

LEVEL 4 ASSESSMENT SPECIFICATION

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Submission method:	All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.) Alternative submission method (if applicable): Late submission of the assessment will result in a late penalty mark: Work which is submitted up to 1 week late will be capped at 40% for the first attempt and will be awarded a mark of 0% for re-assessment. Late submission penalties may be lifted only if there is an approved extenuating circumstances claim. Work submitted more than 1 week late will be considered as a non-submission and will not be marked. The work may be considered as a submission for reassessment if offered by an Examining Board or if there is an approved extenuating circumstances claim.		

Academic honesty / referencing:	Academic honesty is required. In the main body of your submission, you must give credit to authors on whose research and ideas your work is based. Append to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.
Module Learning Outcomes (From module syllabus)	
Upon the successful completion of this module, the student should be able to: • Explain the health and social care system in the UK, its origin, and different challenges faced by the system. • Explain the importance of partnership working, effective communication, and record-keeping in health and social care. • Describe the important legislation and policies of health and social care.	

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Abbreviation

NHS: National Health Service

UK: United Kingdom

UK GDPR: United Kingdom General Data Protection Regulation

GP: General Practitioner

NMC: Nursing and Midwifery Council

SOLER: Sit squarely, Open posture, Lean towards the person, Eye contact, Relax

SBAR: Situation, Background, Assessment, Recommendation

IT: Information Technology

1. Introduction

This assignment draws on the case of Mrs Mann, a 72-year-old woman recovering from a hip replacement and receiving domiciliary care, to examine three key dimensions of health and social care practice. First, it will analyse the role of effective communication, with particular attention to language barriers, and consider how the Equality Act 2010 and the SOLER communication model can support person-centred care. Second, it will evaluate the importance of robust administrative skills and accurate record keeping, with reference to the Data Protection Act 2018, UK GDPR and national guidance on records management. Finally, it will explore the significance of collaborative working between professionals, including the general practitioner, physiotherapist and care workers, and identify approaches that promote effective multi-agency practice. Throughout, the discussion will apply these concepts directly to Mrs Mann's situation and will be informed by relevant legislation, policy and academic literature.

2. Effective communication in the context of Mrs Mann's care

Effective communication is fundamental to safe, person-centred care, particularly for older adults recovering from significant surgery in the home environment. The NHS emphasises that good communication supports understanding, reduces anxiety and underpins shared decision-making for people receiving care and their carers (Tingle, 2024; Semmeling, 2025). In the case of Mrs Mann, who is a native Urdu speaker with limited proficiency in English, there is an increased risk of communication barriers, misinterpretation of clinical information and reduced involvement in decisions about her care if appropriate strategies are not used (Badcock and Sakellariou, 2022).

Communication difficulties can manifest in several ways, including misunderstanding of instructions about exercises, mobility, or medication, and reluctance to express pain or concerns. Guidance from speech and language therapy services advises carers to use short sentences, simple language, a slower pace and frequent pauses, as well as to give service users time to respond and to check understanding (Kletečka-Pulker et al., 2018; Lehané and Campion, 2018). These strategies are directly applicable to interactions with Mrs Mann, particularly when discussing her pain, mobility or physiotherapy exercises.

There is also a clear legal and ethical dimension. The Equality Act 2010 requires public bodies, including NHS organisations and many social care providers, to avoid discrimination and to make reasonable adjustments so that services are accessible to people with different needs (Clements, Holzhausen and Bangs, 2010). Recent reports on the experiences of deaf patients in England show how failure to meet communication needs can amount to systemic discrimination and can compromise safety, demonstrating the practical importance of the Equality Act in healthcare setting (Badcock and Sakellariou, 2022; Clements, Holzhausen and Bangs, 2010). Although Mrs Mann's main barrier is language rather than sensory impairment, the same principles of accessibility, dignity and equal treatment apply.

