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Communication, Administrative Skills and Collaborative Working in the Care of Mrs Thompson:

Mrs Thompson is an 84-year-old woman who was recently discharged from hospital after being treated for pneumonia. She lives alone in sheltered housing and receives domiciliary care twice a day to help her remain independent. Mrs Thompson has mild dementia, which affects her memory and means she sometimes forgets to take her medication. Recently, concerns were raised after she missed two days of medication, causing increased confusion. This incident was recorded by the care service, and a medication review was requested. A second incident occurred when Mrs Thompson was found outside without suitable clothing during cold weather, resulting in the local council reviewing her situation to determine whether further support was needed.

This report will explore the importance of effective communication, accurate administrative skills and record keeping, and collaborative working in supporting Mrs Thompson's care. It will discuss how these areas help provide safe, person-centred care while protecting Mrs Thompson's health, wellbeing and independence.

Effective Communication:

Effective communication is one of the most important parts of health and social care because it helps professionals understand an individual's needs, preferences and concerns. Good communication builds trust between patients and healthcare

professionals, reduces the risk of misunderstandings and helps ensure that safe, person-centred care is provided. For older adults such as Mrs Thompson, effective communication is especially important because memory problems caused by dementia can affect their understanding, recall and decision-making (NICE, 2018).

Mrs Thompson has mild dementia, meaning she may struggle to remember conversations, follow instructions or recall when to take her medication. Healthcare professionals should therefore use clear, simple language, avoid giving too much information at once and allow extra time for her to respond. They should also check her understanding by asking her to repeat important information in her own words. This approach helps reduce confusion and supports Mrs Thompson in remaining involved in decisions about her own care.

The **Transactional Model of Communication** explains that communication is a two-way process where both people act as the sender and receiver of information while providing continuous feedback. In Mrs Thompson's case, carers should pay close attention to both her verbal and non-verbal communication, such as facial expressions, body language and signs of confusion. By observing these responses, carers can recognise when she may not have understood information and adapt their communication accordingly. This model highlights that effective communication is more than simply giving information; it also involves listening carefully and responding appropriately.

Although Mrs Thompson's case does not mention language barriers, healthcare professionals should always assess whether an individual requires additional communication support. Under the **Equality Act 2010**, organisations have a duty to ensure that people are not disadvantaged because of age, disability or other protected characteristics. If Mrs Thompson had hearing loss, visual impairment or spoke another language, reasonable adjustments such as hearing aids, interpreters, translated information or communication boards should be provided. Even when interpreters are not needed, visual aids such as medication charts, calendars, reminder clocks, colour-coded pill organisers or picture prompts could help Mrs Thompson remember important daily tasks and increase her independence.

Person-centred communication also involves respecting Mrs Thompson's dignity, privacy and preferences. Carers should introduce themselves clearly, explain each task before carrying it out and encourage Mrs Thompson to express her wishes wherever possible. They should remain calm, patient and reassuring, particularly if she becomes confused or anxious. Building a trusting relationship may reduce her anxiety and encourage her to accept support more willingly.

Overall, effective communication plays a key role in maintaining Mrs Thompson's safety and wellbeing. Using clear language, active listening, appropriate communication models and reasonable adjustments can help reduce medication errors, improve understanding and support her independence while ensuring she receives high-quality, person-centred care.

Administrative Skills and Record Keeping:

Accurate administration and record keeping are essential in health and social care because they help ensure that individuals receive safe, effective and consistent care. Healthcare professionals rely on clear and up-to-date records to understand a person's health needs, the care they have received and any concerns that need to be followed up. Good documentation also improves communication between professionals and helps reduce the risk of mistakes.

In Mrs Thompson's case, accurate record keeping is especially important because she has mild dementia and sometimes forgets to take her medication. After she missed two days of medication and became increasingly confused, staff followed the organisation's incident reporting procedure and requested a medication review. Recording this information accurately allows other healthcare professionals, including her GP and pharmacist, to understand what happened and decide whether changes to her medication or care plan are needed. Without accurate records, there is a greater risk that important information could be missed, placing Mrs Thompson's health at further risk.

