



Module name: Introduction to Health and Social care

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1. Introduction

This assignment explores communication and its importance within health and social care. Effective communication is essential for delivering person-centred care, as it helps professionals understand what matters most to service users. Communication also supports teamwork, strengthens collaboration across services, and reduces the likelihood of errors. In addition, it can improve service user satisfaction, enhance patient experience, and reduce complaints (NHS, 2021).

Communication is effective when everyone involved—patients, families, and professionals—clearly understands the message being shared (Lee, 2021). It relies on key principles such as consistency, transparency, accessibility, and inclusivity (Lee, 2023).

The UK health and social care system aims to provide services according to their needs, a principle established when the NHS was created in 1948. However, it continues to face challenges, including increasing demand, limited resources, and the growing need for integrated care that encourages different services to work together (NHS England, 2025). Because of this, clear communication and accurate record keeping are vital in ensuring safe, coordinated, and high-quality care, supported by legislation such as the Care Act 2014.

2. Importance of effective communication

Effective communication is widely recognised as a cornerstone of safe and person-centred care; however, its importance becomes more pronounced in complex cases such as Mr Ahmed's (Arnold and Boggs, 2020). His post-stroke condition and limited English proficiency create layered communication barriers that increase the risk of misunderstanding, exclusion, and clinical error. While communication is often discussed as a skill, in this context it must be understood as a clinical intervention that directly influences outcomes.

A key concern is the reliance on Mr Ahmed's wife as an informal interpreter. Although this may appear practical, it raises ethical and clinical risks, including selective translation, loss of patient autonomy, and potential inaccuracies (Bischoff et al., 2003). This highlights a tension between efficiency and equity in care delivery. The Equality Act 2010 mandates reasonable adjustments to prevent indirect discrimination, meaning that reliance on family members alone may be insufficient and potentially unlawful if it compromises equitable access

(Equality Act, 2010). Therefore, the use of professional interpreters and adapted communication strategies is not merely best practice but a legal and ethical necessity.

The Shannon-Weaver Model provides a useful framework for critically analysing communication breakdowns in this case. The concept of “noise” is particularly relevant, encompassing not only linguistic barriers but also cognitive impairment following stroke and the emotional impact of illness (Shannon and Weaver, 1949). However, the model’s linear nature can be critiqued for oversimplifying communication in healthcare, where interactions are dynamic and relational. This suggests that while the model is helpful for identifying barriers, it must be complemented by person-centred approaches that prioritise feedback and mutual understanding.

Importantly, the missed medication incident can be partially attributed to communication failures within the care system. Ineffective handovers or unclear scheduling may have contributed to the breakdown in service delivery (Care Quality Commission, 2022). This demonstrates how communication is intrinsically linked to administrative processes and team collaboration. Poor communication does not operate in isolation; it creates a cascade of risks affecting multiple aspects of care.

Furthermore, culturally competent communication is essential in ensuring that Mr Ahmed’s beliefs, preferences, and identity are respected. Person-centred care requires more than information exchange; it involves meaningful engagement that empowers the individual (NHS England, 2019). In this sense, communication is both a practical skill and a mechanism for promoting dignity and inclusion.

Overall, effective communication in Mr Ahmed’s care must be proactive, legally informed, and integrated with broader systems of care. Its failure has direct implications for safety, highlighting its central role across all aspects of practice.

3. Importance of good administrative skills

Administrative competence is often perceived as a procedural requirement; however, in practice it is a critical determinant of patient safety and service reliability. In Mr Ahmed’s case, the missed domiciliary visit illustrates how administrative failures can translate into direct clinical risk, particularly in relation to medication management.

Accurate record-keeping is fundamental to continuity of care, enabling professionals to make informed decisions based on consistent and up-to-date information (NMC, 2018). However, record-keeping should not be viewed as a passive activity. It requires critical judgement regarding what information is relevant, how it is documented, and how it is communicated across teams (Dimond, 2020). Inadequate or unclear records can lead to fragmented care, duplication of tasks, or omissions, as may have occurred in Mr Ahmed's missed visit.

The Data Protection Act 2018 introduces an additional layer of complexity by requiring that data is handled lawfully, securely, and transparently. While this legislation is essential for safeguarding patient confidentiality, it can also create tensions in multi-agency working, where information sharing is necessary for effective care (ICO, 2021). In Mr Ahmed's case, timely sharing of information between the domiciliary care agency, district nurse, and GP is essential to prevent errors. Therefore, professionals must balance confidentiality with the need for coordinated care, ensuring that data protection principles do not inadvertently hinder communication. The incident involving missed medication also highlights the importance of accountability and audit trails within administrative systems. Policies such as those outlined by the Care Quality Commission (CQC) and the Care Act 2014 emphasise the need for transparent reporting and continuous improvement (CQC, 2022; Department of Health and Social Care, 2014). From a critical perspective, incident reporting should not be viewed solely as a reactive measure but as an opportunity to identify systemic weaknesses, such as staffing shortages, scheduling inefficiencies, or communication gaps.

