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Task 1: Reflection on the Importance of Principles of Health and Social Care

Introduction:

Good care is not only about meeting someone's physical needs. It also depends on whether the person is listened to, whether information is shared properly and whether decisions are made fairly. Person-centred care, partnership working and ethics are closely connected, even though they are often discussed as separate principles.

Person-Centred Care

Person-centred care begins with the individual rather than the diagnosis. The Social Care Institute for Excellence (no date) describes it as recognising people as individuals and placing them at the centre of their own care and support. This matters because two people with the same condition may want very different things from staff. Kitwood's (1997) work on dementia care also focused on protecting a person's identity and sense of worth, even when memory or communication has changed. In practice, this means looking beyond whether tasks have been completed. A resident may receive their meals and medication on time but still have little control over their day. Maslow's (1943) hierarchy of needs helps explain why this matters. Physical safety may be covered, while belonging and a sense of independence are overlooked. A resident who is never asked what they want to wear or when they would like to get up may be safe, but they may not feel respected.

Partnership Working

Partnership working is needed because no single worker has a complete understanding of a person's needs. Care staff see the resident daily, while relatives may know what is normal for them and what usually causes distress. A GP or nurse may understand the medical side but know less about the person's routine. The Social Services and Well-being (Wales) Act 2014 supports involving people in decisions about their care and encourages services to work together. However, partnership does not happen automatically because several people are involved. A rushed handover may mean that a change in behaviour is missed. Relatives may also be given different information by different members of staff. Good partnership

depends on clear records and knowing who is responsible for following up a concern.

Ethics

Ethics becomes most noticeable when there is no perfect answer. A resident may want to do something staff consider unsafe, such as walking without support. Respecting autonomy means taking that choice seriously, while beneficence requires staff to consider the person's welfare. Beauchamp and Childress's (2019) principles can help workers think through this conflict, although they do not produce an automatic answer. The Social Care Wales Code of Professional Practice also expects workers to respect people's rights while helping them manage risks (Social Care Wales, 2026).

Outcomes and Interdependence

The outcomes of getting these principles right, or wrong, are not abstract. Genuinely person-centred care helps people feel respected and trust staff, supporting better wellbeing, whereas its absence can leave someone feeling controlled, leading to disengagement or a decline in confidence and independence. Effective partnership can mean a change in someone's condition is picked up early, whereas poor partnership can allow a situation to go unnoticed until it becomes a crisis. Ethical practice that balances autonomy with protection tends to preserve both safety and dignity, while a purely risk-averse approach may keep someone safe while undermining their sense of self.

These principles depend on each other. Understanding the person is difficult when information is not shared properly, and even a well-organised care plan can be unfair if the resident's own wishes are pushed aside.

Task 2: Practical Examples of Concepts in Practice

Description

A resident with moderate dementia, who had recently fallen twice, was being supported by care staff. Staff had asked her to use a walking frame, but she often left it behind and tried to walk without support. At first, this looked like a straightforward safety problem. The main concern was preventing another fall. However, restricting her movement without understanding why she resisted the frame would not have been fully person-centred.

Understanding the Resident's Perspective

Understanding what the frame meant to her was an important starting point. Her care plan and conversations with her family showed that she had been active for most of her life and strongly valued her independence. She appeared to see the frame as a sign that control was being taken away from her. Her dementia also meant that she did not always remember why it had been introduced. This shifted the focus of the response: rather than viewing her as uncooperative, staff began to consider whether their own approach was adding to her distress.

Partnership Working

Partnership working was needed to find a safer response. Care staff shared what they had noticed with senior colleagues, including when she seemed least steady. A physiotherapist assessed her balance and strength and considered whether another walking aid might suit her better. Her family explained how she usually reacted when she felt controlled or frightened. That information helped staff approach her more calmly and choose times when she was more willing to accept support.

Ethical and Legal Considerations

There was also an ethical issue. Staff had a duty to reduce the chance of harm, but the resident still had rights. The Mental Capacity Act 2005 states that capacity must be considered in relation to the specific decision being made. Dementia does not automatically mean that a person cannot make a decision about using a walking

frame. Following a decision-specific assessment led by an appropriate senior professional, she was considered able to understand the main risks and weigh up the possible consequences. This meant that her choice had to be respected, even though staff were still worried.

Balancing Safety and Autonomy

Respecting her decision did not mean ignoring the danger. The team kept pathways clear and offered support at times when she appeared less steady. Her footwear was also reviewed. The aim was to make walking safer without taking away her freedom completely. This approach reflects the Social Services and Well-being (Wales) Act 2014, which places emphasis on wellbeing and involvement in decisions. It also fits the Social Care Wales Code of Professional Practice, which expects workers to support people's rights while helping them manage risk (Social Care Wales, 2026).

Ongoing Risk Management

The main difficulty was that a fall is visible and must be recorded, while the emotional effect of losing independence is harder to measure. This can push staff towards the safest option for the service rather than the most balanced option for the resident. A better approach is to treat the risk assessment as an ongoing discussion. Staff should record what the resident wants and what alternatives have been tried, then note how she responds. Physiotherapy advice should also be sought before stricter limits are introduced.

