

Component 2: Written Assignment

Communication, Record Keeping and Multi-Agency Working in Health and Social Care

Student Name: Oladimeji Majolagbe

Student Number: 2533086

Module: Introduction to Health and Social Care (LCHS4003)

Lecturer: Muhammad Aliyu

Assignment Title: Component 2: Written Assignment

Introduction

Effective communication, accurate record keeping and collaborative working are essential to safe, person-centred health and social care. This is particularly important when supporting older people who have complex or changing needs. Mrs Thompson is 84 years old and has recently been discharged following pneumonia. She lives in sheltered housing and has mild dementia. After missing medication, she became confused and was later found outdoors wearing inappropriate clothing. These events indicate that her health and safety needs require careful monitoring and effective communication between professionals. This report examines how effective communication can support Mrs Thompson, how accurate administrative and record-keeping practices are affected by data-protection requirements, and how health and social care professionals can work collaboratively to provide coordinated care. The Equality Act 2010, Data Protection Act 2018, Care Act 2014 and Human Rights Act 1998 provide important legal frameworks for these areas, while Argyle's communication cycle offers a useful model for understanding effective communication.

1. Effective Communication

Effective communication is important because it enables care professionals to understand a service user's needs, preferences, concerns and wishes. For Mrs Thompson, communication needs to be adapted to her age, mild dementia and possible confusion following her recent illness. The Equality Act 2010 protects people from discrimination on characteristics including age and disability. This means professionals should not make assumptions about Mrs Thompson's abilities simply because she is older or has dementia. Instead, communication should be adapted to provide her with a fair opportunity to understand information and participate in decisions about her care (Equality Act 2010).

Person-centred communication could include using short and clear sentences, avoiding unnecessary medical terminology, speaking at an appropriate pace and allowing Mrs Thompson sufficient time to respond. The professional should maintain appropriate eye contact, observe her body language and check whether she appears confused or distressed. Visual prompts, written reminders or other communication aids could also be useful where appropriate. These adaptations are consistent with person-centred practice because they respond to the individual's communication needs rather than expecting the individual to adapt to the professional (Glasby, 2017).

Argyle's communication cycle provides a useful way of applying these principles. The model describes six stages: an idea occurs, the message is coded, the message is sent, the message is received, the message is decoded and the message is understood. Communication then continues through feedback and further interaction. Argyle's model emphasises that communication is a two-way process and that the sender needs to adapt their behaviour according to how the receiver responds.

For example, if a domiciliary carer wants to explain to Mrs Thompson that she must take her medication at a particular time, the carer first decides what information needs to be communicated. The message is then coded into language that Mrs Thompson can understand, rather than using complicated terminology. After the message is delivered, the carer should observe how she responds and check her understanding. Asking Mrs Thompson to explain the instructions in her own words can help identify whether the message has been understood. If she appears confused, the carer can simplify or repeat the explanation. This is particularly important because dementia may affect memory, concentration and the ability to process information.

Effective communication should also involve appropriate communication with relatives and other professionals, while respecting Mrs Thompson's confidentiality and decision-making rights. Information should not automatically be disclosed to family members without considering consent, capacity and the legal basis for sharing it. The Human Rights Act 1998, particularly the right to respect for private and family life under Article 8, reinforces the importance of respecting a person's privacy. Communication should therefore be open and supportive without unnecessarily disclosing confidential information.

2. Administrative Skills: Record Keeping and Data Protection

Accurate record keeping is an essential administrative responsibility in health and social care because records provide evidence of what has happened and allow professionals to make informed decisions. In Mrs Thompson's case, documenting her missed medication and the

incident in which she was found outdoors is particularly important. A timely and accurate record allows staff on different shifts and professionals from different organisations to understand changes in her condition and respond appropriately.

The Data Protection Act 2018 forms part of the UK's legal framework for protecting personal information. The legislation works alongside the UK GDPR and includes requirements concerning the lawful and secure processing of personal data. Important principles include accuracy, purpose limitation, data minimisation, storage limitation and security. Health information is especially sensitive and therefore requires appropriate safeguards (Data Protection Act 2018).

The accuracy principle is particularly relevant to Mrs Thompson. Records should be factual, complete and kept up to date. For example, a care worker should record when medication was missed, what action was taken and any changes observed in Mrs Thompson's behaviour. Entries should be made as soon as reasonably possible rather than relying on memory later. Accurate records help prevent misunderstandings and allow healthcare professionals to recognise patterns, such as repeated missed medication or increasing confusion.

