

BSc Health and Social Care

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Introduction

Recent UK health and social care transformations favour person-centred models over paternalistic ones. This report analyses person-centred care, collaborative working, and ethical decision-making. These are legal mandates under the Care Act 2014 and Health and Care Act 2022, prioritizing wellbeing and integrated care systems.

This report aims to examine theoretical underpinnings (Maslow's Hierarchy, autonomy) influencing care quality and illustrate their practical application in UK community care assessments, linking policy to delivery. Utilizing Rolfe et al.'s (2001) model, a self-critical analysis of my professional development, highlighting strengths like NMC Code adherence and digital health use, informs an action plan. The report concludes that integrating these principles is essential for fostering independence, safety, and meeting CQC standards.

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

1.1 The three principles:

Person-centred care: Person-centred care denotes an approach wherein interventions are customized to an individual's specific needs, preferences, and values, diverging from a singular focus on their medical condition. As articulated by the Alzheimer's Society (2023), this approach necessitates comprehending an individual's history, personality, and capacities to ensure that the provision of care is both meaningful and respectful. This methodology demonstrates strong concordance with the wellbeing principle stipulated in the Care Act 2014, which positions the individual at the nexus of care planning and associated decision-making processes (Department of Health and Social Care, 2025).

Partnership working: Partnership working encompasses collaborative endeavours among healthcare professionals, service users, their families, and other pertinent stakeholders to facilitate the provision of coordinated care. The efficacy of partnership working ensures the integration of services and guarantees that individuals are afforded comprehensive support. The statutory guidance associated with the Care Act underscores the imperative for collaboration among organizations, including local authorities and the National Health Service (NHS), to enhance outcomes and mitigate the fragmentation of care (DHSC, 2025).

Ethics: Ethical considerations within health and social care pertain to the moral precepts that govern professional conduct and decision-making processes. Foremost ethical principles comprise autonomy, beneficence, non-maleficence, and justice. These principles collectively ensure that individuals receive treatment characterized by dignity, respect, and fairness, concurrently promoting their wellbeing and safeguarding them from potential harm. The consistent application of ethical practice is fundamental to upholding trust between professionals and service users.

1.2 Explanation:

The salience of these principles to the quality of care provision in the UK is considerable. Person-centred care demonstrably enhances patient satisfaction and engagement by affirming that individuals perceive themselves as valued and comprehended. For instance, customizing care in alignment with an individual's preferences can significantly augment their emotional wellbeing and foster greater independence. Concurrently, collaborative partnership working facilitates enhanced communication and coordination among professionals, thereby diminishing the propensity for errors and elevating operational efficiency. Ethical frameworks stipulate that decisions are rendered responsibly and in the paramount interests of service users, particularly within intricate scenarios concerning informed consent or safeguarding protocols.

1.3 Using theories and critical analysing:

The conceptual framework of Maslow's Hierarchy of Needs further substantiates the significance of these principles. Person-centred care effectively addresses diverse strata of needs, ranging from fundamental physiological requisites to complex psychological and self-actualization demands. For instance, the assurance of safety and security aligns directly with safeguarding responsibilities, while the cultivation of social relationships contributes positively to emotional wellbeing.

These principles exhibit intrinsic interconnectedness in their practical application. The successful implementation of person-centred care is contingent upon effective partnership working, given that collaboration with families and professionals remains paramount for a comprehensive understanding of an individual's needs. Concurrently, ethical considerations serve as a foundational element for both person-centred care and collaborative partnership working, by guaranteeing that decisions uphold individuals' rights and foster equitable practices.

In conclusion, person-centred care, collaborative partnership working, and ethical conduct are indispensable components for the provision of high-quality care within the UK context. These tenets collectively ensure that care is characterized by respect, coordination, and moral integrity, ultimately leading to enhanced health outcomes and the promotion of overall wellbeing.

Task 2: Practical Examples of Concepts in Practice

The application of these principles is exemplified within a community care setting where an elderly individual resided independently, supported by social services. This individual necessitated assistance with activities of daily living and reported feelings of social isolation. Consequently, the local authority undertook a comprehensive needs assessment to ascertain and implement suitable support services (NHS, 2024).

