

Name: Khalifah Alkhatib

Student ID: 2530104

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Lecturer: Umma Suleiman

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Introduction

Mrs Thompson is an 84-year-old woman who has recently been discharged from hospital following pneumonia and currently lives alone in sheltered housing with support from domiciliary care workers twice a day. Her mild dementia and difficulties with medication management place her at increased risk of confusion and potential harm. The recent missed medication and incident involving inappropriate clothing in cold weather highlight the importance of safe, person-centred and coordinated care. Effective communication is essential to ensure that Mrs Thompson understands information, expresses her needs and is treated with dignity and respect. In addition, accurate record keeping and appropriate handling of personal information are important for maintaining continuity of care and protecting her rights. Collaborative working between professionals, including the GP, community nurse and domiciliary care workers, is also necessary to identify risks and respond appropriately to changes in her needs. This report will therefore examine effective communication, administrative practice and multi-agency collaboration in relation to Mrs Thompson's care.

1. Effective Communication

Effective communication is very important in Mrs Thompson's care because of her age, mild dementia and recent difficulties with taking her medication. Good communication can help healthcare professionals understand her needs, reduce confusion and make sure that she is involved in decisions about her care. When communicating with Mrs Thompson, professionals should use clear and simple language, speak at an appropriate pace and give her enough time to respond. They should also use active listening and check that she has understood the information rather than assuming that she has. Non-verbal communication, such as appropriate eye contact, a calm tone of voice and positive body language, can also help her feel respected and comfortable.

The Equality Act 2010 is also important when communicating with Mrs Thompson. The Act provides protection against discrimination and promotes equality in the provision of services. In this situation, professionals should not make assumptions about Mrs Thompson's abilities because of her age or dementia. Instead, they should make reasonable adjustments where necessary so that she can understand and participate in her care. For example, information about her medication could be explained using simple language and repeated when required. Family members can also be involved appropriately, while respecting Mrs Thompson's rights, preferences and confidentiality.

One communication model that can be applied to Mrs Thompson's situation is the Shannon and Weaver model. This model shows communication as a process involving a sender, a message, a channel and a receiver, while recognising that "noise" can interfere with the message. In Mrs Thompson's case, a care worker may be the sender when explaining that she needs to take her medication. Mrs Thompson is the receiver, and the spoken explanation is the message. However, her confusion or difficulties associated with dementia could act as a barrier, making it harder for her to understand the information. Therefore, the care worker should check her understanding and repeat or explain the information in another way if necessary.

Communication with family members and other professionals should also be clear, respectful and accurate. Important changes in Mrs Thompson's condition, such as missed medication or increased confusion, should be communicated to the appropriate professionals so that action can be taken. Effective communication between Mrs Thompson, her family and care professionals can support continuity of care and help identify risks at an early stage. Overall, communication should be person-centred and focused on maintaining Mrs Thompson's dignity, safety, independence and involvement in her own care.

2. Administrative Skills, Record Keeping and Data

Protection

Good administrative skills are an important part of professional practice in health and social care because they help professionals provide safe, organised and consistent care. In Mrs Thompson's case, accurate administration is particularly important because she has mild dementia, has recently missed her medication and has experienced increased confusion. Care workers should record important information about her condition, medication, changes in behaviour and any incidents that may affect her safety. For example, the two missed days of medication and the resulting increase in confusion should be recorded accurately and reported through the appropriate procedure. The incident involving Mrs Thompson being outside without suitable clothing should also be documented and reported to the relevant professionals.

Good record keeping means that information should be accurate, clear, up to date and based on facts. Staff should avoid including personal opinions or making assumptions about Mrs Thompson. Records should explain what happened, when it happened, who was involved and what action was taken. This allows other professionals to understand Mrs Thompson's situation and continue her care safely. Accurate records can also provide evidence that appropriate actions were taken if a concern is investigated.

The Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR) are important when handling Mrs Thompson's personal and health information. Health information is sensitive personal information and should only be accessed or shared when there is a legitimate reason to do so. Professionals should make sure that records are stored securely and that information is not discussed where unauthorised people can hear it. For example, a care worker should not leave Mrs Thompson's care records where visitors or other people could access them.

However, data protection does not mean that professionals should refuse to share information when it is necessary for a person's care or safety. Relevant information can be shared with professionals who are directly involved in Mrs Thompson's care, such as her GP or community nurse, when there is a lawful and appropriate reason. Information should only be shared when necessary and should be limited to what is relevant. This is especially important

because Mrs Thompson's missed medication and the incident in the cold weather may indicate risks that need further assessment.

Other legislation is also relevant to her care. The Equality Act 2010 supports fair and non-discriminatory treatment, while the Care Act 2014 is important in relation to wellbeing, safeguarding and protecting adults who may be at risk of harm or neglect. The Mental Capacity Act 2005 is also relevant because Mrs Thompson has dementia. Professionals should not automatically assume that she lacks capacity because of her diagnosis. Her capacity should be considered in relation to the specific decision, and she should be supported to make decisions wherever possible. Overall, good administrative practice, accurate records and responsible information sharing can improve continuity of care, protect Mrs Thompson's rights and help professionals respond to risks appropriately.

3. Collaborative and Multi-agency Working

Working collaboratively is important in Mrs Thompson's case because no single professional can meet all of her health and social care needs. Different professionals have different responsibilities and can contribute their knowledge to provide more effective and person-centred care. The GP can review Mrs Thompson's medication and consider whether any changes are needed following the missed doses and increased confusion. The community nurse can monitor her recovery after pneumonia, observe changes in her health and communicate concerns to the wider team. Domiciliary care workers have regular contact with Mrs Thompson and may be the first people to notice changes in her behaviour, medication routine or ability to manage everyday activities.

Effective collaboration requires regular communication, accurate record keeping and clear responsibilities between professionals. Care plans should be shared appropriately so that everyone understands Mrs Thompson's needs and the actions that have been agreed. One common challenge in multi-agency working is poor communication, which can result in important information being missed. Another challenge may be different professionals having different opinions about the most appropriate approach. These problems can be reduced through regular communication, clear information-sharing procedures, professional meetings and a shared focus on Mrs Thompson's wellbeing and safety.

The incident involving inappropriate clothing in cold weather should also be considered carefully because it may indicate a wider concern about her safety or ability to manage independently. By working together, professionals can identify possible risks, decide what support is required and review whether her current care arrangements remain suitable. Effective multi-agency working therefore helps provide continuity of care while reducing the risk of important concerns being overlooked.

Conclusion

In conclusion, Mrs Thompson's situation demonstrates the importance of effective communication, good administrative practice and collaborative working in health and social care. Because of her age, mild dementia and recent difficulties with medication, professionals need to communicate with her patiently and respectfully while supporting her involvement in decisions about her care. Accurate and objective record keeping is also essential for maintaining continuity of care, identifying risks and ensuring that important information is available to the professionals involved. The Data Protection Act 2018 and UK GDPR provide important principles for protecting her personal information, while legislation such as the Equality Act 2010, Care Act 2014 and Mental Capacity Act 2005 supports her rights, wellbeing and participation. Finally, effective communication between the GP, community nurse, domiciliary care workers and other relevant professionals can help identify concerns early and provide safe, coordinated and person-centred care for Mrs Thompson.

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