

Student: Neringa Kairiene

Student number: 2435673

Module code: LCHS4003_BIRM

Module: Introduction to Health and Social Care

Title: Component 2

Lecturer: Mumtaz Goolam

Date of submission: 21.11.2025

Contents Pages

Contents Pages.....	1
Introduction.....	2
Effective Communication , Interpreters and Visuals Aids in Mrs Mann’s Care.....	3
Administrative Skills & Record Keeping	4
Collaborative Working	6
Conclusion	7
References:	7

Introduction:

Mrs Mann, a 72-year-old woman, was just released from the hospital following hip replacement surgery. She receives twice-daily visits from a domiciliary care organisation to help with personal care while living alone in her own home. and mobility. Mrs Mann speaks little English and Urdu as her first language. Her daughter, who lives close by, frequently assists her with interpretation. In order to support her rehabilitation, the care team also communicates with her general practitioner and a community physiotherapist who comes twice a week. Concerns regarding uneven recording in Mrs Mann's care records were recently raised, and a delayed medication adjustment resulted from a missed conversation. An internal review is being conducted on this occurrence.

Effective Communication , Interpreters and Visuals Aids in Mrs Mann's Care

In the fields of health and social care, effective communication is crucial, especially when assisting those who have language problems. Limited English proficiency raises the possibility of miscommunication, overlooked information, and dangerous treatment in Mrs. Mann's care. She has recently had hip replacement surgery and needs rehabilitation, so accurate communication about medicine, mobility assistance, and physiotherapy instructions is crucial. Medication errors, therapy delays, and poorer recovery results can result from unclear communication. (AdamPool, 2024).

Understanding, consent, and the ability to communicate discomfort or concerns can all be severely impacted by language limitations. Due to Mrs. Mann's weak English proficiency, verbal instructions, pain assessments, and medication explanations could be misinterpreted. The Shannon and Weaver (1948) communication model, which depicts a "sender" transmitting a "message" to a "receiver" across a "channel" with potential "noise" interfering, is directly related to this. In this instance, the language barrier disrupts the message's meaning by acting as noise. Errors are more likely when the communication is imprecise since the recipient is unable to give precise feedback. By using this model, carers are encouraged to think about how their communications could be misinterpreted and to employ techniques that lessen communication noise. (Uwtsd.ac.uk, 2025)

Cultural awareness is particularly important because Mrs. Mann's cultural background may have an impact on her values, preferences for modesty, and attitudes towards pain or recovery. Respecting cultural values promotes involvement in caring and fosters trust. For instance, meal or prayer routines may need to be accommodated, and female carers may be preferable for personal care. Being culturally sensitive upholds person-centred care best practices and fosters dignity.

Care providers are legally required by the Equality Act 2010 to offer reasonable accommodations for those who encounter obstacles because of protected characteristics like race or disability. Reasonable accommodations that guarantee Mrs. Mann can receive treatment on an equitable basis with others include providing translating services, translated information, or culturally sensitive support (Equality Act, 2010). Since emotional involvement can affect accuracy or confidentiality, it is best to avoid depending only on family members for interpretation. (Public Health England, 2020).

When communicating medication, consent, or treatment instructions, professional translators enhance clarity and minimise mistakes. Visual tools including picture boards, translated care plans, gesture-based reminders, and basic written information can improve comprehension for daily care. Additionally, employees can engage in active listening by using open-ended questions rather than yes/no answers to assess knowledge. (Skills for Care, 2024).

All members of the multidisciplinary team must have open lines of communication. Omissions can be avoided by using standardised care records, writing clearly, recording modifications right away, and verifying message receipt. By using the Shannon and Weaver approach, caretakers are encouraged to create feedback loops and consider possible breakdowns at every stage of the process. Care workers lower risk and improve person-centred, legal, and respectful care for Mrs. Mann by identifying cultural needs, resolving language problems, employing interpreters, and visually reinforcing information.

Administrative Skills & Record Keeping

Because it offers a verifiable, chronological record of assessment, interventions, and changes in a person's condition, accurate documentation is a fundamental administrative competence in health and social care. When several experts are engaged, maintaining accurate records guarantees responsibility, promotes continuity of care, and permits safe decision-making.