Medication Administration Records (MAR charts) are an important part of documenting whether medication has been given. Care workers should record each dose immediately after it has been administered and explain any missed doses. This creates a clear record that can be checked by other members of the care team. In Mrs Thompson's situation, regular monitoring of the MAR chart could help identify patterns of missed medication and allow professionals to intervene before her condition worsens.

Poor record keeping can have serious consequences. Missing or inaccurate information may result in medication errors, delays in treatment, repeated assessments or poor communication between professionals. In some cases, poor documentation can lead to safeguarding concerns if signs that an individual is becoming more vulnerable are not recognised. Mrs Thompson being found outside without suitable clothing demonstrates how important it is to record changes in behaviour, as this information may indicate that her dementia is progressing and that additional support is required.

Healthcare professionals must also follow legal and professional requirements when handling personal information. The **Data Protection Act 2018** and the **UK General Data Protection Regulation (UK GDPR)** require personal information to be stored securely, kept accurate and only shared with professionals who need it to provide care. Mrs Thompson's records should therefore remain confidential and only be accessed by authorised members of her care team.

The **Caldicott Principles** support the safe sharing of confidential information by ensuring that information is shared only when necessary and, in the individual's, best interests. These principles help professionals balance confidentiality with the need to protect patients from harm. In Mrs Thompson's case, sharing information about her missed medication and recent incidents with her GP, pharmacist and social worker is appropriate because it supports her safety and ongoing care.

Professional standards also guide record keeping. The **Nursing and Midwifery Council (NMC) Code (2018)** states that records must be clear, accurate and completed as soon as possible after care is provided. Similarly, the **Care Quality**

Commission (CQC) requires care providers to maintain accurate records as part of delivering safe, effective and high-quality care. Following these standards helps ensure that Mrs Thompson receives coordinated care and that professionals remain accountable for their practice.

Collaborative Working:

Collaborative working is an important part of health and social care because many individuals have complex needs that cannot be met by one professional alone. Working together allows different professionals to share their knowledge and provide coordinated, person-centred care that improves health outcomes.

Mrs Thompson would benefit from support from a multidisciplinary team (MDT). This could include her GP, community nurses, domiciliary care workers, pharmacist, social worker and the local council safeguarding team. Each professional has a different role, but by sharing information they can work together to support Mrs Thompson safely. For example, the pharmacist can review her medication, the GP can assess her overall health, community nurses can monitor her recovery from pneumonia and dementia, while social workers can assess whether additional care or safeguarding measures are needed.

One effective approach is the use of a **shared care plan**, which allows all professionals involved in Mrs Thompson's care to access the same information and understand their responsibilities. Regular multidisciplinary meetings and clear communication between services can help ensure that changes in Mrs Thompson's condition are identified quickly and that appropriate action is taken.

However, collaborative working is not always straightforward. Different organisations may use different recording systems, communication can sometimes be delayed and professionals may have heavy workloads. These challenges can affect the quality of care if important information is not shared promptly. To overcome these barriers, organisations should use secure electronic record systems where possible, hold

regular team meetings and encourage open communication between professionals. Following agreed procedures for information sharing also helps ensure that Mrs Thompson receives safe, consistent and well-coordinated care.

Conclusion:

Mrs Thompson's case demonstrates how effective communication, accurate record keeping and collaborative working are all essential in delivering safe, person-centred care. Her recent missed medication and episodes of confusion show how quickly her health could deteriorate if professionals do not communicate effectively or maintain accurate records. Good communication helps healthcare workers understand her needs, reduce confusion and involve her in decisions about her care. Accurate documentation ensures that important information is shared with the right professionals and supports continuity of care. Collaborative working allows different health and social care professionals to combine their knowledge and provide coordinated support that promotes Mrs Thompson's safety and independence. Overall, this case highlights that high-quality care depends on professionals working together while following legal, ethical and professional standards. Learning from incidents such as those experienced by Mrs Thompson can help improve future care and reduce the risk of similar situations happening again.

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