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Introduction

The United Kingdom has health and social care that is developed to uphold wellbeing and help people live dignified lives (Kaiser et al., 2022). The report considers three principles that underpin practice, e.g., person-centred care, partnership working and ethics, and discusses their theoretical significance, practical use in a UK context and impact on my future professional practice.

Task 1 – Reflection on the Importance of Principles of Health and Social Care

Health and social care in the United Kingdom is designed to defend wellbeing, guarantee recovery and to accompany people with dignity in their lifecycle (National Institute for Health and Care Excellence, 2023). Three principles influence safe and effective practice in both NHS and social care environments: person-centred care, partnership working and ethics. Person-centred care is a method that will help every person get assistance that suits his or her needs and preferences (Gilchrist, Kholvadia and Burdick, 2024). Partnership working is based on the premise of bringing professionals, families and patients together to provide coordinated care. Ethics helps practitioners to make sound, fair decisions. This assignment discusses these three principles, applies them to a realistic UK context and thinks about how they will affect my own future practice.

Person-Centred Care and Individual Care

Person-centred care implies that individuals, instead of the condition, are core to all care decisions. Carl Rogers (1961) postulated that individuals can develop and use an informed choice in their own lives because of true understanding, empathy and unconditional positive regard. Tom Kitwood (1997) expanded this approach to health and social care by defining personhood as that which ought to be safeguarded by means of comfort, identity, attachment and inclusion (Mitchell and Agnelli, 2015). When these ideas are implemented by practitioners, patients feel more respected in their dignity and more in charge of making decisions that impact them. Studies indicate that person-centred management also enhances self-sufficiency, promotes informed decision-making and increases patient satisfaction (Burley et al., 2025). These results indicate the direct positive impact of person-centred care due to its direct positive influence on the quality of individual care in the UK.

Partnership Working and Collaboration

Partnership working is the working together of healthcare professionals, patients, families and carers with a view to shared care goals (Department of Health and Social Care, 2023). According to Interprofessional Collaboration Theory, communication becomes better,

and duplication of efforts is minimised when various professionals with expertise merge their skills (Kaiser et al., 2022). Gilchrist, Kholvadia and Burdick (2024) discovered that patients prefer their teams to function well, engage and coordinate their care better than one-handed treatment. Information sharing between doctors, nurses, social workers and families leads to better continuity in care and minimises the risk of safety concerns. Partnership working can also enable working professionals to act upon changing needs of patients promptly as opposed to them operating in solitude (Care Quality Commission, 2023). This collaborative strategy enhances communication, facilitates coordinated services and leads to better patient safety in the UK health and social care environment.

Ethics and Ethical Decision-Making

Ethics offers a moral base towards fair and healthy decision-making in health and social care (Care Quality Commission, 2023). According to Beauchamp and Childress (2019), these four guiding principles are autonomy, beneficence, non-maleficence and justice. Autonomy means that practitioners have to consider the right of a person to make an informed decision about themselves. Beneficence and non-maleficence guide the professionals to act in the best interest of the patient and without any unwarranted harm (Beauchamp and Childress, 2019). Justice means that the distribution of resources and treatment is just without any consideration of the background or circumstance (Burley et al., 2025). These values uphold the principles of confidentiality, informed consent and professional accountability in daily practice. According to the Care Quality Commission (2023), ethics help to cushion patients against injuries and achieve equality across services. The consistency of applying these values enables practitioners to make safe and ethical choices in complicated issues of care (NHS England, 2023).

Collectively, these three values of person-centred care, partnership working and ethics mix to increase the quality of personal care, overall professional collaboration and ethical conduct throughout the United Kingdom.

Task 2 – Practical Examples of Concepts in Practice

Case Background

The case in point is an NHS hospital ward offering rehabilitation to an 82-year-old woman who suffered a hip fracture and has initial signs of dementia. She has a multidisciplinary team comprising a consultant geriatrician, nurses in the ward, a physiotherapist, an occupational therapist and a social worker. Her daughter participates very much in decisions regarding her continuity provision. This environment illustrates the co-

operation between person-centred care, partnership working and ethics in everyday UK hospital practice.

Applying Person-Centred Care

The ward staff form a personal care plan considering the preferences, needs concerning day-to-day care, and communication of the patient. Staff engage her in making joint decisions regarding mobility goals and discharge planning as much as her capacity allows (Kaiser et al., 2022). Nurses uphold her dignity through individual decisions with regard to washing, dressing, and mealtimes. This strategy is inspired by the Care Act 2014, in which local authorities and NHS services have to take into account personal wellbeing when making arrangements to support them. The NHS Constitution (Department of Health and Social Care, 2023) also obliges personnel to treat patients respectfully and with compassion. The NICE principles of dementia care suggest flexible and individualised methods instead of routine use, which reinforces the person-centred practice in the ward (NICE, 2023).