Inconsistent recordkeeping in Mrs. Mann's case led to a delayed medication adjustment, demonstrating how treatment and wellness can be directly impacted by omissions. According to the Nursing and Midwifery Council (NMC) Code, records must be accurate, comprehensive, and prepared as soon as feasible following an incident in order to safeguard both the practitioner and the service user (NMC, 2018). All members of the care team will have access to the same information thanks to clear written communication, which lowers the possibility of duplication and contradicting duplication, conflicting intrusions, or missed interventions.

As legal evidence, accurate records are equally crucial. Care notes must accurately record what actually occurred, without speculation or retroactive modifications, as they may be needed for complaints, safeguarding investigations, or coroners' enquiries. Inadequate or absent documentation poses a risk since it is presumed that nothing was done if it is not documented. Discipline, reputational harm, regulatory penalties, and harm to the service user are all possible outcomes of this (CQC, 2021). Clarity and specificity are crucial because written notes may be the only professional communication available to others in domiciliary care, where employees frequently work alone.

Good record keeping must meet legal requirements around confidentiality and data security. The Data Protection Act 2018 and the UK General Data Protection Regulation require personal information to be accurate, up to date, stored securely and only shared on a need-to-know basis (Data Protection Act, 2018). Care workers must ensure that paper records are kept securely and digital systems are password protected. Information should not be left in vehicles or public areas, and records must be disposed of safely. Breaches of confidentiality can cause emotional harm, discrimination and loss of trust, and may lead to regulatory or legal penalties. (Uwtsd.ac.uk, 2025).

Information handling in health and social care is similarly governed by the Caldicott Principles. These principles stress that people have a right to know how their information is used, that information should only be used when necessary, and that information should only be shared with those who need to know. By following these guidelines, professionals can obtain crucial information while maintaining service users' privacy and dignity. (UK Government, 2020).

Accurate record keeping is emphasised by regulatory regimes. To guarantee safe care and treatment, the Care Quality Commission (CQC) mandates that providers keep safe, thorough, and up-to-date records (CQC, 2021). Consent, risk assessments, care plans, prescription

administration, and evaluations must all be documented. Consistent documentation enables Mrs. Mann's physician, physiotherapist, and carers to keep an eye on her development and react promptly to any changes.

Therefore, accurate documentation is required both legally and professionally. It encourages successful teamwork, safety, openness, and person-centred planning. While excellent documentation guarantees that care is safe, legal, and responsible, poor record keeping poses major hazards.

Collaborative Working

Given the variety of providers involved in Mrs. Mann's care (domiciliary caretakers, general practitioner, physiotherapist), as well as the recent occurrence of a missed medication adjustment, effective collaborative working is essential. This collaboration is supported by accurate documentation, which lowers risk, promotes shared decision-making, and guarantees continuity. Important drug or health status changes could go unnoticed, as happened in her case, if clear and timely records are not kept. Safety might be jeopardised by inadequate recording, especially during changes like hospital release (NHS England, 2019).

Using a shared care plan, sometimes called a personalised care and support plan (PCSP), is a useful strategy. A PCSP serves as the one comprehensive plan that is shared by all participating professionals and documents both clinical requirements and individual objectives (NHS England, 2021). In Mrs. Mann's case, a shared care plan would incorporate her daily personal care requirements, her medication management, and her physiotherapy rehabilitation goals, even when her daughter helps as an interpreter.

Additionally, consistent, organised communication is essential. By standardising handovers between physiotherapists, general practitioners, and domiciliary care providers, tools like SBAR ("Situation, Background, Assessment, Recommendation") can minimise miscommunication (Royal College of Nursing, 2020). Multidisciplinary meetings that are scheduled, including quick online "huddles," guarantee that updates are communicated quickly and roles are made clear.

Challenges include Mrs Mann's limited English and reliance on her daughter as interpreter. Professional interpreters and translated or summarised documentation in Urdu can improve communication. Differing organisational cultures—between domiciliary care, GP practices, and

therapists—may also impede collaboration. Interprofessional collaboration theory highlights that understanding roles, building trust, and fostering a learning culture are essential (Leathard, 2003).

