WORKING IN HEALTH AND SOCIAL CARE

**Unit Code**: K/618/4170

# TASK 1: PERSON CENTRED PRACTICE

## Person-Centred Practice

Person-centred practice focuses on putting the individual’s values, preferences and lived experiences at the focus of healthcare choices (Killet et al., 2016). It emphasises collaboration between service users and professionals, resulting in greater dignity, independence, and respect (Eklund et al., 2019). This approach means that individuals are seen as actively involved in developing their care, supporting both their emotional well-being and their ability to make informed decisions (Ekman et al., 2011). Such an approach also helps shape care plans to meet individuals' cultural, spiritual, and psychological needs, allowing them to share what is important to them (Coulter et al., 2015). In the UK context, it is supported by the Care Act (2014) and NICE (2015), which both urge that decisions and plans involve as many people as possible. Essentially, person-centred care focuses on the person beyond their diagnosis, strengthening both personal ties and mutual trust.

## 1.2. Contribution to Continuity of Care

Implementing person-centred working methods helps maintain steady care because they lead to greater consistency, better sharing of details, and continued understanding of a person’s requirements. Coulter et al. (2015) believe that continuity encompasses providing care consistently and maintaining trusting relationships that allow care to be tailored to a person’s changing needs. Person-centred practice is implemented this way by documenting every decision thoroughly, planning goals together and always considering what is important to the patient. If many teams and professionals acknowledge and apply an individual’s preferences, such records help reduce disjointedness in the healthcare system (Bahr & Wesis, 2020).

People are more adherent to treatment and have better satisfaction with their care if they are actively involved in creating their care plan (Goodwin, 2021). In addition, the review processes that alter care plans based on feedback, changes, or increased needs ensure continuity. By contrast, this approach differs from standardised methods that do not adapt well to the changing needs of an individual’s care (Woodly et al., 2021). Overall, person-centred practice helps maintain the individual’s story across all services, ensuring their emotional safety, fewer repeated actions, and better coordination from those providing care.

## 1.3. Safeguarding and Protection in Person-Centred Practice

Working from a person-centred approach greatly improves continuity of care by ensuring information is shared, kept consistent and individual needs are always considered. According to Coulter et al. (2015), continuity refers to forming meaningful relationships that allow care to be tailored to a person’s needs. To achieve this, patient records are detailed, patients and teams collaborate to make decisions, and everyone involved sets common goals together. As preferences are noted and valued within a team, switching bettors to different professionals becomes smoother, and the likelihood of their problems being resolved decreases (Killet et al., 2016). Engaging patients in the care planning process enhances their willingness to follow treatment and increases their satisfaction with the outcome (Ekman et al., 2011). Additionally, care plans are regularly updated to reflect client input and changes in their lives or needs. Unlike this more flexible approach, many standardised models do not address how individual care changes over time (Woodly et al., 2021). To conclude, working in this way helps the person’s story remain consistent across all services, which supports emotional security, prevents confusion, and improves how different services work together for maximum benefit to the individual.

## 1.4. Benefits of Positive Risk Taking

Positive risk-taking is about supporting individuals to make informed decisions that involve risk. By ensuring their rights are protected, they can be independent and grow. Person-centred care views risk as a natural part of everyday living and a valuable part of life (Duffy et al., 2023). According to Behrens et al. (2020), being overprotected may increase social isolation, decrease the ability to act independently and lower a person’s self-esteem. Instead, when individuals are encouraged to make their own decisions, to manage their medicines, make daily life choices, or engage with others, they tend to feel better about themselves and become more confident (Woodly et al., 2021). A risk assessment must be conducted in health and social care, and both the individual and the care provider must act responsibly, maintaining clear lines of communication (NHS England, 2024). As a result, taking positive risks shares the same values as empowerment and choice that underlie person-centred methods.

## 1.5. The 6 Cs of Care and Person-Centred Practice

Compassion, Competence, Communication, Courage, Commitment and Care frame the 6 Cs of care and are the main principles behind person-centred practice (NHS England, 2025). These measures support an environment that values each person’s dignity and creates trust. Showing compassion means caring and competence, which promise the right and safe way to support each client. Courage helps individuals speak up in challenging situations, and effective communication enables everyone to understand one another (Jones, 2019). Also, commitment leads to regular care built around relationships, and those decisions always prioritise the well-being of everyone involved (Ellis & Standing, 2023). Together, these values help ensure that all support given in healthcare is respectful, inclusive, and responsive.

