



Programme: BSc Health and Social Care

Module: Principles of Health and Social Care Practice

Module code: BMHP5016

**Reflective Report on Principles of Health and Social Care
Practice**

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1. Introduction

The United Kingdom has a system of fundamental principles that sustain the practice of health and social care to provide high quality, safe and effective care in the country. The principles will inform the professionals to act in regard to the various needs of the individuals in a way that upholds dignity, respect and accountability. The most notable ones of these include person-centred care, partnership working, and ethical practice. Person-centred care emphasises the concept of personalising services to suit the unique needs, preferences and values of human beings and, as a result, foster autonomy and well-being (Rijal and Rai, 2025). Collaboration between professionals, organisations, service users and families to deliver coordinated and holistic care are the focus of partnership working (Couturier *et al.* 2023). The foundational aspect of ethics is used to guarantee that decisions made follow the moral concepts of autonomy, beneficence and justice.

This report aims at critically contemplating on these central values and analysing their significance in practice in the UK health and social care. It will discuss the use of these concepts in practice and the way they can be used to enhance the quality of care.

Task 1. Reflection on Principles

2.1 Person-Centred Care

Person-centred care is a style where people come first into the decisions which will affect their health and wellbeing such that the person-centred includes the needs, preferences, and values of the person so that the person can receive care (Ekman and Swedberg, 2022). The idea is quite consistent with the Hierarchy of Needs formulated by Maslow especially in terms of meeting physiological needs, safety needs, belongingness needs and esteem needs since they are fundamental to the overall wellbeing (Saif, 2024). Person-centred care builds on patient autonomy and satisfaction by considering individuals as agents of care, as opposed to mere receivers. The services, rated outstanding with outstanding results, as reported by the Care Quality Commission (2023) were often successful in the way they carried out person-centred practices, which led to improved patient experiences and outcomes.

2.2 Partnership Working

Partnership working is a way of collaborating between two or more agencies, professionals and service users to provide effective and coordinated care (England NHS, 2022). Successful collaboration working will assure care continuity and limit the fragmentation in terms of services. NHS England (2026) reported that Integrated care is a feature of the partnership working as one of the strategies that can be used to improve the health of the population. Teamwork improves communication in the workplace, resulting in improved decision-making and continuity of care (Ljungholm *et al.* 2022). In the absence of effective partnership working, service users can suffer gaps in care, services being duplicated and worse health outcomes.

2.3 Health and Social Care Ethics

Ethics is important in professional behaviour and decision making in health and social care. Four principles form the basis of ethical practice and include the autonomy, beneficence, non-maleficence and justice. Autonomy plays a significant role as it entails giving patients the right to make informed decisions on how their treatment should be performed, but beneficence and non-maleficence imply that practitioners have to make decisions on behalf of patients, and not to harm them. Justice is concerned with equity and equality in provision and allocation of resources and care. Complex situations requiring that decision-makers have good ethical judgment encompass end-of-life care or protection of vulnerable people. National Institute of Health and Care Excellence (NICE, 2021) lists ethical frameworks as a power tool to help maintain a consistent and transparent method of making decisions in the clinical practice, enhancing trust between professional and patients. The lack of ethical practice may lead to harm, a loss of trust, and legal ramifications.

2.4 Role of Principles in UK Care Quality

The values of person-centred care, collaborative work, and ethics can be found in the important UK legislation, such as the Care Act 2014 and the Health and Care Act 2022. According to the report by the UK Government (2014), The Care Act 2014 also ensures that local authorities have individual wellbeing and person-centred approaches as a legal requirement. The integrated care systems will be consolidated by the Health and Care Act 2022, which maximises collaboration in terms of services (Department of Health and Social Care, 2022). The Nursing and Midwifery Council Code entails setting the professional standards that mandate nurses and midwives put

patients at the centre, deliver competently, be safe and profess and ensure trust in all facets of care provision (NMC Nursing & Midwifery Council, 2026). The values are the premise of high quality of care, safety and accountability. When properly implemented, they result in better patient outcomes, enhanced satisfaction, and more resources are utilised more efficiently.

3. Task 2: Practical Examples of Concepts in Practice

3.1 Case Example

An example of UK case study, Sefton demonstrates that the person-centred approach brought about an improvement in hospital discharging. The voluntary and community organisations were liaised with through its health services bearing in mind the patients and their carers. Social needs, emotional and social needs aftercare were addressed in discharge planning (NHS, 2026). This holistic and wrap-around support was intended to ensure that the patients were in a position to leave the hospital safely and recover well at home and reduce the risk of re-hospitalisation.

3.2 Application of Principles

Person-centred care was also evident about hatching plans of care customised to the needs and preferences of Sefton, in this case. Medical practitioners involved him in decision making on his discharge plan such as how he would like to be given a choice on whether to be released to be at home with his family or is he interested in being transferred to a residential care home. The multidisciplinary team (MDT) meeting was used to plan medical care, home care services, and rehabilitation services (Doornebosch *et al.* 2024). Continuity of care and emotional support was also guaranteed because of the involvement of family members. The decision making process was very much based on ethical considerations. Finalisation of the discharge plan obtained the consent of Sefton, which made sure to follow the principle of autonomy.

