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Effective Communication, Administration, and Collaboration in the Care of Mr Ahmed

Introduction

Effective health and social care practice is underpinned by clear communication, accurate administrative processes, and strong collaborative working. These elements are essential in ensuring safe, person-centred, and high-quality care, particularly for individuals with complex needs. Mr Ahmed, a 68-year-old man recovering from a stroke, requires coordinated support from multiple professionals, including domiciliary carers, a GP, a district nurse, and a speech and language therapist. His limited English proficiency and stroke-related communication difficulties further increase the complexity of his care.

A recent incident involving a missed domiciliary care visit, which resulted in delayed medication, highlights the risks associated with poor communication and administrative failures. This report examines the importance of communication, administrative skills, and collaborative working in Mr Ahmed's care. It also applies relevant legislation, including the Equality Act 2010 and the Data Protection Act 2018, alongside theoretical models, and professional standards to support effective practice.

1. Communication in Mr Ahmed's Care

Effective communication is a fundamental component of safe and high-quality care, enabling professionals to exchange information accurately and involve service users in decision-making (Nursing and Midwifery Council (NMC), 2018). In Mr Ahmed's case, communication is particularly important due to his limited English and the impact of his stroke on his speech and understanding. Without appropriate communication strategies, there is a risk of misunderstanding, reduced patient involvement, and potential harm (Royal College of Nursing (RCN), 2020).

The missed domiciliary care visit demonstrates how communication breakdowns can affect patient safety. Poor communication between staff, unclear scheduling, or inadequate handovers may have contributed to the failure, resulting in delayed medication (Care Quality Commission (CQC), 2021). This highlights the importance of clear, consistent, and timely communication across all members of the care team.

To communicate effectively with Mr Ahmed, professionals must adopt a person-centred approach. This includes using simple language, avoiding jargon, and speaking slowly to aid

understanding. Non-verbal communication, such as gestures, eye contact, and visual aids, can support comprehension, particularly when speech is impaired (NHS England, 2019). Given that Bengali is his first language, access to professional interpreters or translated materials is essential to ensure accurate communication and inclusion.

The Equality Act 2010 requires healthcare providers to make reasonable adjustments to prevent discrimination (Equality Act, 2010). In this context, providing language support and adapting communication methods ensures that Mr Ahmed is not disadvantaged. His stroke-related communication difficulties may also be classified as a disability, reinforcing the legal obligation to support his needs.

While Mr Ahmed's wife plays a key role in communication, professionals must ensure that he remains central to decision-making. Over-reliance on family members can risk limiting his autonomy or introducing misinterpretation. Ethical principles such as respect for autonomy and informed consent require that Mr Ahmed be directly involved wherever possible (Beauchamp and Childress, 2019).

The Shannon and Weaver (1949) model of communication is useful in understanding potential barriers. It highlights how "noise," such as language differences or cognitive impairment, can distort messages. In Mr Ahmed's case, these barriers can be reduced through feedback techniques, such as asking him to repeat information or confirm understanding.

In summary, effective communication is essential for ensuring safety, promoting dignity, and delivering person-centred care. By applying communication models, adapting strategies, and adhering to legislation, professionals can overcome barriers and improve outcomes for Mr Ahmed.

2. Administrative Skills and Record Keeping

Administrative skills are vital in health and social care, as they support the organisation, coordination, and delivery of services. Accurate record keeping, effective scheduling, and clear documentation are essential for maintaining continuity of care and ensuring patient safety (NMC, 2018). In Mr Ahmed's case, where multiple professionals are involved, strong administrative systems are particularly important.

The missed domiciliary care visit highlights the consequences of poor administrative practice. Failures in scheduling or communication can result in missed care and increased risks, such as delayed medication (CQC, 2021). This demonstrates the need for reliable systems that ensure all care activities are carefully planned and documented.

Record keeping is a key aspect of administrative practice. It involves documenting all relevant aspects of care, including assessments, interventions, medication administration, and incidents. According to NHS England (2021), records must be accurate, clear, timely, and accessible to authorised professionals. In Mr Ahmed's case, records should include his care plan, medication schedule, communication needs, and any risks associated with his condition.

The Data Protection Act 2018 provides a legal framework for handling personal information. It requires that data be processed lawfully, fairly, and securely (Data Protection Act, 2018). For Mr Ahmed, this ensures that his personal and medical information is kept confidential and only shared with relevant professionals involved in his care.

Key principles of data protection include data minimisation, accuracy, storage limitation, and confidentiality (Information Commissioner's Office (ICO), 2023). These principles ensure that only necessary information is collected, kept up to date, and protected from unauthorised access. For example, electronic records should be password-protected, and paper records securely stored.

Professional standards, such as the NMC Code, emphasise the importance of accurate documentation and accountability (NMC, 2018). Healthcare organisations also have policies for record keeping and incident reporting. In this case, the missed visit must be documented and investigated to identify causes and prevent recurrence.

Electronic record systems can enhance communication and coordination between professionals by providing real-time updates (NHS England, 2021). Shared care records ensure that all members of the multidisciplinary team have access to consistent and up-to-date information.

In conclusion, strong administrative skills and effective record keeping are essential for ensuring safe, coordinated, and accountable care. In Mr Ahmed's case, they are critical in preventing errors and maintaining ambitious standards of practice.

3. Collaborative Working

Collaborative working is essential in delivering holistic and person-centred care, particularly for individuals with complex needs (Department of Health and Social Care (DHSC), 2021). Mr Ahmed's care involves a multidisciplinary team, including a GP, district nurse, domiciliary care workers, and a speech and language therapist.

Effective collaboration enables professionals to share knowledge, coordinate care, and respond to changing needs. For example, the speech and language therapist supports communication and swallowing, while the district nurse monitors physical health. Domiciliary carers assist with daily activities, and the GP oversees medical care. Working together ensures a consistent and comprehensive approach (World Health Organization (WHO), 2010).

Approaches to promoting collaboration include regular team meetings, shared care plans, and clear communication systems (NHS England, 2019). Clearly defined roles and responsibilities also help to prevent confusion and duplication.

However, challenges such as communication barriers, differing professional perspectives, and organisational constraints can affect teamwork (Glasby and Dickinson, 2014). In Mr Ahmed's case, the missed visit suggests a breakdown in coordination.

Strategies to address these challenges include structured communication tools, mutual respect, and interprofessional training (WHO, 2010). Involving Mr Ahmed and his wife in care planning also supports person-centred care.

Overall, effective collaboration improves care quality, reduces risks, and enhances patient outcomes.

Conclusion

In conclusion, Mr Ahmed's case highlights the importance of communication, administrative skills, and collaborative working in health and social care. Effective communication is essential for overcoming language barriers and ensuring that Mr Ahmed is actively involved in his care, supported by the Equality Act 2010.

Strong administrative practices, including accurate record keeping and adherence to the Data Protection Act 2018, ensure continuity, safety, and confidentiality. The missed

domiciliary visit demonstrates the risks associated with poor systems and the need for improvement.

Collaborative working among professionals enables coordinated and holistic care. By addressing challenges and promoting teamwork, healthcare providers can deliver high-quality, person-centred care. These elements are essential for ensuring the safety, dignity, and wellbeing of individuals such as Mr Ahmed.

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