## 1.6. Importance of Demonstrating Person-Centred Values

Following person-centred values is important for supporting trust, empathy and a feeling of belonging in people who use health and social care services. Being dignified, respectful, compassionate and inclusive is both necessary from an ethical standpoint and leads to greater satisfaction in care and better health for individuals (Killet et al., 2016). Promoting autonomy, reading cultural cues and helping individuals make their own choices makes them feel valued as they receive care (Coulter et al., 2015). With this method, patients feel more supported, develop less anxiety and experience better health outcomes because caregivers follow what is truly important to each patient (Woodly et al., 2021). Ultimately, focusing on people’s needs helps ensure that care support is equal, helpful, and positive across a range of care settings.

# TASK 2: COMMUNICATION IN HEALTH AND SOCIAL CARE

## 2.1. Role of Communication in Health and Social Care

Health and social care professionals rely on effective communication to learn about clients, earn their trust, and deliver well-coordinated care (Nordin et al., 2021). It encompasses both words and gestures, enabling people to share information, express their emotions, and collaborate in making decisions (Arnold & Boggs, 2019). When care planning is clear, misunderstandings can be avoided, accuracy is improved, and patients typically feel better (Gehlert et al., 2019). Effective communication in care settings enables individuals to express their needs and wants, facilitating a person-centred approach (Behrens et al., 2020). Having communication ensures all staff members share the same way of working and avoid mistakes. Such qualities become crucial when communicating with individuals who have physical impairments or are elderly, as they facilitate effective and safe treatment (Nordin et al., 2021).

## 2.2. Methods of Communication in Health and Social Care

Health and social care workers use multiple types of communication to support everyone’s needs. People mostly rely on spoken conversations, both alone and in groups, because they prefer the speed and clarity they offer (Moudatsou et al., 2020). Nonverbal communication, including facial expressions, gestures, and eye contact, has a profound impact on our speech in sensitive areas (Arnold & Boggs, 2019). Paper, rather than oral, messages help ensure that details about each patient are accurate and consistent. According to Stellefson et al. (2020), over the past several years, emails, chat apps, video calls, and online platforms have become increasingly common, particularly when patients require remote care. Children with communication challenges due to sensory loss often require alternative methods, including sign language, Makaton, Braille, and pictorial aids (Arnold & Boggs, 2019). Selecting the right way to communicate improves access to care for all patients.

## 2.3. Barriers to Communication

Several issues can make it difficult for people in health and social care to communicate, such as sensory impairments, language barriers, high emotions and disorders such as dementia (Petronio et al., 2021). Environmental factors, such as noise, poor lighting, or a lack of privacy, can further hinder effective interaction (Moudatsou et al., 2020). Not understanding the language or culture of the doctor can make a person feel separate from their doctor and make it harder for them to understand (Ellis & Standing, 2023). The high volume of work often results in limited meaningful communication between professionals and those who need their services. Recognising and addressing these challenges is essential in providing safe, inclusive, and individualised care (Arnold & Boggs, 2019).

## 2.4. Information Handling and Recording Procedures

Keeping patient data accurate and up-to-date is crucial for ensuring consistent and easy-to-follow care. The NMC (2018) requires health and social care professionals to record care clearly and straightforwardly regularly. Care plans, risk assessments, medication lists, and communication records are all essential components of good documentation (Johnson et al., 2023). After each interaction with a patient, record the information and ensure it is stored securely, adhering to both GDPR rules and the Data Protection Act (Wolford, 2025; Data Protection Act, 2018). They assist the team’s performance and, at the same time, ensure that complaints, incidents, or safeguarding investigations are properly documented (NHS England, 2021).

## 2.5. Principles of Confidentiality

The legal and ethical concept of confidentiality aims to maintain the privacy of any personal information shared in health and social care settings (Hulkower et al., 2020). Data protection refers to granting permission to disclose confidential data when it is legally necessary or for protection reasons (NMC, 2018; DHSC, 2024). Trust and openness, which are key for good care, can be created when patients feel their privacy is protected (Fillmore et al., 2023). All professionals are required to handle information carefully, keep data secure, and comply with the GDPR (2018) and the Data Protection Act (2018). If confidentiality is broken, relationships with patients can be damaged and may result in disciplinary action.

## 2.6. Factors Influencing Maintenance of Confidentiality

Several factors determine the level of confidentiality that can be maintained in health and social care. Safe information sharing depends on having clear organisational rules, staff learning and suitable private spaces (DHSC, 2021). Even so, tough job demands, uneven record-keeping systems, and a lack of knowledge about the law can result in confidentiality not being protected (Issa et al., 2020). During emergencies or when someone’s safety is at risk, information may be legally disclosed because confidentiality must be breached to assist (NMC, 2018). Additionally, digital communication enables unauthorised individuals to access our private data. Keeping up with evaluations, teaching staff and having clear procedures helps create a climate focused on protecting data secretly (Hulkower et al., 2020).

