. Data security violations not only harm individuals but can result in fines for organizations.

Policy Frameworks Supporting Practice

Frameworks like the Care Quality Commission (CQC) standards and NHS Digital guidelines focus the importance of good administrative skills. Staff must manage information safely, communicate and keep records. This means staff need training to use systems correctly, follow rules and make sure information is recorded properly. Good administrative skills help staff follow rules and protect service users and staff.

Impact on Mr Ahmed's Care

Mr. Ahmed's safety is supported by good administration. His information is protected, his needs are shared and his care is managed with other agencies. When administration is weak, like missing a visit, it causes serious problems. By following the Data Protection Act 2018 (Data Protection Act 2018) and policies, staff can stay reliable, maintain trust and provide care that is fair, respectful and responsible.

In summary, administrative skills are connected to professional practice. Record keeping and data protection safeguard individuals like Mr. Ahmed, improve the care system and ensure that services meet both legal and ethical standards. By embedding these practices, health and social care professionals create a foundation for safe, effective and personalised care.

3. Importance of Working Collaboratively with Other Professionals in Mr Ahmed's Care (Atkinson, Doherty and Kinder, 2001; Orr et al., 2025; Thomson et al., 2024; Data Protection Act 2018)

Providing complete support is necessary in Mr. Ahmed's care to merge skill from the GP, district nurses, domiciliary workers and speech therapists. Teamwork helps make sure all of Mr. Ahmed's needs such as medical care, personal support and rehabilitation. This also stops gaps in care that could result in mistakes such as a missed visit. Atkinson, Doherty and Kinder (2001) found that working with multiple agencies needs clear communication, Working together with common goals and strong commitment.

Ways to improve teamwork include fixing shared objectives through regular meetings where different professionals talk about the patient's progress and update the care plan. For example, in a care meeting the nurse can plan wound care while the therapist plans swallowing exercises, and the care agency can share information about his daily routine. Training together can also help staff understand each other's roles better and helps them work more efficiently.

Common problems when different agencies work together include difficulty in talking and sharing information, having different goals (for example, one agency may focus on short term tasks while therapists focus on long term recovery) and not having enough resources like money or staff. Sometimes, doctors have more effect in meetings, which makes it harder for social care workers to be noticed. Keeping information separate because of privacy rules can make it hard to share important details. (Orr et al., 2025)

Agencies can fix these problems by following rules, like keeping shared care records safely the Data Protection Act 2018 (Data Protection Act 2018) to keep information safe. GP can make sure everyone is responsible and help solve disputes. Spending time together in the same place or talking online helps people trust each other and share information. Agencies can spot problems early by using feedback. (Thomson et al., 2024) Working together helps Mr. Ahmed feel less lonely, helps him recover faster and gives support to his family.

Conclusion (Equality Act 2010; Data Protection Act 2018; Atkinson, Doherty and Kinder, 2001; Glasby, 2017; Thomson et al., 2024)

This report looked at important parts of Mr. Ahmed's care and shows how good communication, proper record keeping and teamwork all work together to give quality health and social care. Communication, following the Equality Act 2010 (Equality Act 2010) and uses models like Berlo's SMCR (Berlo, 1960), which helps everyone. Keeping records safely under the Data Protection Act 2018 (Data Protection Act 2018) protects information and makes care safer. Working with different agencies improves meet complex needs, but it needs plans to handle problems (Atkinson, Doherty and Kinder, 2001). These ideas agree with what the module teaches about UK care, teamwork and following the law (Glasby, 2017). Problems like a missed visit show the pressure on the system, but following rules helps services stay strong. These areas helps make care fair, safe and allow people like Mr. Ahmed and supports a strong care system (Thomson et al., 2024).

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