Moreover, administrative systems are closely linked to communication practices. For example, poorly maintained records can lead to miscommunication between professionals, while unclear care plans may result in inconsistent service delivery. This reinforces the argument that administrative competence is not separate from communication but is an extension of it within organisational systems.

Confidentiality remains a key ethical consideration. While Mr Ahmed's wife plays an active role in his care, professionals must ensure that information sharing respects his autonomy and consent (NMC, 2018). This is particularly important in culturally sensitive contexts, where assumptions about family roles may not align with individual preferences.

In conclusion, administrative skills are integral to safe and effective care. In Mr Ahmed's case, the missed visit serves as a critical example of how administrative failures, compounded by communication gaps, can compromise patient outcomes.

4. Importance of working collaboratively

Collaborative working is essential in addressing the multifaceted needs of individuals such as Mr Ahmed; however, its effectiveness depends on the integration of communication and administrative systems. Multidisciplinary involvement—including the GP, district nurse, domiciliary care workers, and speech and language therapist—offers a holistic approach, but also introduces complexity (Reeves et al., 2017).

Effective collaboration requires more than the presence of multiple professionals; it depends on shared goals, clear communication, and coordinated systems. Tools such as multidisciplinary team (MDT) meetings and shared care records can facilitate this process (NICE, 2016). However, these mechanisms are only effective if underpinned by accurate documentation and clear communication, reinforcing the interconnected nature of the three domains discussed in this report.

The missed care visit illustrates a breakdown in collaborative practice, likely involving failures in communication, scheduling, and accountability. This reflects common challenges in multi-agency working, including role ambiguity, organisational silos, and differing professional priorities (Glasby and Dickinson, 2014). From a critical perspective, these challenges are often systemic rather than individual, requiring organisational rather than solely professional solutions. Strategies such as the use of structured communication tools, clear role allocation, and the appointment of a care coordinator can enhance collaboration (NHS Improvement, 2018). Importantly, these strategies rely on both effective communication and robust administrative systems, demonstrating the interdependence of these domains.

Person-centred care must remain central to collaborative working. This involves actively including Mr Ahmed and his wife in decision-making processes, ensuring that care is culturally appropriate and responsive to his needs (NHS England, 2019). Ultimately, effective collaboration is both an outcome and a reflection of strong communication and administrative practice. Without these foundations, multidisciplinary care risks becoming fragmented and ineffective.

5. Conclusion

This report has critically examined the interconnected roles of communication, administrative practice, and collaborative working in the care of Mr Ahmed. It has demonstrated that communication is not merely an interpersonal skill, but a clinical necessity shaped by legal and ethical frameworks such as the Equality Act 2010. Similarly, administrative competence—particularly in record-keeping and data protection—is integral to ensuring safety, accountability, and continuity of care. The missed domiciliary visit highlights how failures in these areas can directly compromise patient outcomes.

Furthermore, collaborative working has been shown to depend on the effective integration of communication and administrative systems. Without these foundations, multidisciplinary care becomes fragmented and prone to error. Therefore, improving care quality requires a holistic approach that recognises the interdependence of these domains. In complex cases such as Mr Ahmed's, excellence in practice is achieved not through isolated skills, but through their coordinated and consistent application.

References

Arnold, E. and Boggs, K. (2021) *Interpersonal relationships: professional communication skills for nurses*. 9th edn. St. Louis: Elsevier. (Accessed: 16 April 2026)

Care Quality Commission (CQC) (2022) *Regulation and inspection of health and social care services*. Available at: <https://www.cqc.org.uk> (Accessed: 20 April 2026).

Department of Health and Social Care (2022) *Health and social care integration: policy overview*. London: DHSC. (Accessed: 16 April 2026)

Griffith, R. and Tegenah, C. (2022) *Law and professional issues in nursing*. 6th edn. London: Learning Matters. (Accessed: 16 April 2026)

Information Commissioner's Office (ICO) (2023) *Guide to the UK General Data Protection Regulation (UK GDPR)*. Available at: <https://ico.org.uk> (Accessed: 20 April 2026).

National Institute for Health and Care Excellence (NICE) (2021) *Shared decision making (NG197)*. London: NICE. (Accessed: 20 April 2026).

National Institute for Health and Care Excellence (NICE) (2022) *Medicines optimisation: the safe and effective use of medicines*. London: NICE. (Accessed: 5 April 2026).

NHS England (2021) *SBAR communication tool and structured communication guidance*. London: NHS England. (Accessed: 5 April 2026).

NHS England (2023) *NHS patient safety strategy: update*. London: NHS England. (Accessed: 20 April 2026).

NHS England (2024) *Working in partnership with people and communities*. London: NHS England. (Accessed: 5 April 2026).

Nursing and Midwifery Council (NMC) (2018, updated 2023) *The Code*. London: NMC. (Accessed: 5 April 2026).

Reeves, S. et al. (2022) *Interprofessional teamwork for health and social care*. Updated edn. Oxford: Wiley-Blackwell. (Accessed: 16 April 2026)

Royal College of Speech and Language Therapists (RCSLT) (2021) *Guidance on communication and swallowing after stroke*. Available at: <https://www.rcslt.org> (Accessed: 19 April 2026).