Applying Partnership Working

Meetings of doctors, nurses, physiotherapists, occupational therapists and social workers to discuss the progress of the patient and settle a coordinated discharge plan are frequent. The physiotherapist provides a report of mobility, and the occupational therapist provides a report of home adaptation requirements before discharge (Department of Health and Social Care, 2023). The community services are connected with the social worker to provide further assistance, and the daughter participates in the review meetings to provide insight into what her mother values as a rule. Kaiser et al. (2022) discovered that well-organised interprofessional collaboration not only improves patient-reported outcomes but also decreases delays in care. This collaboration indicates the NHS Long Term Plan promises of integrated, joined-up services and communication within the team enhances continuity of care and minimises readmission risk (Gilchrist, Kholvadia and Burdick, 2024).

Applying Ethics

A person's informed consent is obtained before the team begins new treatments and is explained to the patient and her daughter (Burley et al., 2025). In situations where decision-making is impaired by memory issues, personnel refer to the Mental Capacity Act 2005 to determine capacity and make decisions in her best interests. As per the Data Protection Act 2018, patient records are kept safely. She is treated fairly, irrespective of age or diagnosis, by staff as part of their responsibility in accordance with the Equality Act 2010, and staff checks ensure that she is never neglected or abused during her stay (Burley et al., 2025).

Challenges and Recommendations

The presence of staff shortages and a high flow of patients can sometimes restrict the time for complete multidisciplinary deliberation. Information sharing may also be slowed by communication barriers between shifts within the team (NHS England, 2023). Further enhancement of handover processes, regular training of staff and developing digital care records would enhance coordination. An increased patient and family engagement in the daily reviews would also assist in more person-centred and ethical practice (Skills for Care, 2023).

Task 3 – Self-Reflection as a Health and Social Care Professional

Reflective practice enables me to analyse my experiences in an unbiased manner and how I will become a better health and social care professional in the future. This reflection reflects on how the notion of person-centred care, partnership working, and ethics will inform my day-to-day practice. I hope to develop safe, caring and responsible practices at the very beginning of my career.

Applying Person-Centred Care in My Practice

In my practice in the future, I will treat all people with dignity irrespective of their condition or background. I will listen to each individual and get to know their preferences and then plan their care. After the emphasis made by Rogers on empathy, I will be honest and avoid assuming what patients would like. I will also engage people in making directly related decisions concerning treatment to uphold the principles provided in the Care Act 2014. Where practicable, I shall motivate self-dependence instead of finishing a job that one is capable of doing. I will use NICE guidance to plan the care of conditions, including dementia or frailty, and adapt flexibly to individual needs. The NHS Constitution reminds me that compassion is the base of any interaction, even at the time of busy shifts. I understand that person-centred care must be a process of patience and diligent work, and not an act. Using these values on a regular basis, I hope to establish a level of trust with the people I serve and enhance their care experience.

Applying Partnership Working in My Practice

I will be the focal point of working in a multidisciplinary team, as one professional cannot have all the needs covered on their own. I will be explicit with my colleagues, giving them the information at the right time to avoid delays and overlapping in actions. I will not be working alone and will respect the expertise of other professionals, nurses, social workers, physiotherapists and occupational therapists. Kaiser et al. (2022) evidence demonstrates that

effective interprofessional cooperation positively affects patient-reported outcomes. I will also engage patients and their families as members of care and not as passive consumers, as identified by Gilchrist, Kholvadia and Burdock (2024) on what patients regard as most important. Regular team meetings will keep me updated on what has changed in the condition or care plan of a person. I will facilitate seamless movement of hospital, community and social care services in line with NHS Long Term Plan promises of integrated care. Early reinforcement of these habits will aid me in making safer and more ongoing care a part of my career.

Applying Ethics in My Practice

The Data Protection Act 2018 will inform my practice of confidentiality by guaranteeing that records are only disclosed to further individuals directly involved in the care of a person. I will ensure I seek informed consent, particularly when performing any procedure and have clarified to the people their choices, by using plain language. In cases where an individual has no capacity, I will use the Mental Capacity Act 2005 to make decisions in their best interest with the involvement of family members as necessary. I will not discriminate against anybody based on age, disability or ethnicity; my responsibilities will be upheld under the Equality Act 2010. The protection of vulnerable people will always be the priority, and I will present any points of concern to relevant authorities. I will keep myself responsible for my actions by being self-reflective on my choices and using the support of senior colleagues in times that seem risky. These ethical undertakings will assist me in working in a safe manner and upholding national trust in my profession.

