

Title: Case study: Mrs Thompson

Module: Introduction to Health and Social Care

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Assignment Title: Written Assignment – Case study of Mrs Thompson

Introduction

The contemporary United Kingdom health and social care system operates as a complex, multi-agency network designed to deliver holistic, person-centred care to vulnerable individuals. For complex community patients like Mrs Thompson an 84-year-old woman living with mild dementia, recovering from pneumonia, and facing critical safeguarding concerns – care cannot be managed effectively by an isolated agency (National Health Service [NHS], 2024). This report evaluates the structural origins and current operational challenges of the UK health and social care infrastructure. It examines the critical role of inter-professional collaboration between General Practitioners (GPs), community nurses, and domiciliary care workers under statutory frameworks such the *Care Act 2014* and the *Health and Care Act 2022*. Furthermore, this assignment analyses the paramount importance of effective communication strategies, utilizing Argyle's (1972) Communication Cycle and the core statutory principles of the *Equality Act 2010*. Ultimately, it demonstrates how integrated communication, record keeping under data protection laws, and proactive multi-agency intervention safeguard vulnerable service users while promoting their independence and individual wellbeing.

Effective Communication and Equality Principles

Effective communication serves as the fundamental foundation of safe, person-centred care, particularly when supporting individuals with progressive cognitive vulnerabilities (Social Care Institute for Excellence [SCIE], 2019). In the context of Mrs Thompson's care, her diagnosis of mild dementia and post-pneumonia confusion requires care professionals to adapt their communication style to ensure her safety and preserve her dignity. To analyse and optimize these clinical interactions, practitioners utilize the Communication Cycle framework developed by Argyle (1972), which conceptualizes communication as a dynamic, six-stages continuous loop: an idea occurs, it is encoded by the sender, transmitted, received by the recipient, decoded by the recipient, and followed by a clarifying reaction or feedback.

When communicating with Mrs Thompson regarding her daily routine or medical schedules, professional must carefully manage the encoding and transmission stages of the loop to accommodate her cognitive impairment (Argyle, 1972). For instance, rather than delivering complex, multi-step verbal explanations about her medication regimen, a domiciliary care worker must encode the message using short, clear, sequential sentences paired with visual prompts, such as a simplified dosage compliance aid. The worker must then closely monitor the final feedback stage –observing Mrs Thompson's facial expressions, processing speed, and body language – to confirm that the message was accurately decoded before concluding that she understands. Furthermore, this communication strategy must extend transparently to her family members to build an alliance of informal care that reinforces her safety net without overriding her remaining autonomy (The King's Fund,2022). Engaging the family ensures that subtle shifts in her cognitive baseline are noted quickly, preventing minor lapses from escalating into severe medical issues.

All communication interventions must strictly incorporate the core principles of the *Equality Act 2010*. Under this legislation, both her advanced age (84) and her clinical diagnosis of dementia qualify as protected characteristics, legally shielding her from discrimination and placing a Public Sector Equality Duty (PSED) on care providers to actively advance equality of opportunity (*Equality Act 2010*). A central tenet of the Act is the mandatory implementation of reasonable adjustments to remove institutional and physical barriers for disabled individuals (*Equality Act 2010*). In terms of communication, this means professionals cannot rely on rigid, uniform data – delivery methods. Care providers must adjust their environmental pacing, provide accessible written materials in large print, and accommodate her fluctuating cognitive capacity (NHS England, 2022). For example, scheduling critical medication reviews or clinical consultations during the morning when her cognitive performance is at its peak constitutes a practical reasonable adjustment. Upholding these statutory principles ensures that Mrs Thompson is treated with appropriate dignity, preventing her cognitive vulnerabilities from leading to systemic exclusion or institutional neglect.

Administrative Skills and Data Protection

Good administrative skills and rigorous documentation are not merely bureaucratic exercises; they are vital professional practices directly tied to clinical safety and safeguarding (SCIE, 2019). The breakdown in Mrs Thompson's care – where she missed two days of medication, experienced heightened confusion, and was discovered wandering outside in cold weather inappropriately clothed – highlights the severe consequences of administrative failures. Meticulous record – keeping ensures a continuous, reliable audit trail across organizational shifts, establishing clear accountability and allowing distinct care agencies to identify and respond to safety risk before they result in harm (The King's Fund, 2022).

Professional record – keeping within the health and social care sector is strictly governed by the *Data Protection Act 2018*, which integrates the rigorous standards of the General Data Protection regulation (GDPR) into UK law. This statute outlines core data processing principles that all practitioners must follow (*Data Protection Act 2018*). First information must be processed lawfully, fairly, and transparently. Second, data must be collected for specified, explicit, and legitimate purposes – such as documenting a medication to inform a subsequent clinical review. Third, data processing must follow the principle of data minimization, ensuring records are adequate, relevant, and strictly limited to what is necessary for care delivery. Finally, records must be accurate, contemporaneous, and stored securely to prevent unauthorised access or accidental loss (*Data Protection Act 2018*).

