

Module Code: LCHS4003

Module Title: Introduction to Health and Social care

Assignment Title: Component 2

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Effective Communication, Administrative Practice and Collaborative Working in the Care of Mr Ahmed.

1. Introduction

Quality health and social care rely on effective communication, accurate administrative practice, and collaborative working between professionals. These elements are essential for delivering safe, person-centred care and ensuring that individuals receive appropriate support geared to their needs. This report explores these aspects in relation to the case study of Mr Ahmed, a 68-year-old man who has recently been discharged from hospital following a stroke. Mr Ahmed lives with his wife and receives support from a domiciliary care agency three times daily, in addition to visits from a district nurse, GP oversight, and speech and language therapy.

Mr Ahmed's care presents several challenges, including language barriers due to his first language being Bengali, post-stroke communication difficulties, and a recent incident where a missed home visit resulted in delayed medication administration. These issues highlight the need for effective communication strategies, strong administrative procedures, and efficient collaboration between multiple professionals. This report will discuss the role of communication, administrative practice and interprofessional collaboration, drawing on key legislation, theoretical models and professional frameworks that guide practice in UK health and social care

2. Importance of Effective Communication in Mr Ahmed's Care

Effective communication is an important component of safe and high quality care. It enables professionals to build trust with service users, understand their needs and preferences, and ensure that important health information is clearly understood. In the case of Mr Ahmed, communication plays a particular significant role due to his limited English proficiency and the potential communication difficulties resulting from his stroke.

Stroke can affect speech, language comprehension and cognitive processing, which may make it difficult for individuals to understand complex instructions or express their needs clearly (Stroke Association, 2023). For Mr Ahmed, this means that healthcare professionals must adapt their communication methods to ensure he remains fully involved in his care.

The principles of the Equality Act 2010 are highly relevant in this context. The Act protects individuals from discrimination and requires organisations to make reasonable adjustments to ensure equal access to services. Mr Ahmed's language barrier and stroke related communication difficulties may place him at a disadvantage when interacting with healthcare professionals. To comply with the Act, care providers should ensure that communication is accessible. This may include providing professional interpreters, translated written materials, visual communication aids, or additional time for discussions.

Family members may unknowingly misinterpret information, and this approach may also limit Mr Ahmed's independence and confidentiality (RCN, 2017). Therefore, healthcare professionals should ensure that Mr Ahmed is addressed directly during conversations and that his consent is obtained before sharing information with others.

One useful theoretical framework for understanding communication processes is the Shannon and Weaver Communication Model. This model describes communication as a process involving a sender, a message, a channel, a receiver and potential "noise" that may disrupt the message (Shannon and Weaver, 1949). Within Mr Ahmed's care situation:

- The **sender** is the healthcare professional.
- The **message** may be medication instructions or information about his treatment plan.
- The **channel** could be spoken language, written materials or visual aids.
- The **receiver** is Mr Ahmed.
- **Noise** refers to factors that may interfere with the message.

To minimise these barriers, professionals should use clear and simple language, avoid medical jargon, and check understanding regularly. Techniques such as the “teach-back method”, where patients repeat information in their own words, can help confirm comprehension (NICE, 2023). Visual communication tools, such as pictorial medication schedules, may also support understanding for individuals with limited English.

Professional communication standards are also outlined in the Nursing and Midwifery Council Code (2018). The Code emphasises that healthcare professionals must communicate clearly, respect individual’s preferences and work in partnership with patients and their families. Active listening, empathy and cultural sensitivity are particularly important when caring for individuals from diverse backgrounds.

Furthermore, the involvement of a speech and language therapist in Mr Ahmed’s care is crucial. Speech therapists assess communication ability and swallowing function following stroke, and they can recommend strategies or assistive devices to support effective interaction (Stroke Association, 2023). This professional input ensures that communication strategies are tailored to Mr Ahmed’s individual needs.

3. Administrative Skills, Record Keeping and Data Protection

Administrative competence is another key aspect of professional practice in health and social care. Accurate documentation and effective information management support continuity of care, accountability and legal compliance. In Mr Ahmed’s case, the missed domiciliary care visit that resulted in delayed medication administration highlights how weaknesses in administrative systems can negatively affect patient safety.

Record keeping is an essential professional responsibility within healthcare practice. The Nursing and Midwifery Council (2018) states that all records must be accurate, clear, timely and based on information. Documentation should include details of medication administration, care provided, changes in health status, and communication with other professionals and family members.