The implementation of person-centred care prioritized the individual's stated preferences and lifestyle choices. The subsequent care plan was consequently formulated to address their specific requirements, encompassing support for personal care, engagement in social activities, and necessary home modifications. Such an approach aimed to safeguard the individual's autonomy and uphold their dignity. Consistent with the guidance provided by the Care Act, care planning is intended to concentrate on realizing outcomes deemed significant by the individual (DHSC, 2025).

Inter-agency collaboration proved instrumental in this specific instance. The collaborative efforts among social workers, healthcare professionals, family members, and various community organizations facilitated the provision of holistic support for the individual. For instance, community groups contributed to mitigating social isolation, concurrently with healthcare professionals overseeing the individual's health status. This integrated strategy underscores the emphasis on cooperative practice articulated within pertinent UK health policy frameworks.

Ethical imperatives similarly informed the decision-making processes. The individual's autonomy was upheld through their active participation in deliberations concerning their care provision. Strict confidentiality was observed, and informed consent was secured prior to the initiation of any services. Furthermore, appropriate safeguarding protocols were established to mitigate potential risks to the individual's well-being.

Relevant legislation, including the Care Act 2014, reinforces this methodology by promoting individual well-being, fostering independence, and providing protection against abuse. Additionally, the Mental Capacity Act 2005 guarantees that individuals receive support in their decision-making processes and that their best interests are paramount in situations where capacity may be diminished.

The practical application of these principles yielded favourable outcomes. Specifically, the individual reported an enhanced quality of life, greater autonomy, and decreased social isolation. Collaboration among professional stakeholders concurrently improved inter-professional communication, contributing to more efficient care provision. Nevertheless, certain challenges emerged, notably limitations in resources and inter-agency communication impediments. Effective mitigation of these issues necessitates enhanced coordination and appropriate financial allocation.

In summary, this case study illustrates the integral role of person-centred care, collaborative practice, and ethical considerations in fostering effective health and social care provision. These foundational principles are crucial for ensuring that care is individualized, cooperatively delivered, and ethically robust, thereby improving outcomes for service users.

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

3.1 Introduction:

As a health and social care professional in the United Kingdom, my practice is fundamentally guided by a commitment to person-centred care, collaborative practice, and ethical principles. My professional responsibilities are framed by the NMC Code (2018) and the HCPC Standards of Proficiency, which stipulate the necessity of both clinical proficiency and a robust capacity for emotional intelligence and ethical discernment. The professional context in which I operate is further shaped by the Care Act 2014, which mandates the promotion of individual well-being, and by the Care Quality Commission (CQC), which establishes stringent “Key Lines of Enquiry” (KLOEs) to ascertain those services are safe, effective, caring, responsive, and well-led.

Reflective practice constitutes a foundational element of my ongoing professional development. As Rolfe et al. (2001) observed, reflection entails a process of learning derived from experience, aimed at fostering more efficacious future practice. Employing the "What? So What? Now What?" framework, I intend to critically appraise my current professional activities and delineate a strategic pathway for my continued development.

3.2 Reflective Cycle: A Critical Incident in Practice

Stage 1: What? (The Description of the Event)

During a recent clinical placement within a multidisciplinary environment, I was involved in the care of a patient diagnosed with comorbid depression and chronic migraines. Upon reviewing the Electronic Health Record (EHR), I discerned a potential medication error: the prescribed dosage for the antidepressant (which also served as migraine prophylaxis) considerably exceeded the established safe limits for the patient's documented body weight and clinical history.

As a student, I experienced considerable internal deliberation. I was cognizant of the established professional hierarchy and my relatively junior position the prescribing physician. Nonetheless, I recognized that both the "Wellbeing Principle" enshrined in the Care Act 2014 and the NMC Code (2018) mandated my role as a patient advocate. Consequently, I elected to await an opportune moment before professionally communicating my concerns to the senior doctor, prior to the medication's administration.

Stage 2: So What? (The Critical Analysis and Significance)

This incident critically shaped my professional identity, underscoring the interplay of ethical principles and collaborative practice. The situation directly engaged the ethical principle of non-maleficence and the "Duty of Candour," as my intervention prevented a significant adverse reaction from an incorrectly prescribed medication, thus safeguarding the patient's well-being. The incident underscored the increasing salience of Information Technology in healthcare, demonstrating how proficiency in Electronic Health Record (EHR) navigation and cross-referencing against clinical guidelines is critical for averting errors and managing complex patient cases (Pandya et al., 2022). This experience further demonstrated that effective collaborative practice mandates constructive professional challenge, beyond mere consensus, empowering team members to critically evaluate decisions impacting patient safety, a principle aligned with the Care Quality Commission's (CQC) emphasis on "Safe" and "Well-led" environments.

