



**Student name: Corazon Gallardo Parayno**

**Student ID: 2427265**

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**Lecturer name: Mark Kane**

## Table of Contents

|                                                                          |    |
|--------------------------------------------------------------------------|----|
| 1. Introduction.....                                                     | 1  |
| 2. Task 1: Understanding key principles in UK Health and Social Care.... | 2  |
| 2.1 Person-Centred Care.....                                             | 2  |
| 2.2 Partnership Working.....                                             | 3  |
| 2.3 Ethical Practice.....                                                | 4  |
| 2.4 Importance of These Principles.....                                  | 5  |
| 3. Task 2: Case Study-Dementia Care in UK Community Setting.....         | 6  |
| 3.1 Case Study Overview.....                                             | 6  |
| 3.2 Person – Centred Cre in Practice.....                                | 7  |
| 3.3 Partnership Working in Practice.....                                 | 8  |
| 3.4 Ethical Practice in Action.....                                      | 9  |
| 3.5 Critical Evaluation.....                                             | 10 |
| 4. Task 3: Reflection Using Rolfe’s Model.....                           | 11 |
| 4.1 What?.....                                                           | 11 |
| 4.2 So What? .....                                                       | 12 |
| 4.3 Now What?.....                                                       | 13 |
| 5. Conclusion.....                                                       | 14 |
| 6. References.....                                                       | 15 |

# **A Critical Reflection on Person-Centred Care, Partnership Working and Ethical Practice in UK Health and Social Care**

## **Introduction**

The delivery of health and social care in the UK is underpinned by fundamental principles that aim to ensure care is both high-quality and responsive to individual circumstances. Key among these are person-centred care, collaborative (partnership) working, and ethical practice. Although these principles are firmly embedded within policy frameworks and professional standards, their consistent application can vary within everyday practice.

This report critically examines these principles and evaluates how they are implemented in practice. It draws on key legislation, including the Care Act 2014 and the Health and Care Act 2022, as well as professional frameworks such as the Nursing and Midwifery Council (NMC) Code (2018, updated 2023). A dementia care case study is used to demonstrate how these principles operate in a community setting, followed by a critical reflection using Rolfe's model to explore my learning and professional development.

## **Task 1: Understanding Key Principles in UK Health and Social Care**

### **Person-Centred Care**

Recognising people as active participants in their own care is the main goal of person-centred care, rather than passive recipients. Respect for individual values, preferences, and life experiences is emphasized NHS England (2023) highlights that this approach improves engagement and health outcomes through shared decision-making.

The Care Act of 2014, which places a high priority on wellbeing and individual choice, supports this idea. (HM Government, 2014). Similarly, the Health and Care Act 2022 promotes personalised care through Integrated Care Systems (DHSC, 2022). However, while policy strongly advocates person-centred approaches, their consistent delivery in practice remains challenging.

A theory of motivation known as Maslow's Hierarchy of Needs (Maslow, 1943) provides a useful theoretical framework, describing how human needs progress from basic to complex.

It suggests that before people can concentrate on higher level needs like belonging, esteem, and self-actualization, they must first address physiological and safety needs. This aligns with person-centred care, which aims to address holistic needs rather than focusing solely on medical conditions (Cherry, 2024).

Despite strong policy support, the consistent delivery of person – centred care remains challenging in practice. Workplace shortages, time constraints, and increasing service demand often limit the ability of professionals to fully engage with individuals (The Kings Fund, 2021) This highlights an ongoing gap between policy expectations and realities of frontline care.

### **Partnership Working in Practice**

While partnership working is widely promoted through the Health Care Act 2022, its effectiveness depends heavily on communication, leadership and organisational culture. The King's Fund 2021 argues that structural integration alone is insufficient without strong interpersonal collaboration. In practice, differences in professional roles, priorities, and resources can create barriers, leading to delays or fragmented care. This suggests partnership working requires not only policy reform but also behavioural and cultural change within the organisations,

### **Ethical Practice**

Ethical practice ensures that care is delivered in a way that respects individuals' rights while maintaining professional accountability. The principles of autonomy, beneficence, non-maleficence, and justice provide a foundation for ethical decision-making (Beauchamp and Childress, 2021).

In the UK, ethical practice encompasses a variety of aspects that highlight organisational and individual responsibility it is guided by frameworks such as the NMC Code (2018, updated 2023) and the Mental Capacity Act 2005. These emphasise the importance of dignity, respect, and acting in the best interests of individuals improving ethical healthcare practice (Koskinen et al., 2022).

However, ethical decision-making is rarely straightforward. For example, while autonomy is a key principle, it may conflict with the need to ensure safety. This is particularly evident in dementia care, where individuals may have fluctuating capacity. Beauchamp and Childress's autonomy principle, which emphasises the interaction between patient freedom and medical

advice, is still relevant but is constantly being improved to address the practical and moral challenges in healthcare (Soofi, 2022a).

The Mental Capacity Act 2005 provides a structured framework for addressing these challenges; however, its application requires professional judgement. This demonstrates that ethical practice is not simply about following guidelines but involves continuous professional critical thinking and sensitivity to individual intelligence, and the ability to respond to complex and sometimes conflicting care needs.

### **Importance of These Principles**

Overall, these principles are essential for delivering superior care that is both efficient and sympathetic (NHS England (2023) suggests that embedding these values improves outcomes and patient satisfaction. However, The King's Fund (2021) argues that systemic pressures continue to limit their full implementation. This indicates that while the principles themselves are robust, their effectiveness depends on the context in which they are applied.

