

LCHS4003

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## **Introduction**

This report is based on a case study of Mrs Thompson who is an 84-year old woman who was recently discharged from hospital due to pneumonia. She is in sheltered housing and is provided with domiciliary care twice a day. Mrs Thompson has mild dementia and has recently not been getting her medication on time, so there are some key issues to be raised about safety, communication, the keeping of records and collaborative working. Her presence outside in cold weather, without appropriate clothing, also indicates that she has a need for a thorough review of her health and social care needs by health and social care professionals. This report will explore the significance of the effective communication with Mrs Thompson and her family, good administrative skills and keeping accurate records and the importance of working collaboratively with other professionals, such as the GP, community nurse, domiciliary care workers and local council. These areas are crucial factors to encourage person centred care, dignity, wellbeing and safer support for Mrs Thompson.

## **1. Effective Communication in Mrs Thompson's Care**

### **1.1 Importance of Effective Communication**

Communication is important to Mrs Thompson's care as it helps to ensure safety, dignity, trust and person centred practice. Mrs Thompson is an 84 year old woman with a mild dementia, who has recently been discharged from hospital following pneumonia. She has not taken two days of her medication and as a result she was more confused; she was also discovered outside in the cold without adequate clothing. It is clear that there is a need for communication between Mrs Thompson, her family and the professionals caring for her, as these concerns indicate. Without adequate communication, these crucial risks could be overlooked and have an impact on Mrs Thompson's health and wellbeing (Seaman et al., 2017).

### **1.2 Communicating with Mrs Thompson**

In communicating with Mrs Thompson, care workers are expected to be calm, respectful and person centred. She may become confused or not remember details, especially because she has mild dementia and might not be able to understand detailed explanations. Hence, professionals should communicate in simple terms, slow their speed of speaking, not rush her, and ensure she has understood what has been said. Listening and using good body language with offering time to respond are key elements of communication and should be encouraged, as suggested by NHS guidance for dementia communication (Sharkiya, 2023). This is because Mrs Thompson might

require multiple explanations about her medication, care and/or why health and other professionals are concerned about her safety.

### 1.3 Communicating with Family Members

It is also important to communicate with family members as they will be used to Mrs Thompson's normal behaviour, preferences, routine and indicators of deterioration. Family members may help professionals determine if she's becoming more confused or if she requires more assistance with medication and daily activities. It is important to also respect Mrs Thompson's confidentiality, consent and right to be part of decisions regarding her care by the professional. This means that information should be distributed in an appropriate manner and to those who need it to know (Engel et al.,2023).

### 1.4 Equality Act 2010

The Equality Act 2010 is applicable because the act fosters equality and safeguard individuals from discrimination, which includes age and disability related discrimination. Mrs Thompson might find it difficult to communicate and make decisions, reasonable adjustments are needed to enable her to understand and participate. These may involve breaking information into smaller chunks, reminders, increased time during discussions and incorporating familiar people as appropriate. This will ensure that Mrs Thompson is treated fairly and with dignity (Martin et al., 2024) .

### 1.5 Communication Model (e.g., SBAR or Shannon and Weaver)

Situation, Background, Assessment, and Recommendation (SBAR) is a helpful communication model for this scenario. SBAR can facilitate professionals to exchange information in a clear and consistent manner (Parker, 2022). For example, a domiciliary care worker may report the fact that Mrs Thompson has forgotten to take her medication, explain how her dementia and pneumonia develop, identify that she seems more confused and suggest she needs a medication review or needs to see an urgent GP follow up(Thomas ,2023). This systematic strategy diminishes the ambiguity in the communication and aids professionals in quickly reacting to risks. Effective communication is important overall to ensure that Mrs Thompson is safe, supported to be independent and that that all professionals understand her needs(Salman et al.,2024).

## 2. Administrative Skills and Record Keeping in Mrs Thompson's Care

### 2.1 Importance of Administrative Skills

Mrs Thompson's care will rely on good administrative skills in order to offer safe, organised and responsible care. Health and social care: Accurate administration involves filling in care records,

medication records, incident records, referrals and review notes. This is particularly important for Mrs Thompson as she is mildly demented, has missed two days' medication and was found outside on cold weather without appropriate clothing. These events demonstrate the need to identify her care needs and monitor them.

## 2.2 Record Keeping in Professional Practice

Record keeping is an important aspect of working practice as it gives evidence of what has occurred and what further support has been provided and is required. In the case of Mrs Thompson the missed dose should be documented correctly, any possible reason given, how the confusion was affected by the missed dose, and what was done with it. Incident process is in use and a medication review request has been made. This facilitates continuity of care as the GP, community nurse, domiciliary care workers and local council are aware of these risks and take appropriate action (Haddad et al., 2022).

## 2.3 The Data Protection Act 2018

The Data Protection Act 2018 is significant as it ensures that Mrs Thompson's personal and health-related information is processed lawfully, fairly and securely. Only information that is relevant and accurate should be documented by professionals, it should be kept confidential and only shared with those who need it for her care. For example, information about her not taking medication or her dementia should not be discussed with other people, but with the GP or community nurse, so that her wellbeing is maintained (Shahid et al., 2022).

## 2.4 Relevant Legislation and Policy Frameworks

Safeguarding procedures, medication management policies, guidance on professional record keeping etc. also apply. These contribute to ensuring that concerns are not overlooked and risks raised appropriately. Mrs Thompson is well protected by good administrative practice overall which helps to ensure safe medication management, good communication between services, legal compliance and person-centred care.

# 3. Collaborative Working in Mrs Thompson's Care

## 3.1 Importance of Collaborative Working

Mrs Thompson's needs are not answered by one professional, collaborative working is important. She has mild dementia and has forgotten to take her medication and has on a number of occasions been found outside in cold weather without suitable clothing, thus the importance of risk reduction and supporting her wellbeing by professionals working together. The GP may review

her medication, the community nurse may monitor her health after she has had pneumonia, the domiciliary care workers may monitor her daily life and the local council may review her care needs and safeguarding issues (Shimbire and Tanga., 2024).

### 3.2 Approaches to Effective Collaboration

Regular communication, shared care plans, clear roles, accurate records and multi-disciplinary meetings are all ways in which effective collaboration can be facilitated. If domiciliary care staff or other staff working with Mrs Thompson notice she is becoming more confused, or forgets her medication, this should be reported promptly to the GP/community nurse. Collaborative information enables better decisions and missing issues are avoided. But multi-agency working can be difficult because of communication problems, late information sharing, divergent professional agendas and communication of confusion regarding responsibilities. Agreed care plans, structured communication tools (SBAR), clear pathways, timely updates, and agreed pathways can help to minimize these challenges. Collaborative working supports Mrs Thompson to receive coordinated, person-centred and safe care overall (Martin and Dixon-Woods 2022).

### Conclusion

Finally, Mrs Thompson provides a good example of the importance of effective communication, good administrative practice and collaborative working in health and social care. Good communication helps professionals to grasp her needs, uphold her dignity and engage her and her family appropriately. Using the correct data protection principles and accurate record keeping helps to ensure medication concerns, incidents and safeguarding risks are managed safely. There is also a need for collaborative working between the GP, community nurse, domiciliary care workers and the local council as Mrs Thompson has more complex needs. In general, these working practices contribute to safer, person-centred working and enhance Mrs Thompson's wellbeing.

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