3.3 Importance of Policies and Guidelines

The adoption of these principles was justified by some of the major policies and guidelines in the UK. The Care Act 2014 highlights the need to promote the wellbeing of individuals and calls on the local authorities to offer the relevant support when they are being transferred between care. In the same vein, NHS discharge guidelines promote the joint planning and on-time communication of services in order to minimise delays and enhance patient outcomes (NHS

England, 2023). Protective policies also guaranteed that Sefton had protection against possible risks, especially as he is vulnerable because of his age and health related factors.

3.4 Critical Evaluation

The implementation of the person-centred care, partnership working and ethics in the case led to numerous strengths such as enhancement of patient satisfaction, continuity of care and minimisation of readmission. The results of a study by The King's Fund (2026) reported that integrated care methods can contribute greatly to improving the patient outcome and efficiency of the system. Professional and organisational communication barriers may slow down the process of making decisions and resource constraints (staff shortage, lack of funds) may impede successful implementation.

4. Task 3: Self-Reflection

Gibbs Reflective Cycle (1988) will be employed to offer a critical and organised self-reflection, since it incorporates the following steps: description, feelings, evaluation, analysis, conclusion, action plan (Praveena *et al.* 2025).

4.1 Description and Personal Understanding of the Principles

My learning helps me realise that person-centred care is associated with putting individuals in the centre of each and every decision and respecting their preferences, dignity, and independence. This practice is in line with the UK healthcare priorities where personalised care has been identified as a priority that can enhance outcomes. NHS England (2023) claims that patient satisfaction is increased with personalised care, and it enhances long-term condition management. I also know the partnership works as a collaboration process that goes with various professionals, organisations as well as service users. In my perception, all professional decisions are based on ethics.

4.2 Feelings and Reflection on My Current Skills

When I assess my current strengths, I am not sure whether I am confident about certain skills and I understand that I have to improve my skills in some aspects. Communication is one of my key strengths. I can actively listen, be able to constructively communicate information that can be useful in fostering trust with the service users and my colleagues (Braicu and Drăghia, 2024). I

would also provide empathy as I am able to sense the emotions and points of view of others and it is vital in the provision of person-centred care. The other strength is teamwork because I can work well with other people and am able to contribute towards common objectives. There are some areas I identify that I can improve in. There is still a need to develop my skills of decision making, particularly in complex situations.

4.3 Evaluation and Application in My Future Practice

Evaluating my overall skills, there are several strengths that I can say that I have a tremendous foundation to my performance, but my weaknesses can affect my performance professionally negatively unless I deal with them. Being a future provider, I will offer a person-centred service through influencing the service users in the decision-making process and appreciating their choice. I will ensure care plans are tailored to suit individual needs and develop a sense of independence in persons. To be able to work with teams, I will be communicative, respectful of the role played by the other professionals and multidisciplinary discussions. The findings of The King's Fund (2022) have demonstrated that good collaboration enhances coordination and patient outcomes. Ethically, I will apply the ethical principles which include informed consent, secrecy and acting in the best interest of the service users (Pahuja, 2024). It will aid in retaining trust and uphold professional accountability.

4.4 Analysis: Use of Legislation and Professional Standards

The laws and codes of practice are crucial in regulating the health and social care practice. Care Act 2014 is aimed at the promotion of wellbeing and protection of people whereas the Health and Care Act 2022 favors the integration of care and cooperation of services. The two frameworks strengthen the necessity of person-centred care and partnership working. Codes of conduct governing professional practices, including the Nursing and Midwifery Council (NMC, 2018) make it quite clear how to conduct oneself ethically, as well as in communication and accountability (NMC Nursing & Midwifery Council, 2026). The use of these standards will facilitate my provision of effective and safe care in accordance with the demands of the UK.

4.5 Conclusion and Action Plan

This reflection has implicated the need to develop professionally continuously. In a bid to enhance my capabilities, I have come up with some actions. In order to improve my knowledge and to

refine my skills practically, I will attend communication, safeguarding and ethical practice training and workshops. Then, I will enhance my communication through feedback and reflection practice. I will also enhance my knowledge of legislation by reading major policies and guidelines on a regular basis.

4.6 Critical Reflection

This reflection exercise has enhanced my knowledge of the major concepts of health and social care. I am now more enlightened on the need to focus more on person-centred care, partnership working, as well as ethics in providing quality services. My outlook has changed to a simple comprehension to a deeper realisation of how these principles are in use in reality. I have realised that, to provide care, one needs not just theoretical knowledge but practical skills and skills, ethical consciousness and cooperation. In this reflection, I have underlined the significance of self-awareness and the ongoing improvement. The acquired insights will inform me in the future and will help me to grow as a competent and ethical health and social care professional.

5. Conclusion

Conclusively, this report has discussed the great significance of person-centred care, partnership working and ethical practice in ensuring high quality of health and social care in the UK. These values facilitate good decision-making, enhance patient care, and advance dignity and respect in the delivery of care. Their practice application shows them to be coordinated efforts and ethical considerations that will increase the quality of services. The reflection process has helped me to identify my strengths and areas of improvement, which help me in my personal and professional development. In future, I hope to use these principles in the provision of safe, caring and effective care as a future health and social care professional.

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