

Student Name: Sukhwinder Kaur

Module Code: LCHS4003

Module Title: Introduction to Health and Social Care

Lecturer's Name: Farah Islam

Introduction

The patient in this scenario is Mrs Thompson, an 84-year-old woman, who has just been discharged from the hospital after being treated for pneumonia. She resides in a sheltered accommodation on her own and is provided with domiciliary care two times per day. She suffers from mild dementia, which impacts her memory, as she failed to take her medication, which subsequently caused her further confusion and prompted the completion of an incident form by her care provider. An investigation into her medication was therefore required. Moreover, Mrs Thompson was found outside her house in bad weather conditions without appropriate clothes on, causing the local council to assess her situation regarding safety issues. The purpose of this report is to analyse the importance of effective communication, administration and collaboration in fulfilling Mrs Thompson's health and social care requirements. Legislation, communication theories and policy will be mentioned to prove the point.

The Importance of Effective Communication in Mrs Thompson's Care

It is important for healthcare and social care workers to communicate well with patients because this will help them deliver safe, person-centered care and get a clear idea of what the patient requires, desires or fears. In the case of Mrs. Thompson, communication becomes very crucial because she might suffer from mild dementia, which means that she might have difficulty remembering things and understanding issues.

Healthcare practitioners should use simple words when talking to Mrs. Thompson, look into her eyes and give her time to answer their questions. Slow talking, no use of professional terms and confirmation of her understanding will definitely minimize confusion on her side and increase her confidence level. Some visual cues, notes and medicines chart will definitely help Mrs. Thompson to remember things.

It is also vital to communicate with Mrs Thompson's family members. Where necessary, and with Mrs Thompson's agreement, or if it applies under the Mental Capacity Act 2005, the care plan and any medication or safeguarding issues should be explained to her relatives. Often, family members give information that helps professionals to provide care tailored specifically to the individual's needs, because they know their routine and behavior patterns well. Consistent dialogue between carers and family members will also facilitate the continuity of care.

The Equality Act 2010 strives for fair and equal treatment of people and protects them against discriminatory treatment on the grounds of protected characteristics, which include age and disability. Age and dementia of Mrs Thompson cannot be used as reasons for her receiving less good care. Care providers must make reasonable adjustments to communication to provide information that the individual understands. Her dignity must be respected, and independence encouraged through equality principles.

Another helpful communication model is the Transactional Model of Communication. This model views communication as an ongoing two-way process whereby both individuals serve as the sender and receiver of the message. The key importance of feedback in this model lies in the opportunity for the communicator to evaluate if the message has been received by the recipient. Thus, in the case of Mrs Thompson, a domiciliary care worker might explain how and when she should take her medicine, after which Mrs Thompson needs to repeat the instruction in her own words. If there is any doubt about the information provided, it should be clarified until full comprehension occurs. At the same time, it is necessary to note that barriers to communication exist and can impact communication. These include hearing impairments, memory difficulties, environmental distractions, as well as emotions, and they should be identified and minimized.

Effective administration of health and social care is essential in ensuring safety and effectiveness in health care. The process of proper record-keeping is crucial in ensuring the provision of consistent health care services, effective decision-making and in providing proof of care received. It is essential for Mrs. Thompson to be well-recorded since she suffers from dementia and is under medication support and safeguarding issues.

The Importance of Good Administrative Skills in Professional Practice

After the medication issue was observed, it was appropriate that the incident report be filled by the staff who realized that Mrs. Thompson missed two days' worth of medications. By recording this, it becomes easier for professionals to recognize any trends or patterns, find out what caused such incidences and develop ways to prevent recurrence in the future. Good recording of medication administration record (MAR) will enable carers to recognize whether there are any errors in the administration of medication.

Good record keeping should be based on guidelines set out in professional guidance. Records must be accurate and correct, dated, signed, written quickly after events occur, and stored securely. Do not include personal opinions unless they are clearly professional judgement. Proper documentation protects the service user and healthcare professionals by providing an accountable record of care.

The collection, storage and sharing of personal information is regulated by the Data Protection Act 2018 (which includes the UK General Data Protection Regulation (UK GDPR)). Mrs Thompson's medical records, medication and safeguarding information is sensitive personal data and must be kept private. Information should only be passed on to professionals directly involved in her care or where there is a legal safeguarding requirement. Records must be stored securely (in either digital or paper form) and accessed only by staff with the authority to do so.

