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Principles Of Health And Social Care Practise
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Task 1:

Principles of health and social care help practitioners deliver high quality care that include individuality, rights and dignity of those using the services. As the health and social care sector becomes more complex due to ageing population, long term conditions and integration, clinical staff must show competence alongside the ability to work together and make good ethical decisions (National Institute for Health and Care Excellence, 2021). Person centred care is seen as a core value in health and social care services as it allows for the individual to make their own decisions. This approach is put in place so professionals can consider every person's values, preferences and cultural background. Personhood should still be in place when cognitive abilities decline, especially with those who live with conditions like dementia (Kitwood et al., 1997). Person centred care can be further understood through Abraham Maslow's Hierarchy of needs. A theory that supports that psychological, safety, belonging, esteem and self actualisation needs must be met to achieve wellbeing. This can be applied to health and social care as it shows that quality care goes beyond physical health and people need emotional support too. Other studies have argued that this theory does not fully consider cultural differences or social inequalities indicating it should only be used as a guidance (Tay and Diener et al., 2011).

Partnership working is another core value as no profession has all the knowledge or resources needed to meet care needs. Shared resources between health care professionals, social workers, carers and relevant organisations improves coordinated care, reduces fragmentation and improves patient outcomes (Health and Care Professions Council, 2024). This allows for professionals to share expertise, identify risks earlier and develop holistic care plans. The Health and Care Act 2022 has further strengthened collaborative working across health and social care. Although there's many benefits there are various limitations such as; different professional cultures, organisational priorities, funding pressures and ineffective communication all these things can limit partnership working. Poor communications is a significant cause of many patient safety incidents further indicating the need for clearly defined roles, mutual respect and secure information securing (National Health Service, 2019).

Ethical practice underlies health and social care by ensuring that decisions are lawful, fair and based on their individual rights. The four principles of biomedical ethics autonomy, beneficence, non-maleficence and justice. Respecting autonomy means that you should support individuals to make informed decisions wherever possible while beneficence requires practitioners to act within a person's best interests. Non maleficence emphasises avoiding harm because these principles may clash. Reflective practice is also essential to allow evaluated decisions and recognise personal bias. UK legislation acts on these principles by establishing legal responsibilities. The Care Act 2014 is to imply wellbeing, prevention, safeguarding and personalised care, while the Health and Care Act 2022 strengthens integrated working across services. The Equality Act 2010 protects individuals from discrimination, and the Human Rights Act 1998 safeguards dignity, privacy and respect. Together, these legal frameworks ensure person-centred, ethical and collaborative care.

Task 2:

Mrs. Smith is an 85-year-old woman living with advanced dementia. She experiences memory loss, communication difficulties and requires support with activities of daily living.

Her complex needs require health and social care professionals to apply person-centred care, partnership working and ethical decision-making to promote her wellbeing, dignity and quality of life (National Institute for Health and Care Excellence, 2018).

Person centred care is key in this case as any person with dementia experiences it differently. Instead of focusing on Mrs Smith's diagnosis, professionals should take into consideration her life history, cultural background, religious beliefs and personal preferences when planning her care (Tom Kitwood et al., 1997). If Mrs Smith is religious, staff should respect her dietary requirements and cultural values. Doing familiar routines and involving her in decisions where possible, this can reduce anxiety and encourage independence (Brooker, 2007; Fazio *et al.*, 2018). As dementia progresses staff should continue to adapt non verbal and verbal communication techniques to maximise Mrs Smith's involvement in care decisions. Staffing shortages and limited resources can affect implementation, organisations should give staff dementia training to maintain person centred care (Backhouse *et al.*, 2020).

Partnership working is also important as Mrs. Smith would need help beyond medical treatment. Effective care would require communication between healthcare professionals, carers, social workers and family members to support her physical, emotional and social wellbeing (Health and Care Professions Council, 2024). An example of this would be if her pharmacists review her medication while occupational therapists recommend adaptations to improve safety and independence. Family members and/or carers could give insightful information about Mrs. Smith's preferences and routines which provides more personalised care (Bunn *et al.*, 2020). Poor communication between these groups can lead to medication errors or bad care. This is why multidisciplinary meetings and shared care records are key to coordinate decision making and improve patient outcomes (National Health Service, 2019). Ethical principles underlies in every aspect of Mrs. Smith's care. Respect for autonomy makes sure that professionals involve her in decisions whenever she has the capacity to do so. When dementia worsens/progresses practitioners should know when to balance autonomy with beneficence and non-maleficence by acting in her best interests while minimising harm (Beauchamp and Childress et al., 2019). For example, if Mrs. Smith refuses personal care when she's clearly in a confused or distressed state of mind. Professionals should first try to reassure her and calm her down all while adapting communication before they consider the best option. These decisions should follow the rules of the Mental Capacity Act 2005 making sure that any option that's chosen is the least restrictive. The Mental Capacity Act 2005, Care Act 2014 and Equality Act 2010 is the legal framework for balancing Mrs. Smith's autonomy with safeguarding responsibilities while showing dignity and promoting independence and personalised care. These are not only in place for the patient but also for the professionals to deliver safe and ethical practice (Department of Health and Social Care, 2022).

Task 3:

Person centred care, partnership working and ethical practices are vital principles that influence professional practice. From working in a pharmacy as a dispenser and supervisor it is taught throughout the importance of treating an individual with dignity, respect and compassion while working with other professionals to achieve the best outcomes.

