

Module name: Introduction to Health and Social Care

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1. Introduction

High-quality care in health and social care settings depends on effective communication, accurate administrative practice, and strong collaborative working between professionals. These are especially important when supporting individuals with complex needs, such as Mr. Ahmed, a 68-year-old man recovering from a stroke and receiving care at home from a multidisciplinary team. Following his discharge, his care involves domiciliary carers, his GP, a district nurse, and a speech and language therapist (SLT). However, a recent missed care visit highlights the risks that arise when communication processes and administrative systems fail.

This report critically analyses the importance of communication, administration, and teamwork in meeting Mr. Ahmed's needs. It draws on legislation such as the Equality Act 2010, the Accessible Information Standard the Data Protection Act 2018 and the Mental Capacity Act (MCA) 2005. A communication model is applied to illustrate best practice, and examples from UK health and social care services are incorporated throughout.

Importance of Effective Communication

Clear, person-centered communication is essential for ensuring safety and dignity in Mr. Ahmed's care. Stroke survivors may experience aphasia, dysarthria, or cognitive difficulties affecting comprehension, making communication more challenging (NHS, 2023). For Mr. Ahmed, English is not his first language, which compounds these difficulties. Care professionals must therefore adapt their communication to his individual needs.

Legal and policy framework

The Equality Act 2010 requires services to make *reasonable adjustments* to avoid disadvantaging individuals based on race, disability, or other protected characteristics. In this case, language barriers and stroke-related communication impairments fall under these duties. The Accessible Information Standard (AIS) further mandates that NHS and adult social care providers identify and meet communication needs for example by offering interpreters, translated information, or visual communication tools (NHS England, 2016).

Additionally, the Mental Capacity Act 2005 requires that "all practicable steps" are taken to support communication before judging whether someone lacks capacity. Using interpreters and SLT-recommended tools aligns with this duty (Department of Health, 2007).

Using a recognized communication framework helps ensure consistency. The Shannon Weaver Model emphasizes the stages of encoding, transmitting, and decoding messages and recognizes “noise” that interferes with understanding (Shannon & Weaver, 1949). In Mr. Ahmed’s case, noise may include limited English proficiency, cognitive effects of stroke, emotional frustration, unfamiliar medical terminology. To reduce these barriers, staff should: use short, simple sentences and avoid medical jargon, check understanding through *teach-back* (“Can you tell me in your own words...?”), use gesture, pictures, or communication boards recommended by the SLT, speak slowly and give Mr. Ahmed time to respond, involve professional interpreters rather than relying solely on family, which may compromise confidentiality and accuracy

Ensuring culturally sensitive care supports rapport and trust. For example, acknowledging dietary restrictions, religious practices or preferences for male/female carers can strengthen Mr. Ahmed’s sense of dignity and comfort. Involving a NHS Interpretation Service, such as *DA Languages* or *The Big Word*, can ensure accuracy and confidentiality. SLTs within the NHS Community Stroke Team can provide personalized communication strategies to all carers. Effective communication therefore ensures that Mr. Ahmed’s rights are upheld and that he is fully involved in decisions about his care.

3. Importance of Good Administrative Skills

Administrative competence underpins consistent, safe care delivery. For Mr. Ahmed, the missed domiciliary visit demonstrates the risks posed by poor scheduling, documentation, or communication between agencies. Accurate records enable all professionals to make informed decisions about Mr. Ahmed’s care. The NMC Code (2018) and HCPC Standards (2016) require records to be contemporaneous, factual, clear, and accessible. For example, carers must document arrival and departure times, personal care provided, medication administration and missed doses, changes in mobility, mood, or swallowing, communication attempts or use of aids and escalation of concerns.

These records support safe practice, particularly as Mr. Ahmed receives input from multiple professionals who rely on shared information. The Data Protection Act 2018 and UK GDPR govern how Mr. Ahmed’s personal information is used. Care providers must ensure secure storage of electronic and paper records, minimal sharing only with authorized staff transparency about how information is used and compliance with organizational policies.

Confidentiality is essential, particularly when family members assist with communication. Mr. Ahmed's consent to share information with his wife should be recorded in line with CQC Regulation 17 - Good Governance (Care Quality Commission, 2021).

Other key administrative frameworks include health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - requires accurate records and safe care systems. Incident Reporting Policies used by local authorities and NHS trusts (e.g., Datix). The missed care visit should be formally logged under the provider's incident reporting system to allow investigation, learning, and improvement.

Many UK services use electronic care planning systems such as PASS, CareLineLive, or NHS-linked systems like EMIS. Staff must be trained to use these safely to prevent errors or data breaches. Good administrative practice therefore protects Mr. Ahmed's safety, ensures continuity, and enables transparent, accountable care delivery.

4. Importance of Working Collaboratively

Mr. Ahmed's recovery depends on coordinated input from a range of professionals. Collaborative working ensures holistic care that meets physical, emotional, and communication needs. Interprofessional teamwork supports consistent implementation of SLT communication strategies, coordinated medication management, timely escalation of concerns, shared decision making with Mr. Ahmed and his family, reduced duplication of work and smoother transitions between services.

This aligns with priorities in the NHS Long Term Plan (2019), which emphasizes integrated care and multidisciplinary teams. Examples of UK services that supports collaboration are the community Stroke Teams who provide physiotherapy, occupational therapy, and SLT input, GP practices coordinate medical review and prescriptions, district nursing teams manage wound care, medication, and monitoring of long-term conditions, local authority adult social care commissions and monitors domiciliary care.

Common barriers include:

- unclear roles (whether the care agency or district nurse should report missed medication)
- communication failures (as seen with the missed visit)
- different professional priorities
- staffing pressures

The Health and Social Care Act 2012 identifies the importance of integrated working to reduce such fragmentation. Strategies to improve collaboration are regular MDT meetings involving the care team and family, shared care plans accessible across agencies, use of structured communication tools such as SBAR, clear escalation policies for missed visits or deteriorating health, supervision and leadership to provide clarity and accountability. These approaches ensure that Mr. Ahmed receives coordinated, consistent support, reducing the risk of further incidents.

5. Conclusion

Mr. Ahmed's case demonstrates the crucial role of effective communication, strong administrative practice, and multi-agency collaboration in delivering safe, person-centered care. Communication must be adapted to both his post-stroke needs and language barriers, supported by legislation such as the Equality Act 2010, the Mental Capacity Act 2005, and the Accessible Information Standard. Administrative duties especially accurate record keeping, data protection, and incident reporting are vital for continuity and accountability. Finally, collaborative working across health and social care teams ensures that care is coordinated and responsive, although it requires clear communication, defined responsibilities, and structured teamwork. By strengthening these areas, professionals can enhance safety, support recovery, and promote Mr. Ahmed's dignity, independence, and wellbeing.

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