



Module: LCHS4003 BIRM

Introduction to Health and Social Care

Component 2

Title:

Effective Communication, Administrative Skills, and Collaborative Working in Health and Social Care: A Case Study of Mrs Thompson

Student: Dorota Pierzchalska

Student number: 2519628

Lecturer: Bernice Ejiogu

Table of Contents

Introduction.....	3
Section 1: Effective Communication.....	4.5
Section 2: Administrative Skills and Record Keeping.....	5.6
Section 3: Collaborative Working.....	6.7
Conclusion.....	8
References.....	9

Introduction

The United Kingdom health and social care system unites the National Health Service (NHS), local authorities, and independent care providers to provide integrated and person-centred care to address the health and social care needs of people. Integrated care is especially significant to those with complex conditions, especially older adults, as it enhances continuity of care, independence and better health outcomes due to effective interaction of professionals. The report is interested in Mrs Thompson, an 84-year-old female, who is being discharged of the hospital after having been discharged due to pneumonia. Her isolation, daily domiciliary assistance, mild dementia and non-conformity to medication and protection issue (she was out of the house in inappropriate attire). The report focuses on effective communication, administrative skills and record keeping, collaboration working and the UK legislation and policies.

Section 1: Effective Communication

2.1 Importance of Effective Communication in Health and Social Care

Effective communication in health and social care is necessary because professionals can share correct information, build trusting relationships and provide safe and person-centred care. It includes verbal, non-verbal, written and digital forms of involvement, assisting people in realising their care and making the choice related to their wellbeing. Communication assists in improving patient safety through better understanding, informed decisions, and care continuity. In the case of older adults like Mrs Thompson who has mild dementia it is especially important that there should be communication since she may have lost her memory and her ability to communicate her needs and understand what is happening to her.

2.2 Applying the Communication Cycle

Communication Cycle describes the process of communication between people that is effective. It starts with the sender who comes up with a message and conveys it using a suitable channel. The message is interpreted by the receiver who gives feedback to ensure that the message is understood. In the case of Mrs Thompson, a domiciliary care worker can discuss with her the need to take her medication following simple verbal instructions and with written reminders. Mrs Thompson then either confirms that she understands or asks questions which the care worker can clarify anything that is unclear. This will decrease the chances of medication being neglected and aids in effective communication (Thompson and Thompson, 2023).

2.3 Barriers and Strategies to Improve Communication

There are some obstacles that might influence communication with Mrs Thompson. Her mild case of dementia can impair memory, attention, and comprehension and her anxiety after becoming a patient at the hospital recently can as well influence the way she receives information. This could also be curtailed by age-related hearing or visual deficiencies that would impede effective communication. To counteract or overcome such barriers, healthcare professionals ought to apply the active listening technique, speak slowly or use slow speech, avoid use of medical terminology, and offer written statements, calendar or visual cues to reinforce verbal communication. Where necessary communication may also be assisted by family or advocates but professional interpreters should be used in cases of the language barrier. These methods will promote dignity, independence, and patient safety (Thomson and Chatterjee, 2024).

2.4 Relevant Legislation

The various legislation on the health and social care sector in the UK contributes to effective communication. Equality act 2010 also requires reasonable accommodations so that individuals are not discriminated against because of their age or disability. The care act 2014 enhances personal-centred care and individual decision making and the mental capacity act 2005 enhances individual decision making where it can in practice and where it cannot be made in that people have limited capacity. These laws apply here to Mrs Thompson to make the communication accessible, respectful, and aimed at making her more independent and safer (Thompson, 2023).

Section 2: Administrative Skills and Record Keeping

3.1 Importance of Administrative Skills

To provide effective, organised and safe delivery of health and social care, administrative skills are important. Proper documentation also helps professionals to document assessments, medication administration, care plan, incidents, and observations in the same manner, thereby maintaining continuity of care. In the case of Mrs Thompson, the incident of missing medication was duly reported via the incident reporting mechanism of the organisation to enable investigation of the problem by the professionals and to schedule a medication review. Properly taken care plans yield valuable data on her dementia, recent discharge, medication requirement and risks to protection as well. Quality management aids in communication among the professionals and everyone involved must be equipped with correct and up-to-date information to make decisions regarding care (Abdalla *et al.* 2025).

3.2 Importance of Accurate Record Keeping

Proper record keeping brings continuity of care in that the healthcare professionals will have all relevant and updated information regarding individual health and support needs. It also shows accountability as it captures measurements on assessments, interventions as well as professional decisions and protects service users and workers in case of any issues or complaints. In the case of Mrs Thompson, medication missed, confusion and protective incident documentation allow professionals to follow the development of her state and to take appropriate action. Correct documentation minimises the chances of mistakes, unwarranted duplication of care and makes intervention delivery safe and consistent (Wright *et al.* 2024).

3.3 Risks of Poor Record Keeping

Inadequate record keeping has potential negative impacts on patient safety and quality care. Poor or unfinished reporting can contribute to medication errors, sluggish treatment, recurring tests and the lack of effective interaction among professionals. Not documenting safeguarding issues could place vulnerable patients at risk of additional damage. Mrs Thompson would have not had her skipped medication recorded and professionals would not have realised that there was a correlation between medication non-adherence and growing confusion. Similarly, poor documentation of the event where she was discovered in the street wearing inappropriate clothing might postpone protecting measures and heighten risks in the future. Inadequate documentation can also put healthcare organisations at risk of legal and professional ramifications.