Person centred care is when you place an individual at the centre of all the decisions made in regard to their care and according to the Care Act 2014 professionals should support an individual's wellbeing, independence and choice while they make decisions that affect their lives. From working in a pharmacy as a dispenser and supervisor, I supported patients with different health conditions, communication needs and different backgrounds. As all patients are different over the years I've learned to adapt my communication depending on an individual's circumstances. For example there was once an older patient who often used to get confused about their medication schedule. I took time to explain each medicine using lay terms, checked their understanding and encouraged them to ask questions. When appropriate I also involved a family member with the patient's consent to support medication adherence. This shows that person centred care goes beyond just giving medication. It involves listening carefully and respecting individual preferences while empowering people to participate in decisions about their own care. This builds trust between professionals and patients, increases medical compliance and promotes better health outcomes. Maslow's Hierarchy of needs also supports this approach, Before individuals can focus on their health their physiological and safety needs must be met (Maslow et al., 1943). Ensuring that patients understand how and when to take their medication safely, one should meet these needs while supporting their confidence and independence. I've realised that effective person centred care requires excellent communication, empathy and patience.

Partnership working is key because no single professional can meet all the needs of an individual. Collaboration between health professionals ensures holistic care that addresses physical, emotional and social wellbeing. In the pharmacy, I communicated with pharmacists, GPs, district nurses and care home staff in regards to prescription queries, medication shortages and safeguarding concerns. For example, I've dealt with a patient that repeatedly failed to collect their medications. Rather than making assumptions the pharmacy team contacted the GP surgery and family members with appropriate consent to see whether extra support is required. It was apparent that the patient was experiencing reducing mobility and required assistance accessing healthcare services. This experience showed that partnership working can prevent deterioration in health and improvement in patient safety. The Health and Care Act 2022 promotes integrated care systems across England to improve communication and collaboration between health and social care services. Reflecting from personal experiences, I've recognised that a successful partnership working requires mutual respect, effective communication, accountability and a willingness to learn from other teams. I understand that building positive relationships with multidisciplinary teams will be essential when supporting individuals and families.

Ethical practice is underlying in all health and social care, professionals have a responsibility to promote dignity, respect confidentiality, act honestly and safeguard individuals from harm. Ethical decision making is a balance of individual autonomy with professional responsibilities and legal duties. Working in a pharmacy required a strict rule to uphold confidentiality under the UK general data protection regulation (UK GDPR) and the Data Protection Act 2018. Having patient records open and handling personal information makes you understand the importance of discussing confidential matters discreetly. There were moments when ethical issues emerged. For example, when I started to worry that a vulnerable adult might not securely manage their medicine, I had to weigh their freedom against my caregiving obligations. We made sure that these issues were resolved properly while upholding professional boundaries by adhering to established procedures and speaking with a reliable chemist. Benevolence, non-maleficence, autonomy, and lawfulness served as the guiding principles for these choices. Professionals must nevertheless act in the best interests of the individual when there is a substantial danger of harm, even while preserving independence is crucial. My concept of ethical practice has grown as a result of thinking back on these events. It now demands rigorous professional judgement, thoughtful decision-making, and accountability rather than just following protocols.

I've discovered a number of important strengths in my current approach after giving it careful thought. Communication, comprehension, knowledge, and organization are, in my opinion, my strongest traits. My leadership abilities and my capacity to set priorities during hectic times while maintaining patient safety have improved as a result of managing coworkers at the pharmacy. Additionally, I feel more confident while speaking with team members and healthcare specialists. One of my strengths is my dedication to lifelong learning. I've continued to be committed to finishing my courses in health and social care in addition to being active and raising my family. This illustrates my adaptability, time management, and decisiveness—qualities that will be crucial for my future work in social services. But I also acknowledge that there are other areas in which I still need to improve. Even though I communicate with victims effectively, I would like more confidence in managing more difficult safeguarding roles and integrating several learning intersections. I need to gain a better comprehension of measure, risk amount, intelligence, trauma-cognizant practice, and conflict resolution as I advance in social work. I also recognise the significance of evolving more forceful introspective practice. Regular practice allows experts to assess findings, identify learning opportunities, and gradually improve the quality of treatment they offer.

I plan on continuing developing my skills. I plan to complete my level 5 and 6 qualifications before undertaking professional social work training and eventually registering with Social Work England. To build my understanding a person centred practice. I will continue studying legislation, research and National Institute for Health and Care Excellence guidance. While I communicate effectively with cases, I would like more confidence in managing more challenging safeguarding roles and integrating various learning gathering branches. I need to learn more about act, risk assessment, intelligence, trauma-conversant practice, and conflict resolution as I advance in my career in social work. I also understand how important it is to develop more effective reflective practice. Frequent critique enables professionals to assess decisions, identify learning opportunities, and gradually improve the quality of care they offer.

The importance of person-centred care, active alliances, and moral behaviour in achieving positive outcomes has been reinforced by my professional knowledge. My experience working as a pharmacy executive and dispenser has given me invaluable freedom to develop the moral administrative, cooperative, communication, and mentoring abilities that will help me transition into social service. I am committed to lifelong learning and ongoing professional growth, even though I am aware that there are areas in which I still need to improve. I want to become a kind, capable, and considerate well-being and social care professional who typically puts things at the center of care by implementing measures, professional principles, and evidence-located practice.

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