Thus, multi-agency collaboration improves quality, safety, and person-centred results. Care becomes safer, more effective, and responsive when organisations share responsibility and communicate well.

Conclusion

Safe, high-quality care requires cooperative teamwork, precise record keeping, and effective communication. In Mrs. Mann's case, effective communication is essential to safeguarding her wellbeing due to language hurdles, inconsistent paperwork, and the involvement of multiple providers. She can comprehend her treatment and take part in decision-making because to the use of interpreters, visual aids, and culturally appropriate methods. Precise documentation is crucial for maintaining continuity, legal responsibility, and safe medicine administration in accordance with regulations and professional standards. Multi-agency collaboration enables her GP, physiotherapists, and caretakers to exchange information, establish shared objectives, and respond promptly to any changes in her condition. Structured treatment plans, standardised documentation, and frequent information exchange help reduce risk, even when obstacles like time constraints or inadequate communication methods might impair practice. By putting these ideas into practice, the care team encourages person-centred, respectable, and secure assistance, allowing Mrs. Mann to heal with assurance and retain her independence at home.

References:

Pool, A. (2024) Effective Communication in Health and Social Care. [Online] QCS. Available at: <https://www.qcs.co.uk/effective-communication-in-health-and-social-care/> (Accessed: 12 November 2025).

Goolam, M. (2025) Shannon and Weaver 1948. LCHS4003: Introduction to Health and Social Care. [Online] Available at: https://moodle.uwtsd.ac.uk/pluginfile.php/1110544/mod_resource/content/1/Week%206%20Module%20LCHS4003%20Sept%202025%20student%20slides.pdf (Accessed: 12 November 2025).

Public Health England (2020) Reasonable adjustments: A legal duty. [Online] GOV.UK. Available at: <https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty> (Accessed: 12 November 2025).

Skills for Care (2024) 4 - Effective Communication. [Online] Available at: <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Manager-induction-standards/4-Effective-Communication.aspx> (Accessed: 12 November 2025).

Nursing and Midwifery Council (NMC) (2018) The Code: Professional standards of practice and behaviour for nurses and midwives. London: NMC.

Care Quality Commission (CQC) (2021) Guidance for providers: Records and notifications. London: CQC.

Skills for Care (2024) 4 - Effective Communication. [Online] Available at: <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Manager-induction-standards/4-Effective-Communication.aspx> (Accessed: 12 November 2025).

M. Goolam, (2025). The Data Protection Act 2018. LCHS4003: Introduction to Healthy and Social Care. Uwtsd.ac.uk. (2025). *Log in to the site | Home*. [online] Available at: https://moodle.uwtsd.ac.uk/pluginfile.php/1115146/mod_resource/content/1/Week%207%20Module%20LCHS4003%20Sept%202025%20Student%20slides.pdf [Accessed 12 Nov. 2025].

UK Government (2020). *The Caldicott Principles*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/the-caldicott-principles>. [Accessed 12 Nov. 2025].

Leathard, A. (2003) *Interprofessional Collaboration: From Policy to Practice in Health and Social Care*. London: Brunner-Routledge.

NHS England (2019) *Continuity of Care and Safe Transitions: Guidance on Nursing Documentation*. Available at: <https://www.england.nhs.uk/long-read/towards-a-unified-vision-of-nursing-and-midwifery-documentation/> (Accessed: 17 November 2025).

NHS England (2021) *Enhanced Health in Care Homes Framework: Providing Proactive Care for People Living in Care Homes*. Available at: <https://www.england.nhs.uk/long-read/providing-proactive-care-for-people-living-in-care-homes-enhanced-health-in-care-homes-framework/> (Accessed: 17 November 2025)

Royal College of Nursing (2020) *Clinical Handover and Communication: Best Practice Guidance*. Available at: <https://www.rcn.org.uk/clinical-topics/Older-people/Professional-Resources/Care-Home-Journey> (Accessed: 17 November 2025).