3.4 Confidentiality and Professional Standards

To promote safe care, health and social care professionals should keep confidential information safe and share the appropriate information. Any disclosure of information concerning Mrs Thompson and her medication review, dementia, and safeguarding considerations should be done in a secure manner with individuals who have a direct role in her care only. Confidentiality helps in building trust as well as facilitating quality decision making. Healthcare workers are also expected to comply with professional standards in generating clear records, accurate and timely records that facilitate accountability, quality assurance, and multidisciplinary communication. In general, person-centred, legally compliant, and safe care is built upon effective administration skills and correct record keeping (Gledson *et al.* 2024).

Section 3: Collaborative Working

4.1 Importance of Partnership Working

Collaborative working allows healthcare and social care professionals to share knowledge and expertise in providing person-centred care in a coordinated manner. The needs of Mrs Thompson in terms of health and social care are numerous, thus no one professional can adequately address all her needs. Efficient partnering will lessen duplication, enhance relations, and enable in the transfer of care (Thompson *et al.* 2022).

4.2 Professionals Involved in Mrs Thompson's Care

The care of Mrs Thompson involves a number of different professionals namely, her GP, community nurse, pharmacist, domiciliary care workers, social worker, occupational therapist, dementia specialists and the local authority safeguarding team. Every professional

brings professionalism that helps her get well, administer her medicines, and stay safe and self-sufficient.

4.3 Approaches to Collaborative Working

Protecting referrals, reviewing the medications, shared care plans, multidisciplinary meetings, communication, and frequent communication improve collaborative care. Such strategies assist professionals to share information, plan interventions, and respond promptly to the changes in the state of Mrs Thompson.

4.4 Challenges

Nevertheless, despite its advantage, there could be drawbacks of collaboration working because of the lack of effective communication, difficulties in information sharing, labour shortage, and organisational differences. Those issues may slow down the decision-making process and decrease continuity of care.

4.5 Strategies to Improve Collaboration

Joint electronic care records, routine multidisciplinary discussions, well-documented, professional roles and roles that are well defined and well-organised, and person-centred care planning can enhance collaboration. These approaches promote regular communication, minimise mistakes, and make sure that Mrs Thompson experiences the orchestration of the efforts of all caregivers during her treatment (Vinokur *et al.* 2024).

Clear collaboration at work thus enhances patient safety, promotional decision-making, and allows Mrs Thompson to be provided with combined care that considers her health, as well as her social care.

Conclusion

The case of Mrs Thompson illustrates why effective communication, correct administrative practice and working together is essential in the provision of quality health and social care. Effective communication will help the professionals know her requirements and assist her to adhere to medication and gain independence in spite of the difficulties that come with dementia. Proper documentation/record keeping will guarantee continuity of care, help in incident reporting, safeguarding processes, and minimise chances of medication errors. Working in collaboration in tertiary care between a healthcare provider and social care provider and the protection service allows them to make a coordinated decision and complete care planning. The drug incident and protection issue indicate the close relations between communication, documentation, and partnership working. Together with the relevant UK laws and professional codes they help to offer safe, compassionate and legally-admissible care to vulnerable individuals without indignant their dignity, wellbeing, and autonomy.

References

- Abdalla, M.E., Taha, M.H., Onchonga, D., Preston, R., Barber, C., Green-Thompson, L., Taylor, D., Cameron, E., Woollard, R. and Boelen, C., (2025). Instilling social accountability into the health professions education curriculum with international case studies: AMEE Guide No. 175. *Medical Teacher*, 47(7), pp.1083-1096.
- Gledson, B., Rogage, K., Thompson, A. and Ponton, H., (2024). Reporting on the development of a web-based prototype dashboard for construction design managers, achieved through design science research methodology (DSRM). *Buildings*, 14(2), p.335.
- Thompson, H.M., Clement, A.M., Ortiz, R., Preston, T.M., Quantrell, A.L.W., Enfield, M., King, A.J., Klosinski, L., Reback, C.J., Hamilton, A. and Milburn, N., (2022). Community engagement to improve access to healthcare: a comparative case study to advance implementation science for transgender health equity. *International Journal for Equity in Health*, 21(1), p.104.
- Thompson, N., (2023). *The Social Worker's Practice Manual*. Jessica Kingsley Publishers.
- Thompson, S. and Thompson, N., (2023). *The critically reflective practitioner*. Bloomsbury Publishing.
- Thomson, L.J. and Chatterjee, H.J., (2024). Barriers and enablers of integrated care in the UK: a rapid evidence review of review articles and grey literature 2018–2022. *Frontiers in Public Health*, 11, p.1286479.
- Vinokur, E., Yomtovian, A., Marom, M.S., Itzhakov, G. and Baron, L., (2024). Social-based learning and leadership in school: Conflict management training for holistic, relational conflict resolution. *Frontiers in Social Psychology*, 2, p.1412968.
- Wright, G.D., Thompson, K.A., Reis, Y., Bischof, J., Hockberger, P.E., Itano, M.S., Yen, L., Adelodun, S.T., Bialy, N., Brown, C.M. and Chaabane, L., (2024). Recognising the importance and impact of Imaging Scientists: Global guidelines for establishing career paths within core facilities. *Journal of Microscopy*, 294(3), pp.397-410.