Furthermore, these principles play a significant role in reducing health inequalities and improving patient experiences across diverse populations. For example, person-centred care enables practitioners to recognise cultural, social, and psychological differences, ensuring that care is inclusive and equitable. Partnership working also supports continuity of care by reducing fragmentation between services, which is particularly important for vulnerable individuals with complex needs. However, despite strong policy frameworks, the effectiveness of these principles is often influenced by external pressures such as workforce shortages and increasing service demand. This highlights the need for continuous evaluation of health and social care systems to ensure that these principles are not only embedded in policy but consistently applied in practice (NHS England, 2023; The King's Fund, 2021).

### **Task 2: Case Study – Dementia Care in a UK Community Setting**

#### **Key words:**

**Dementia** - is characterized as a progressive neurological condition for which there is currently no curative intervention or disease-modifying treatment. The rate of decline varies significantly among individuals, influenced by variables such as specific subtype of dementia, the patient's age, and their overall physiological wellbeing. Clinically, this progression is often categorized into early, Intermediate, and advanced stages to better facilitate care planning (Dementia UK, 2024).

## Case Study Overview

The subject of this case study is **Mr. A**, an elderly person with dementia who is cared for at home by a multidisciplinary team. Within an Integrated Care System, a general practitioner, community nurse, occupational therapist, social worker, and family carers provide his care.

**Mr. A's** care is tailored to his preferences, particularly his desire to remain at home and maintain familiar routines. His family is actively involved in decision-making, ensuring that his voice remains central.

This aligns with NICE guideline NG97, which promotes personalised dementia care (NICE, 2022). As a result, Mr A experiences improved emotional wellbeing and dignity.

However, this approach also highlights challenges. Delivering consistent person-centred care requires time, continuity, and effective communication, which may be limited in community settings. This reinforces the argument that while person-centred care is ideal, it is not always fully achievable in practice.

## Partnership Working in Practice

The multidisciplinary team collaborates through meetings and shared records, contributing to coordinated care. The Care Act 2014 ensures that both health and social care needs are addressed (HM Government, 2014).

The King's Fund (2021) suggests that such integration improves outcomes; however, in practice, communication inconsistencies were observed. At times, this led to delays and duplication of work.

This demonstrates that while partnership working is beneficial, its effectiveness depends on consistent communication and clear role understanding.

## Ethical Practice in Action

Ethical considerations are central to Mr A's care, particularly in relation to capacity. The Mental Capacity Act 2005 ensures that he is supported in decision-making (NHS Digital, 2024), while the NMC Code (2018, updated 2023) guides professional behaviour.

A key challenge is balancing Mr A's autonomy with his safety. For example, allowing independence may increase risk, while restricting it may reduce quality of life. This highlights the complexity of ethical decision-making in practice.

### **Critical Evaluation**

Although this integrated model of care supports independence and improves quality of life, its effectiveness is influenced by wider system pressures. Workforce shortages, limited funding, and inconsistent communication across services continue to impact care delivery (The King's Fund, 2021). This highlights a key limitation of current policy frameworks, as the success of integrated care systems depends not only on their design but also on the resources available to support their implementation.

### **Task 3: Reflection Using Rolfe's Model**

By leading practitioners through important questions, Rolfe's reflective model provides an organised framework that promotes critical reflection and improves self-awareness, professional growth, and patient care. It is acknowledged for supporting ongoing learning and development in nursing and healthcare education (Patel and Metersky, 2021).

#### **What?**

During my placement, I observed how a multidisciplinary team supported Mr A. Care was delivered in a person-centred and collaborative way, with family involvement.

#### **So What?**

This experience highlighted the importance of applying theory to practice. Person-centred care was evident, supporting NHS England's (2023) emphasis on individualised care.

However, I also observed limitations, particularly in relation to time constraints.

Partnership working was essential, yet communication challenges reflected wider issues identified by The King's Fund (2021). Ethical decision-making was particularly significant when applying the Mental Capacity Act 2005.

This experience highlighted the complexity of translating theory into practice. While person-centred care and ethical frameworks provide clear guidance, their application often requires flexibility, critical thinking, and professional judgement. I recognised that effective care is not

only dependent on knowledge, but also on communication skills, teamwork, and the ability to adapt to challenging and time-pressured environments.

### **Now What?**

Moving forward, I aim to develop both my theoretical knowledge and practical competence. I will actively seek opportunities to improve my communication within multidisciplinary teams and engage in reflective practice to enhance self-awareness. I also plan to deepen my understanding of key legislation, including the Mental Capacity Act 2005 and the Health and Care Act 2022, to strengthen my ethical decision-making. By combining continuous professional development with reflective learning, I aim to deliver care that is safe, empirical and genuinely individualised.

In addition, I recognise the importance of lifelong learning in maintaining professional competence. Health and social care are continuously changing and keeping abreast of current regulations, validated standards are essential. I therefore commit to continuous professional development through training, reading academic literature, and reflecting on my experiences. This will enable me to adapt to changing demands within the healthcare system and provide high-quality care that meets both professional standards and service user needs.

### **Conclusion**

In conclusion, providing high quality health and social care in the UK requires ethical practice, partnership working and person-centred care. While these principles are strongly supported by legislation and policy, their implementation is often shaped by real-world challenges such as resource limitations and service pressures. This report has demonstrated that effective care requires not only an understanding of theoretical frameworks and capable of implementing in practice. Through ongoing reflection and professional development, I aim to bridge the gap between policy and practice and contribute to delivering compassionate, safe, and person-centred care.

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