CORE DATA PROTECTION ACT 2018 PRINCIPLES

1. Transparency: Processed lawfully, fairly, and transparently.
2. Purpose: Collected only for specified, legitimate care goal.
3. Minimisation: Kept adequate, relevant, and limited to necessity.
4. Accuracy: Maintained accurate, precise, and fully up to date.

When domiciliary care worker first identified that Mrs Thompson had missed her medication, they were legally and professionally required to immediately log the event within the service's internal incident reporting system. This administrative action provides the essential contextual baseline required for the requested urgent medication review. While maintaining data confidentiality is a core legal duty, national policy frameworks – specifically the Caldicott Principles – explicitly state that confidentiality must never be used as a barrier to safe care or proactive safeguarding (SCIE, 2019). The seventh Caldicott principle establishes that duty to share information for direct care can be as important as the duty to protect patient confidentiality. Because Mrs Thompson was found wandering outside inadequately dressed, a formal multi – agency safeguarding alert was triggered, placing her case under active review by the local authority's adult social services team. This cross – agency information exchange is legally supported by section 42 of the *Care Act 2014*, which mandates a comprehensive safeguarding enquiry when an adult with care needs is experiencing, or is at risk of, abuse or self – neglect (*Care Act 2014*). Robust administrative recording ensures that the GP, community nurse, and local authority social workers have immediate access to identical, uncompromised data, enabling swift, legally compliant protective interventions.

Multi – Agency Collaboration and challenges

Managing the complex needs of a community patient like Mrs Thompson requires structured partnership working across diverse organizational boundaries (The King's Fund, 2022). Multi – agency collaboration synthesizes the distinct professional expertise of GPs, community district nurses, and domiciliary care workers into a unified protective network. The GP holds primary responsibility for clinical governance and medication adjustments; the community nurse delivers targeted secondary clinical interventions, such as monitoring respiratory recovery post – pneumonia; while twice – daily domiciliary care workers provide essential support with daily living tasks and observe immediate behavioural fluctuations (NHS England, 2022). This clear distribution of labour ensures holistic oversight, minimizing hazardous gaps in care.

However, multi – agency networks face persistent professional barriers, notably siloed organizational cultures, and conflicting institutional priorities (SCIE, 2019). Healthcare professionals often approach cases through a clinical, deficit – based medical model, whereas social care workers operate under social models centred on autonomy and daily function. This divergence can stall decision – making, as seen when a medication error occurs but communication channels between the home care agency and the primary care clinic remain separate.

To address and overcome these common challenges, teams must implement formal integration strategies. Regular Multi – Disciplinary Team (MDT) meetings must be scheduled

to establish a single, unified care plan for Mrs Thompson, ensuring all sectors agree on shared goals (The King's Fund, 2022). Professionals must use standardized communication frameworks, such as the SBAR (Situation, Background, Assessment, Recommendation) tool, to keep inter – agency updates objective and concise. Finally, utilizing shared digital health records breaks down information silos in real time, satisfying the collaboration mandates of the Health and Care Act 2022 and keeping the patient safely at the centre of practice.

Conclusion

In conclusion, managing the care of Mrs Thompson highlights that individual safety and wellbeing depend on the complete integration of the health and social care sectors. The historical division and modern operational pressures of the UK system can only be overcome through structured multi – agency collaboration (The King's Fund, 2022). Synthesizing the expertise of the GP, community nurse, and domiciliary care workers creates a reliable safety net for vulnerable individuals (NHS England, 2022). By applying Argyle's (1972) Communication Cycle and providing reasonable adjustments under the *Equality Act 2010*, professionals ensure that communication remains accessible, dignified, and person – centred. In addition, rigorous record – keeping and compliant information sharing provide the essential foundation needed to manage critical safeguarding incidents effectively (*Data Protection Act 2018*). Usually, adhering to these legal systems and professional communication standards empowers the multi – agency network to protect Mrs Thompson from harm, support her independence within sheltered housing, and preserve her primary human dignity.

Reference List

Argle, M., 1972. *The Psychology of Interpersonal Behaviour*. 2nd ed.
Harmondsworth: Penguin.

Care Act 2014, c. 23. London: The Stationery Office.

Data Protection Act 2018, c. 12. London: The Stationery Office.

Equality Act 2010, c.15. London: The Stationery Office.

Health and Care Act 2022, c. 31. London: The Stationery Office.

National Health Service, 2024. Dementia
Guide: Symptoms and Diagnosis. London:
NHS. Available at: www.nhs.uk [Accessed 16 July 2026].

NHS England, 2022. *Guidance on good governance and collaboration*. London: NHS
England. Available at: england.nhs.uk [Accessed 17 July 2026].

Social Care Institute for Excellence, 2019. *Safeguarding adults*: sharing information.
London: SCIE. Available at: scie.org.uk [Accessed 21 July 2026].

The King's Fund, 2022. *The Health and Care Act 2022: making sense of the legislation*.
London: The king's fund. Available at: kingsfund.org.uk [Accessed 20 July 2026].