For Mr Ahmed, accurate records are particularly important because several professionals are involved in his care. The district nurse must record blood pressure readings and wound care assessments, domiciliary carers must document personal care and medication administration, and the speech and language therapist must record progress in communication and swallowing therapy. If records are incomplete or inaccurate, other professionals may lack vital information needed to make safe clinical decisions.

Administrative practice is also guided by the (Data Protection Act, 2018) which governs how personal information is collected, stored and shared. Health records are classified as sensitive personal data and therefore require a high level of protection. The Act outlines several key

principles that organisations must follow, including lawfulness, fairness, transparency, accuracy and confidentiality.

In the context of Mr Ahmed's care, professionals must ensure that his personal information is shared only when necessary and with appropriate consent. For instance, information about his medication or treatment plan may need to be shared between the GP, district nurse and domiciliary care agency to ensure coordinated care. However, this information must be stored securely and accessed only by authorised individuals.

The (Care Act 2014) also emphasises the importance of safeguarding adults who may be vulnerable due to illness, disability or age. The missed medication visit in Mr Ahmed's case could raise safeguarding concerns if it reflects a pattern of inadequate care provision. Proper documentation is therefore essential in supporting investigations, identifying risks and ensuring accountability.

Similarly, the Health and Social Care Act 2008 and its associated regulations require healthcare organisations to maintain effective governance systems. These systems include monitoring care quality, managing risks and maintaining reliable records. The Care Quality Commission inspects services to ensure they meet these standards.

Modern healthcare increasingly relies on digital record systems to support efficient communication between services. Electronic health records allow professionals to access patient information quickly and share updates with other members of the care team. However, digital systems must comply with strict security measures such as password protection, encryption and restricted access (NHS England, 2022).

4. Collaborative Working in Multi-Disciplinary Care

Collaborative working is essential in modern health and social care systems, particularly when individuals require support from multiple professionals. Mr Ahmed's care involves a range of practitioners, including his GP, district nurse, domiciliary care workers and speech and language therapist. Each professional contributes specific expertise that supports Mr Ahmed's recovery and wellbeing.

The Care Act 2014 promotes integrated working between health and social care services to improve outcomes for individuals. Collaboration ensures that care is holistic and addresses physical, emotional and social needs.

The GP is responsible for overseeing Mr Ahmed's overall medical management and prescribing medication. The district nurse monitors his blood pressure and provides wound care, which is particularly important following a stroke. Domiciliary carers support his daily living activities,

such as personal hygiene, meal preparation and medication administration. Meanwhile, the speech and language therapist focuses on improving communication ability and managing swallowing difficulties.

Effective collaboration requires regular communication between these professionals, clear role definitions and shared care plans. Multidisciplinary meetings and case reviews allow professionals to discuss progress, identify concerns and adjust care strategies when necessary (Glasby and Dickinson, 2017).

However, collaborative working can present challenges. Differences in professional perspectives, communication breakdowns and organisational pressures may create barriers to effective teamwork. In Mr Ahmed's case, the missed care visit suggests that coordination between services may need improvement.

Strategies to overcome these challenges include structured communication tools such as SBAR (Situation, Background, Assessment, Recommendation), shared electronic records, and clear escalation procedures when problems arise. Interprofessional training and mutual respect between professionals can also strengthen collaborative relationships.

Ultimately, effective multidisciplinary collaboration ensures that Mr Ahmed receives coordinated, person-centred care that supports his recovery and maintains his independence.

5. Conclusion

This report has explored the importance of effective communication, administrative competence and collaborative working in the care of Mr Ahmed following his stroke. Communication is essential in ensuring that Mr Ahmed understands his treatment and remains actively involved in decisions about his care. The Shannon and Weaver Communication Model highlights how communication barriers such as language differences and stroke related impairments may disrupt information exchange. Applying the principles of the Equality Act 2010 ensures that reasonable adjustments are made to support accessible communication.

Strong administrative practice and accurate record keeping are equally important in maintaining safe and effective care. Compliance with the Data Protection Act 2018 and other regulatory frameworks ensures that patient information is handled responsibly and that care

delivery remains accountable. Finally, collaborative working between healthcare professionals enables a coordinated approach to rehabilitation and ongoing support. Together, these elements contribute to improved safety, dignity and quality of life for Mr Ahmed.

Reference List

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