Stage 3: Now What? (The Action Plan for Future Development)

To translate this experience into improved professional practice, specific measures will be implemented.

First, the incident necessitates rigorous drug prescription review. I will consistently verify medications and dosages against authoritative references (e.g., BNF) to mitigate error recurrence.

Second, to address initial reticence stemming from a perceived lack of confidence in professional challenge, I will engage in frequent reflective supervision with senior colleagues (DHSC, 2025) to cultivate assertive communication skills.

Third, informed by the Johns Hopkins study, I plan to integrate a comprehensive understanding of "Social Needs" (SNs) into clinical assessment. This involves synthesizing claims data and EHR history, beyond medical charts, to formulate holistic population health interventions (Pandya et al., 2022).

3.3 Daily Application of Principles

Application of Person-Centred Care

Professional practice is grounded in person-centred care, employing a strengths-based approach to recognize individuals beyond their medical diagnoses, consistent with the Care Act 2014. Care plans are co-produced with service users and families, ensuring their active participation in care delivery, which supports higher-order needs for self-esteem and belonging.

Partnership Working with Carers

Family members are recognized as expert partners, thus Carer's Assessments are prioritized to provide caregivers with essential support. This integrated strategy is crucial for secondary prevention, mitigating potential risks before crisis escalation. Collaboration with the National Health Service and local charitable organizations establishes comprehensive support networks that promote individual independence.

Ethical Principles and Autonomy

Ethical principles consistently inform professional decisions. In situations involving choices perceived as "unwise," the Mental Capacity Act 2005 is referenced to uphold autonomy.

Individuals are supported in engaging with positive risks, provided they demonstrate capacity to comprehend the associated implications, thereby preserving dignity within care contexts.

3.4 Evaluation of Strengths and Areas for Growth

Strengths: A core competency lies in leveraging information technology and electronic health record (EHR) systems for patient risk identification. Furthermore, a robust theoretical understanding of pertinent UK legislation complements a strong commitment to the "Wellbeing Principle."

Areas for Improvement: An identified area for development pertains to practical proficiency in Tertiary Prevention, specifically Reablement. This involves deepening knowledge and application concerning the support of individuals with long-term disabilities in achieving functional independence, particularly through the implementation of specialized equipment and home adaptations.

3.5 Professional Action Plan

Over the forthcoming twelve-month period, strategic actions to enhance professional practice include:

CPD Training: Engaging in advanced Continuous Professional Development (CPD) training focusing on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Reflective Sessions: Allocating a weekly hour for structured reflective practice, employing the Rolfe et al. model, to systematically review clinical decision-making processes.

Mentorship: Seeking mentorship from an expert in Integrated Care Systems (ICS) to gain a comprehensive understanding of the local implementation nuances of the Health and Care Act 2022.

In summary this professional identity integrates person-centred care, collaborative partnerships, and ethical principles, emphasizing both empathetic engagement and legal

adherence. A reflective analysis of a medication near-miss incident underscored safety as a shared responsibility. Sustained engagement with reflective practice is anticipated to cultivate leadership in delivering high-quality, dignified care, consistent with the NHS Constitution and the Care Act.

Conclusion

This report establishes person-centred care, collaborative partnerships, and ethical conduct as foundational to the UK health and social care sector. These principles, rooted in human dignity, align with the Care Act 2014's emphasis on wellbeing, necessitating a shift in professional practice. While these principles define optimal care, their practical application presents challenges, such as balancing user autonomy with safeguarding responsibilities. Effective implementation relies on integrated partnership working across health and social services to provide holistic support. Personal reflection, using the Rolfe et al. (2001) framework, enhances professional accountability. It indicates that despite strong ethical foundations and policy understanding, ongoing clinical supervision and professional challenge competencies are essential. In the evolving UK healthcare landscape, prioritizing continuous professional development will ensure adherence to regulatory standards and contribute to improved health outcomes.

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