The principle of data minimisation also applies. Staff should only record or share information that is relevant and necessary for the purpose for which it is being used. At the same time, information that is necessary for safe care should not be omitted. In Mrs Thompson's case, relevant information about medication, health changes, risks and care needs may need to be shared with the GP, domiciliary care service and local authority. The information should be shared through appropriate secure systems and only with professionals who have a legitimate reason to receive it.

The Information Commissioner's Office emphasises transparency in health and social care, explaining that people should be informed about how and why their personal information is being used. This is important for maintaining trust between service users and professionals (ICO, 2024).

Confidentiality must also be maintained. Staff should not discuss Mrs Thompson's health information in inappropriate public settings or leave paper or electronic records accessible to unauthorised people. Organisations should provide staff with training and policies covering confidentiality, secure record keeping and information sharing.

Good record keeping also supports continuity of care. Mrs Thompson may receive support from different carers, nurses and healthcare professionals. A clear record means that each professional can understand what has already happened and what action is required next.

This reduces the risk of duplicated work, conflicting instructions or important information being missed. Therefore, administrative skills are directly connected to patient safety rather than being simply clerical responsibilities.

3. Working Collaboratively with Other Professionals

Multi-agency working is essential when an individual has needs that cannot be effectively managed by one professional or organisation alone. The Care Act 2014 places a general duty on local authorities and relevant partners to cooperate in relation to adults with care and support needs. The Act also identifies cooperation with organisations providing health and care services as important to supporting adults and improving their wellbeing (Care Act 2014).

Mrs Thompson could benefit from coordinated input from her GP, community nurse, domiciliary care workers and local authority services. The GP could review her medication and investigate whether her recent confusion is associated with her medication, recovery from pneumonia or another health problem. A community nurse could monitor her recovery and identify further deterioration. Domiciliary carers are particularly important because they may observe Mrs Thompson frequently and can identify changes in her behaviour, medication adherence or ability to manage daily activities.

A shared care plan can help clarify each professional's responsibilities, the risks identified and the actions that need to be taken. Regular multidisciplinary discussions can also allow information to be exchanged and problems to be addressed before they become more serious. Partnership working literature emphasises that effective integrated care requires professionals and organisations to work across traditional boundaries rather than operating independently (Glasby and Dickinson, 2014).

However, collaboration can be affected by barriers such as unclear responsibilities, poor communication, different organisational procedures and concerns about information sharing. These problems can be reduced through clear roles, agreed communication routes, secure information-sharing arrangements and regular multidisciplinary meetings. Joint training can also help professionals understand the responsibilities and expertise of other agencies. Most importantly, Mrs Thompson's safety and wellbeing should remain the shared focus of all professionals involved.

Conclusion

Effective communication, accurate record keeping and multi-agency collaboration are essential when providing safe and person-centred care to Mrs Thompson. Because she is an

older person with mild dementia and has recently experienced illness, professionals need to adapt communication so that information is clear, accessible and understood. Argyle's communication cycle demonstrates the importance of adapting messages and checking understanding rather than assuming that communication has been successful. Accurate and secure records are equally important because information about missed medication, confusion and changes in behaviour must be available to those responsible for her care while remaining confidential. Finally, the Care Act 2014 supports cooperation between health and social care organisations, allowing professionals to combine their knowledge and coordinate support. Clear responsibilities, effective information sharing and regular communication between agencies can reduce gaps in care and help protect Mrs Thompson's safety, independence and wellbeing.

References

- Care Act 2014, c.23. London: The Stationery Office. Available at:
<https://www.legislation.gov.uk/ukpga/2014/23> (Accessed: 15 August 2026).
- Data Protection Act 2018, c.12. London: The Stationery Office. Available at:
<https://www.legislation.gov.uk/ukpga/2018/12> (Accessed: 15 August 2026).
- Equality Act 2010, c.15. London: The Stationery Office. Available at:
<https://www.legislation.gov.uk/ukpga/2010/15> (Accessed: 15 August 2026).
- Glasby, J. (2017) *Understanding Health and Social Care*. 3rd edn. Bristol: Policy Press.
Available at: <https://doi.org/10.51952/9781447331247> (Accessed: 15 August 2026).
- Glasby, J. and Dickinson, H. (2014) *Partnership Working in Health and Social Care: What is Integrated Care and How Can We Deliver It?* 2nd edn. Bristol: Policy Press. Available at: <https://doi.org/10.56687/9781447318743> (Accessed: 15 August 2026).
- Human Rights Act 1998, c.42. London: The Stationery Office. Available at:
<https://www.legislation.gov.uk/ukpga/1998/42> (Accessed: 15 August 2026).
- Information Commissioner's Office (ICO) (2024) *Transparency in Health and Social Care*.
Available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-protection-principles/transparency-in-health-and-social-care/> (Accessed: 15 August 2026).