Skills, Strengths and Areas for Improvement

The core elements of my strengths presently are good communication skills, authentic empathy and loyalty to work within a team. I also cherish respecting others, which encourages person-centred practice. At this point, however, there are a few aspects I know I need to work on, such as confidence in using my voice in group discussions. I should also improve my management and leadership skills, as well as the skill to handle stressful or emotive situations as well. Further preparation in professional responsibility will be through my decision-making in stressful situations and improving my clinical knowledge.

Professional Development Plan

The following table will outline the way I will develop my confidence, knowledge and leadership by having continuing professional development, mentoring, and reflective practice.

Development Area	Planned Action	Timeframe
Confidence and leadership	Take part in leadership workshops and seek mentoring from senior staff	Within 6 months
Clinical knowledge	Complete relevant CPD training and review NICE guidance regularly	Ongoing
Decision-making under pressure	Reflect on practice using models such as Gibbs after each placement	Ongoing
Legislation awareness	Keep up to date with changes to UK health and social care law	Annual review
Communication within teams	Attend interprofessional training sessions, and shadow experienced professionals.	Within 12 months

Conclusion

To conclude, person-centred care, partnership working and ethics have a fundamental role in uplifting the level of health and social care throughout the United Kingdom. These principles are intended to be applied uniformly in practice by applying the relevant legislation, such as the Care Act 2014, Mental Capacity Act 2005 and Equality Act 2010. Ongoing professional development will enable me to empower my skills and keep myself accountable in my career. It is my intention to practice safely, compassionately, and ethically by engaging in reflective practice and lifelong learning. Collectively, these principles facilitate high-quality healthcare, safety, and effectiveness of health and social care in the UK.

Reference List

Journal articles

- Beauchamp, T.L. and Childress, J.F. (2019) *Principles of Biomedical Ethics: Marking Its Fortieth Anniversary*. Abingdon: Taylor & Francis.
- Burley, C.V., Williams, A., Maiden, G., Reyes, P., Cook, J., Brodaty, H. and Chenoweth, L. (2025) 'Evaluation of a person-centred care model for persons living with dementia in the hospital rehabilitation setting using the RE-AIM framework', *Alzheimer's & Dementia*. doi:10.1002/alz.092089.
- Care Quality Commission (2023) *Fundamental Standards*. Available at: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards> (Accessed: 5 August 2026).
- Department of Health and Social Care (2023) *NHS Constitution for England*. Available at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> (Accessed: 5 August 2026).
- Gilchrist, R., Kholvadia, A. and Burdick, W. (2024) 'Patients' perceptions of interprofessional collaboration: a scoping review', *Patient Experience Journal*, 11(1). doi:10.35680/2372-0247.1876.
- Kaiser, L., Conrad, S., Neugebauer, E.A.M., Pietsch, B. and Pieper, D. (2022) 'Interprofessional collaboration and patient-reported outcomes in inpatient care: a systematic review', *Systematic Reviews*, 11, 169. doi:10.1186/s13643-022-02027-x.
- Kitwood, T. (1997) *Dementia Reconsidered: The Person Comes First*. Buckingham: Open University Press.
- Mitchell, G. and Agnelli, J. (2015) 'Person-centred care for people with dementia: Kitwood reconsidered', *Nursing Standard*, 30(7), pp.46-50. doi:10.7748/ns.30.7.46.s47.
- National Institute for Health and Care Excellence (2023) *Dementia: Assessment, Management and Support*. Available at: <https://www.nice.org.uk/guidance/ng97> (Accessed: 5 August 2026).
- NHS England (2023) *NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk> (Accessed: 5 August 2026).
- Rogers, C.R. (1961) *On Becoming a Person: A Therapist's View of Psychotherapy*. Boston: Houghton Mifflin.

Skills for Care (2023) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. Available at: <https://www.skillsforcare.org.uk> (Accessed: 5 August 2026).

Act And Legislation

Care Act 2014. London: The Stationery Office.

Data Protection Act 2018. London: The Stationery Office.

Equality Act 2010. London: The Stationery Office.

Health and Care Act 2022. London: The Stationery Office.

Health and Social Care Act 2012. London: The Stationery Office.

Human Rights Act 1998. London: The Stationery Office.

Mental Capacity Act 2005. London: The Stationery Office.