But privacy is not an absolute right. Information may be shared responsibly with safeguarding authorities where there is a risk of significant harm, e.g. concerns about self-neglect or abuse, without breaking data protection laws. In Mrs Thompson's case, sharing information with the local authority safeguarding team and healthcare professionals helps to keep her safe and is also in line with legal requirements.

There are several pieces of law that support effective administrative practice. The Care Act 2014 has placed a duty on local authorities to keep safe adults who have care and support needs. Correct documentation is critical in safeguarding enquiries as it provides evidence of concerns, interventions and outcomes. Under the Health and Social Care Act 2008 and the Care Quality Commission's Fundamental Standards, providers are required to keep accurate records and provide safe, high quality care. The Mental Capacity Act 2005 also requires professionals to record evidence of mental capacity assessments and decisions made in the best interests of people who do not have capacity to make a specific decision.

Good administration additionally encourages communication between professionals. Clear records help each member of the team of professionals understand Mrs Thompson's changing needs, reducing repetition, improving continuity of care and supporting timely interventions such as medication reviews or increased care visits.

Collaborative Working and Strategies to Overcome Challenges

Mrs Thompson has complicated health and social care needs requiring a collaborative approach with a number of professionals. Her GP monitors her overall health and reviews her medication following the recent incident. Community nurses check on her progress from pneumonia and any changes in her physical condition. Private care workers assist with daily living activities, administer or prompt medication and report any concerns. A pharmacist may review her medicines to reduce the risk of further errors, while a social worker coordinates safeguarding questions and assesses whether additional support is required.

Collaborative working kind of make sure every professional puts in their own expertise, so care stays coordinated and person centred, which you know actually matters. Regular chats, shared care plans and those multidisciplinary meetings really help too, like everyone involved gets a clear picture of what Mrs Thompson needs, and what each person is responsible for. In the end it cuts down on the chances of

mixed or conflicting guidance, and it supports continuity of care. Even so, multi agency working can still bring difficulties. Different organisations might use separate record systems which makes the exchanging of information less straightforward, and sometimes slower. Also, professionals may have separate priorities, heavy workloads or just different communication styles, so decisions can get delayed. On top of that there can be confidentiality concerns, and that can leave people a bit uncertain about when information should be shared , or not.

These challenges honestly can be handled better by setting up clear communication routes, and using shared electronic records where they exist, plus sticking to agreed protocols for information exchange. Also regular multidisciplinary meetings help, not in a rushed way but as a kind of steady rhythm. When roles and responsibilities are clearly defined it reduces duplicate effort and supports accountability , because everyone knows what theyre meant to do. On top of that, continuing education on communication safeguarding and data protection really strengthens the whole collaborative practice. If professionals work together effectively, they can offer coordinated support that improves Mrs Thompson safety, independence, and overall quality of life.

Conclusion

Mrs Thompson case, sort of shows how crucial it is to communicate well, do proper administration and also work together in health and social care. Her dementia brings medication difficulties, and then there are safeguarding concerns too, so it really underlines that professionals should talk clearly, keep proper and full records, and link up with other agencies in order to deliver safe, person centred care. If the principles from the Equality Act 2010 are applied properly, it helps make sure Mrs Thompson is treated with dignity and respect. And at the same time the Data Protection Act 2018 backs the secure handling of her personal information, so that it doesn't get mishandled anywhere. When professionals work collaboratively, they can share know-how, spot risks early and respond promptly when needs start to shift. In general, good communication, solid admin practice, and strong multidisciplinary teamwork matters a lot for protecting vulnerable adults, supporting independence, and improving health outcomes for people like Mrs Thompson.

References

Care Act 2014. London: HMSO.

Care Quality Commission (2023). *Fundamental Standards*. Available at: <https://www.cqc.org.uk>

Data Protection Act 2018. London: HMSO.

Equality Act 2010. London: HMSO.

Health and Social Care Act 2008. London: HMSO.

Mental Capacity Act 2005. London: HMSO.

NHS England (2024). *Adult Safeguarding*. Available at: <https://www.england.nhs.uk>

NHS England (2024). *Person-centred Care*. Available at: <https://www.england.nhs.uk>

Nursing and Midwifery Council (2018). *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. London: NMC.

Skills for Care (2023). *Record Keeping in Adult Social Care*. Leeds: Skills for Care.