NHS England's Improvement Framework for community language translation and interpreting services aims to support the provision of consistent, high-quality interpreting for people with limited English proficiency (Lehane and Champion, 2018; Kletečka-Pulker et al., 2018). This framework highlights that reliance solely on family members as interpreters can be problematic, particularly when discussing sensitive, complex or confidential issues. For Mrs Mann, while her daughter's involvement is valuable, best practice would be to combine family support with access to professional interpreters where possible, especially for medication reviews, discussions about risks and consent.

In terms of communication theory, Egan's SOLER model is frequently used in health and social care education to structure non-verbal active listening (Egan, 2002; Stickley, 2011). SOLER encourages practitioners to sit squarely (or at a comfortable angle), maintain an open posture, lean slightly towards the person, maintain appropriate eye contact and remain relaxed. Applied to Mrs Mann, this model can support the development of a therapeutic, respectful relationship even when verbal communication is constrained by language. For example, a carer who sits at her level, adopts an open posture, uses gentle eye contact and appears calm and unhurried is more likely to convey empathy and attentiveness.

However, non-verbal models must be applied with cultural sensitivity. Stickley (2011) cautions that eye contact and physical proximity may be interpreted differently across cultures and that rigid application of SOLER can be mechanistic if cultural preferences are ignored. For an older South Asian woman like Mrs Mann, staff should therefore use SOLER flexibly, being attentive to her comfort and preferences.

Finally, communication is a two-way transactional process. Carers should not only provide information but actively check understanding, for example by asking Mrs Mann, with the support of an interpreter or her daughter, to explain back how and when she will take her medication or perform an exercise. Clear documentation of these discussions (see Section 2) supports continuity of communication between different staff members. Taken together, these approaches demonstrate how effective, culturally sensitive communication is essential to safe, person-centred care in the context of Mrs Mann's rehabilitation.

3. The importance of administrative skills and record keeping within Mrs Mann's care

The case study indicates that there has been inconsistent documentation and a missed communication which contributed to a delayed medication adjustment for Mrs Mann. This highlights why robust administrative skills and accurate records are central to safe practice in health and social care.

The Nursing and Midwifery Council's (NMC) Code states that registered professionals must "keep clear and accurate records relevant to your practice", ensuring that entries are completed promptly, are factual and can be understood by others involved in care (Nursing and Midwifery Council, 2018). Similar expectations are reflected in guidance for other professional regulators and in local policies for domiciliary care agencies. Good record keeping allows all staff visiting Mrs Mann at different times of day to see what care has been provided, how she has responded, and what actions or referrals are outstanding. In practical terms, records should include observations about her mobility, pain level,

wound status, exercises completed, concerns reported by Mrs Mann or her daughter, and any contacts with the GP or physiotherapist.

The Records Management Code of Practice for Health and Social Care 2021 provide a national framework for the creation, storage, retention and disposal of health and social care records in England (NHSX, 2021). It applies to organisations working within or under contract to the NHS, and also to adult social care functions commissioned or delivered by local authorities. The Code emphasises that records must be “complete, accurate and made contemporaneously” and that organisations must have policies to ensure information is managed consistently. For Mrs Mann’s care, this means her care provider should have clear procedures for documenting each visit, for communicating changes (for example, a new prescription) to all staff, and for ensuring that records are available to relevant professionals such as the GP and physiotherapist.

Data protection and confidentiality are also key considerations. In the UK, data protection is governed by the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, which together regulate how personal data, including health information, is collected, stored, used and share (Chico, 2018; Birkinshaw and Varney, 2019; Dove, 2025). Health data is classed as “special category data” and therefore requires additional safeguards. Guidance for health and social care providers stresses the need for secure systems, clear policies, staff training and a “culture of privacy” in the handling of records (Chico, 2018; Birkinshaw and Varney, 2019).

In practice, for Mrs Mann, this means that:

- Only staff directly involved in her care should access her records.
- Information shared with professionals such as the GP or physiotherapist should be relevant, accurate and proportionate.
- Her consent to share information, where appropriate, should be sought and documented in line with organisational policy.
- Electronic or paper records should be stored securely and not left where others can see them, particularly in a domestic setting.

