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Module Code and Title: Introduction to Public Health - LCHS4003

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Assignment Title: Written Assignment

Effective communication, accurate record keeping, and teamwork among professionals are essential for safe and person-centred care for Mrs Mann following her hip surgery. Her case highlights risks from language barriers, inconsistent documentation, and delayed medication adjustments, which compromise recovery and patient safety, (SCIE, 2023).

Introduction

Mrs Mann is a 72 year old woman lives independently following a recent hip replacement. She receives twice-daily support from domiciliary care staff for personal care and mobility. As her first language is Urdu and her English is limited, her daughter often acts as translator. Her medical needs are managed by a GP, and a community physiotherapist visits twice weekly to support her rehabilitation. Concerns about poor documentation and delays in medication changes have led to an internal review, highlighting communication and coordination issues. This report examines the following:

1. How effective communication with Mrs Mann and her family, guided by the Equality Act 2010 and communication models, is essential;
2. The value of accurate administration and record keeping under the Data Protection Act 2018; and
3. The need for professional collaboration to address challenges in Mrs Mann's multi-agency care. Evidence and legislation underpin these analyses. (NHSX, 2021)

1. Communication and equality in Mrs Mann's care

Communication in health and social care is essential not only for sharing information but also for building trust, supporting decision-making, and avoiding errors, particularly for vulnerable older adults like Mrs Mann recovering from surgery. Clear and effective communication helps patients understand treatment plans, medication instructions, and care routines, reducing risks such as missed doses or poor adherence to rehabilitation. Mrs Mann requires information provided in Urdu or with professional interpreter support rather than depending solely on her limited English or family translation. While family involvement is valuable, relying on relatives alone can lead to inaccuracies and place unnecessary pressure on them (OpenMedScience, 2025).

The Equality Act 2010 requires health and social care services to eliminate discrimination and promote equality of opportunity for individuals with protected characteristics such as age and race. It also obliges providers to make "reasonable adjustments" to remove barriers faced by people like Mrs Mann, whose limited English affects access to care. These adjustments may include arranging professional interpreters, offering translated materials, using visual aids, and adapting communication to cultural and linguistic needs. This

approach supports person-centred care by upholding Mrs Mann's dignity, autonomy, and cultural preferences, including requests for female carers or respect for religious practices during personal care (HF Online, 2025).

Communication models such as SOLER—Sit squarely, Open posture, Lean forward, maintain Eye contact, and Relax—help carers and professionals demonstrate active listening and respond to non-verbal cues. In Mrs Mann's case, this involves staff speaking slowly, confirming understanding through paraphrasing, and encouraging questions, supported by an interpreter when necessary. Combining the SOLER approach with techniques like teach-back, where Mrs Mann explains in her own words how to take medication or complete exercises, enables staff to identify and correct misunderstandings early, reducing the risk of issues such as delayed medication adjustments (Care Learning, 2025).

Further strategies to enhance communication with older patients include adjusting speech volume and pace, using clear and straightforward language without jargon, and considering sensory impairments such as hearing difficulties. For Mrs Mann, culturally and linguistically sensitive communication can strengthen trust and improve safety. Encouraging family participation in communication, while maintaining professional interpreter involvement, offers emotional support and ensures that medical instructions are conveyed accurately and understood (F Learning Studio, 2024).

2. Administrative skills, record keeping, and data protection

Good administrative skills and thorough record keeping are basic for safe, coordinated care. In Mrs Mann's case, poor or uneven notes led to key misses like delayed medication changes, which slow recovery or cause harm. Every professional's contact with her—from home care visits to physio sessions—needs clear, quick records with exact details, dates, and signatures to give a full, current view of her progress and risks (GOV.UK, 2018).

The Data Protection Act 2018 and UK GDPR set legal rules to protect health data. They require personal data to be handled lawfully, for clear purposes, kept sufficient but not too much, accurate, stored safely, and deleted when no longer needed. For Mrs Mann, this means recording and sharing only key health and care details about her condition and treatment among approved staff. Errors like wrong medication lists must be fixed fast, and privacy kept via secure storage, whether digital or paper (Legislation.gov.uk, 2018).

The NHS Records Management Code of Practice and Care Quality Commission standards require full, clear records to show safe care and follow rules. Regulation 17 of the Health and Social Care Act 2008 says providers must keep records that are easy to reach, safe, and

used for checks and safe services. In home care settings, policies usually require filling visit logs, medication records, and communication books every time (CPD Online, 2025).

Good communication between agencies means knowing how and when to share personal data. For Mrs Mann, sharing key details between her physiotherapist, GP, and care workers is allowed for her direct care but must be open, so she knows who sees her data and why. Staff training on records, regular checks of notes, and digital systems with tracking can boost accuracy and stop problems like the recent medication delay (PMC, 2022).

3. Collaborative working in Mrs Mann’s care

Mrs Mann’s care involves many professionals and agencies, like home care workers, a community physiotherapist, her GP, and possibly occupational therapists or social workers. Teamwork joins these roles for linked assessment, planning, and action that improves results and cuts care gaps. For example, the physiotherapist’s mobility aims must go clearly to carers, who note and report pain, mood, or fall risks back to the GP for quick checks (Open University, 2025).

Good teamwork depends on shared information, clear roles for each person, and regular talks like multi-disciplinary team meetings or case conferences where everyone reviews progress and plans. Naming a care coordinator or lead professional helps direct communication and makes who does what easier to track. Tools such as a home communication diary, electronic shared records with updates everyone can see, or secure apps support constant information flow across all services involved in Mrs Mann’s care (Sagepub, 2022).

Problems in multi-agency work include clashing group goals, different communication tools, varied work cultures, privacy fears, plus tight time and low staff numbers. These lead to delays, mix-ups, or solo efforts that put patient safety at risk. Ways to fix them cover joint training sessions between agencies, clear data-sharing rules backed by law, set steps to flag concerns fast, and team reviews after issues like Mrs Mann’s missed medication update to learn and improve (NFER, 2025).

Involving Mrs Mann and her daughter in goal setting and care reviews not only improves transparency but also fosters shared responsibility and empowerment, crucial for person-centred care (Equality and Human Rights Commission, 2025).

Aspect	Application in Mrs Mann’s Care
Shared care planning	Coordinated goals set between GP, physio, carers

Structured communication	Use of home communication books or digital logs
Joint review process	Multi-agency meetings and post-incident reviews

Conclusion

Mrs Mann's case highlights the critical need for effective communication, strong administrative practice, and genuine collaboration in delivering safe, person-centred health and social care. Applying the Equality Act 2010 ensures communication methods are adapted to her language and cultural needs by using interpreters, translated materials, and active listening models like SOLER and teach-back, helping prevent misunderstandings and medication errors. The Data Protection Act 2018 and related sector standards mandate accurate, secure record keeping maintaining up-to-date care information and protect her privacy (Legislation.gov.uk, 2018). Multi-agency working, supported by clear roles, shared care plans, and structured communication tools, reduces risks from fragmented care and improves rehabilitation outcomes. Engaging Mrs Mann and her family throughout fosters trust and supports her independence and wellbeing. This comprehensive approach models best practice for complex cases involving vulnerable older adults with diverse communication needs (NHSX, 2021).

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