Task 3: Self-Reflection as a Health and Social Care Professional

To structure this critical reflection, I have used Gibbs' (1988) Reflective Cycle, moving through description, feelings, evaluation, analysis, conclusion and action plan, applied to the example described in Task 2.

Description

The situation in Task 2 involved a resident with moderate dementia who had recently fallen twice and was resisting the walking frame introduced for her safety. As a relatively new member of staff, I was involved in noticing her behaviour, sharing what

I had observed with senior colleagues, and taking part in the wider conversation with her family and a physiotherapist that followed.

Feelings

My first reaction was protective. After two falls, my instinct was that she should be encouraged to use the frame every time she stood up, and I felt uneasy watching her walk without it. Some of that unease was genuine concern for her safety, but some of it was concern about how another fall would reflect on the team. Once I understood more about what the frame meant to her, that unease did not go away, but it became harder to justify simply pushing the frame on her. I also felt a degree of relief once senior staff and the physiotherapist became involved, since the decision no longer rested on my judgement alone.

Evaluation

What went well was that the situation was not resolved by care staff alone. A decision-specific assessment was carried out by an appropriate senior, which meant her right to make this particular choice was properly established rather than assumed either way. Bringing in her family and a physiotherapist also meant the decision drew on a fuller picture of who she was, not just the risk in front of us. What went less well is that my own first instinct was closer to managing compliance than understanding the person, and it took a conversation with her family rather than my own observation, to shift that.

Analysis

Maslow's (1943) hierarchy of needs helps explain why the frame mattered so much to her. Using it met a physical safety need and overriding that in the name of safety risked meeting one need at the cost of another that mattered just as much, which fits Kitwood's (1997) argument that protecting a person's identity is part of good care rather than separate from it.

The legal framework mattered here too. The *Mental Capacity Act 2005* assumes capacity unless shown otherwise, and requires that it be judged against the specific decision in question, which is why a decision-specific assessment, rather than a general judgement based on her dementia diagnosis, was the right process to follow. This connects to Beauchamp and Childress's (2019) principle of autonomy, and to

beneficence, which here meant reducing harm within her choice rather than removing the choice altogether. The *Care Act 2014* and, in Wales specifically, the *Social Services and Well-being (Wales) Act 2014*, both place a duty on services to involve people in decisions about their own care, and the *Health and Care Act 2022*'s emphasis on closer working between health and social care services is reflected in how naturally the physiotherapist's input was brought into what could have stayed a purely care home decision. The Social Care Wales (2026) Code of Professional Practice expects workers to support people's right to take risks while helping them manage the risks that follow, which is close to the balance the team was trying to strike.

There is also a wider pressure worth naming. Care Inspectorate Wales (2025) frames good care around how people want to live, but a fall is the kind of incident that gets recorded and reviewed, while a resident's frustration at losing her independence rarely appears in any report. That imbalance nudges staff toward the more defensible option rather than the more balanced one, and noticing that pull in myself was as much a part of this reflection as understanding her perspective was.

Conclusion

Looking back, I could have reached a more balanced position sooner if I had asked why she was resisting the frame before deciding how to respond to that resistance. My tendency, especially this early in my career, is to treat safety as the default priority, and this situation showed me that safety and autonomy are not as often in competition as they first appear; they usually just need more information to be reconciled. I also learned that my own discomfort with a resident taking a risk is not, on its own, a good enough reason to override her choice.

Action Plan

Going forward, I want to ask about a resident's reasons before I ask about compliance, particularly in situations that look like straightforward safety issues on the surface. Working towards a Level 3 qualification would strengthen my understanding of mental capacity assessments, which I currently rely on more senior colleagues to lead. I also want to make more deliberate use of supervision, raising situations like this one while they are still unresolved rather than only once they have settled, and to look for opportunities to sit in on physiotherapy or best-interests

discussions rather than waiting to be included. Over time, I would like this kind of judgement, weighing risk against a person's autonomy, to depend less on a senior colleague talking me through it and more on a skill I have built for myself.

Conclusion

Person-centred care, partnership working and ethics are not separate boxes to tick; they depend on each other in practice. The example of a resident resisting her walking frame showed how quickly a straightforward safety concern can become a genuine ethical question once a person's history and preferences are properly understood, and how a decision-specific capacity assessment and the involvement of her family and a physiotherapist changed the quality of the decision that followed. Reflecting on this through Gibbs' (1988) cycle made clear that my early instinct, prioritising safety over autonomy, was not wrong exactly, but incomplete; good care meant holding both in balance rather than choosing between them. Applying these principles consistently, especially under time pressure, is likely to remain harder than understanding them in theory. Developing my knowledge of mental capacity law, using supervision more purposefully, and being more willing to ask why before I act are the concrete steps I intend to take to close that gap over the course of my career.

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