Poor administrative practice, such as incomplete entries, illegible handwriting, delays in recording or using informal channels (for example, personal messaging apps) to share clinical information, can compromise both patient safety and data protection compliance. As recent commentary on digital communication in the NHS has noted, informal messaging systems can create a “wild west” environment if they are not governed by clear policies and audit, risking breaches of confidentiality (Semmeling, 2025; Birkinshaw and Varney, 2019).

Developing strong administrative skills is therefore integral to professional practice. For staff supporting Mrs Mann, this includes following local record-keeping policies; using structured templates or electronic systems correctly; entering information promptly after each visit; and ensuring that messages about medication concerns or changes are clearly recorded and followed up. In this way, record keeping becomes an active component of safe, co-ordinated care rather than a purely bureaucratic task.

4. The importance of collaborative working with other professionals in Mrs Mann's care

Mrs Mann's care involves multiple professionals, including domiciliary care workers, her GP and a community physiotherapist. Effective interprofessional collaboration is essential to ensure that her rehabilitation is safe, co-ordinated and aligned with her needs and preferences.

Research on interprofessional collaboration in home and community care for older adults indicates that well-structured collaborative practice can improve functional outcomes, reduce hospital admissions and enhance satisfaction for both service users and family carers (Ploeg et al., 2014; Kari, Kortejärvi and Laaksonen, 2022). Such collaboration is characterised by shared goals, mutual respect, clear delineation of roles and structured communication processes. In Mrs Mann's situation, the physiotherapist may set specific rehabilitation goals and exercises, the care workers support her to complete these safely during daily visits and monitor progress, while the GP reviews her pain management, monitors for complications and adjusts medication accordingly.

However, collaboration is not automatic. Studies highlight common challenges including different professional cultures, incompatible IT systems, time pressures and unclear lines of responsibility, all of which can undermine joint working (Ploeg et al., 2014; Christensen et al., 2023). In domiciliary care, where staff often work alone and see different service users each day, there is a particular risk that important information is not passed on to other professionals promptly. The delayed medication adjustment in Mrs Mann's case suggests that communication between the care agency and the GP was not sufficiently timely or structured.

Several **approaches** can be used to foster effective collaboration. First, establishing clear communication pathways such as a named contact at the care agency for GP and physiotherapy liaison can reduce ambiguity. Second, using structured communication tools such as **SBAR** (Situation, Background, Assessment, Recommendation) helps staff to present information in a concise, standardised format when contacting other professionals. Third, regular multi-disciplinary discussions (which may be virtual or phone-based) can support joint review of complex cases, including Mrs Mann if her recovery is not progressing as expected. Evidence suggests that interprofessional education and joint training can also strengthen understanding of roles and promote more integrated care for older people living at home (Ploeg et al., 2014; Bayley et al., 2025).

For Mrs Mann, effective collaborative working should result in a shared rehabilitation plan, consistent advice about mobility and safety, and timely review of analgesia and other medicines. This, in turn, is likely to reduce the risk of falls, re-admission to hospital and deterioration in her physical or psychological wellbeing.

5. Conclusion

This assignment has examined the case of Mrs Mann to explore three key aspects of health and social care practice: effective communication, administrative and record-keeping skills, and collaborative working. The analysis has shown that effective, culturally sensitive communication is essential to person-centred care, particularly when supporting an older adult with limited English proficiency at

home (Badcock and Sakellariou, 2022; Lehane and Campion, 2018). Legal duties under the Equality Act 2010 and recent NHS frameworks on interpreting services reinforce the requirement to meet communication needs and to involve service users meaningfully in decisions about their care (Clements, Holzhausen and Bangs, 2010).

The discussion has also demonstrated that robust administrative skills and accurate record keeping, informed by the Data Protection Act 2018, UK GDPR and the Records Management Code of Practice, are fundamental to patient safety, continuity of care and protection of confidential information (Nursing and Midwifery Council, 2018; NHSX, 2021; Chico, 2018). Finally, the importance of interprofessional collaboration between domiciliary care workers, the GP and the physiotherapist has been highlighted, supported by evidence that integrated working in home and community care settings improves outcomes for older adults (Ploeg et al., 2014; Kari, Kortejärvi and Laaksonen, 2022). Applying these principles coherently in Mrs Mann's care has the potential to enhance her recovery, promote her autonomy and safeguard her wellbeing, while also modelling good practice in contemporary health and social care.

6. References

- Badcock, E. and Sakellariou, D. (2022) “‘Treating him... like a piece of meat’: poor communication as a barrier to care for people with learning disabilities”, *Disability Studies Quarterly*, 42(1).
- Bayley, Z. et al. (2025) ‘Addressing barriers to interprofessional working with homecare workers in community palliative care: insights from a multi-site qualitative case study in England’, *medRxiv*, pp. 2025–08.
- Birkinshaw, P. and Varney, M. (2019) Government and information rights.
- Chico, V. (2018) ‘The impact of the General Data Protection Regulation on health research’, *British Medical Bulletin*, 128(1), pp. 109–118.
- Christensen, L.D., Huibers, L., Bro, F., Christensen, M.B. and Mygind, A. (2023) ‘Interprofessional team-based collaboration between designated GPs and care home staff: a qualitative study in an urban Danish setting’, *BMC Primary Care*, 24(1), p. 3.
- Clements, L., Holzhausen, E. and Bangs, J. (2010) *The Equality Act 2010 and carers*. London: Carers UK.
- Dove, E.S. (2025) ‘[Title truncated] in the United Kingdom: the legal’, in *International transfers of health data: a global perspective*, p. 57.
- Egan, G. (2002) *The skilled helper: a problem-management and opportunity-development approach to helping*. Belmont, CA: Brooks/Cole.
- Kari, H., Kortejärvi, H. and Laaksonen, R. (2022) ‘Developing an interprofessional people-centred care model for home-living older people with multimorbidities in a primary care health centre: a community-based study’, *Exploratory Research in Clinical and Social Pharmacy*, 5, p. 100114.
- Kletečka-Pulker, M., Parrag, S., Droždek, B. and Wenzel, T. (2018) ‘Language barriers and the role of interpreters: a challenge in the work with migrants and refugees’, in *An uncertain safety: integrative health care for the 21st century refugees*. Cham: Springer International Publishing, pp. 345–361.
- Lehane, D. and Campion, P. (2018) ‘Interpreters: why should the NHS provide them?’, *The British Journal of General Practice*, 68(677), p. 564.
- NHSX (2021) *Records management code of practice for health and social care 2021: a guide to the management of health and care records*. August. London: NHSX.
- Nursing and Midwifery Council (2018) *The code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.
- Pettigrew, L.M., Petersen, I., Mays, N. and Cromwell, D. (2024) ‘The changing shape of English general practice: a retrospective longitudinal study using national datasets describing trends in organisational structure, workforce and recorded appointments’, *BMJ Open*, 14(8), p. e081535.
- Ploeg, J. et al. (2014) *Interprofessional education and interprofessional collaboration in home and community care of older adults and their families*. Hamilton, Ontario: Aging, Community and Health Research Unit, McMaster University, School of Nursing.
- Semmeling, S. (2025) *Patient safety in the digital NHS: user-centric approaches to technology and transformation*. London: Public Policy Projects, in collaboration with Patient Safety Learning.

- Stickley, T. (2011) 'From SOLER to SURETY for effective non-verbal communication', *Nurse Education in Practice*, 11(6), pp. 395–398.
- Tingle, J. (2024) 'Back to patient safety basics: improving communication with patients', *British Journal of Nursing*, 33(1), pp. 40–41.