## 2.7. Strategies to Overcome Communication Barriers

Personalised communication plans, the use of visual aids, and assistive technology tailored to a person’s needs can help alleviate some communication problems (Marutha & Mosweu, 2020). When talking with children, professionals should speak more calmly, keep messages straightforward and pay close attention to comprehend (Arnold & Boggs, 2020). Training staff in cultural competence helps address both language and cultural barriers, and utilising interpreters or bilingual workers can make services more accessible (Moudatsou et al., 2020). Creating quiet, well-lit, and private spaces can minimise environmental disruptions (Duffy et al., 2023). In addition, teaching communication and emotional intelligence skills to staff helps them develop empathy, patience, and adaptability, essential features in providing person-centered care (Nordin et al., 2021).

# TASK 3 – INFECTION PREVENTION AND CONTROL

## 3.1. Causes and Spread of Infection

Many types of infections result from bacteria, viruses, fungi, and parasites invading the body and disrupting regular body functions (WHO, 2023). Typically, an infection is transmitted from an infectious agent to a reservoir (e.g., a person, animal, or environment) and then travels via a transmission route (e.g., direct contact, air, or surfaces) to enter a susceptible host (Public Health England, 2019). The primary causes of infectious bloodborne diseases in health and social care settings are poor hygiene, contaminated items, and inadequate cleaning practices (NICE, 2021). For example, MRSA can be transferred through unwashed hands or due to the sharing of a medical tool. Influenza and COVID-19 are airborne viruses that are transmitted by tiny droplets of moisture from sneezes or coughs, mostly in closed or crowded spaces (CDC, 2019). Because they have weaker immune systems, the elderly and immunocompromised people are more at risk of this disease. Hence, it is essential to understand these mechanisms to implement targeted strategies that reduce infections and protect service users.

## 3.2. Importance of Infection Prevention and Control

Preventing and controlling infection is a critical priority in health and social care, safeguarding both service users and staff from potentially life-threatening illnesses. Following effective infection control measures can reduce disease rates, enhance care effectiveness, and improve the status of caregivers (NICE, 2018). According to the WHO (2020), conditions such as sepsis, norovirus, or COVID-19 spread fast, pressurise healthcare resources, and can result in avoidable harm or death, especially among the vulnerable population. Healthcare workers must follow practices such as hand washing, the use of personal protective equipment, and the sterilization of equipment to prevent cross-contamination (PHE, 2019). By preventing infections, providers help patients feel safer and recover more quickly. According to the Department of Health and Social Care (2021), a lack of infection control could result in legal liability, regulatory sanctions, and reputational damage. Therefore, infection prevention is not only a matter of clinical safety but also of ethical and professional responsibility in service delivery.

## 3.3. How to Reduce the Spread of Infection

Reducing the spread of infection requires a multi-pronged approach that combines personal hygiene, environmental cleanliness, and adherence to infection control protocols. One of the most effective strategies is handwashing using the correct techniques, as hands are a common vehicle for pathogen transmission (WHO, 2023). The use of personal protective equipment, such as gloves, aprons, and masks, separates an individual from potential contaminants (NICE, 2018). Surface disinfection, smart waste handling and equipment sterilisation are each vital for infection control (PHE, 2019). Airborne transmission can be reduced by ensuring sufficient ventilation and isolating individuals who are sick (CDC, 2021). Staff training, Regular audits, and clear signs help in promoting compliance with infection control guidelines in healthcare settings. As a result, taking preventive measures consistently helps prevent outbreaks, protect vulnerable individuals, and maintain a more secure environment for everyone connected to the care facility.

## 3.4. Managing an Outbreak of Infection

Managing an infection outbreak in health and social care settings requires swift identification, containment, and coordinated intervention. First, infected individuals must be isolated, Barrier nursing should be used, and relevant public health authorities should be informed (NICE, 2021). Taking care to clean up, researching how the infection spreads, and postponing group events helps to prevent more people from being at risk (PHE, 2019). Clear communication with staff, service users, and families makes the control measures clearer and easier to follow. If the situation becomes too serious, it may be necessary to close part or all of the facility. Emergency responses are more effectively monitored when the information is kept up to date and properly documented. Post-outbreak reviews also enable the department to plan better for the next emergency (DHSC, 2024).

## 3.5. Role of Risk Assessment in Infection Control

The use of risk assessments helps care workers find, review and address risks of infection in the workplace. Infection control emphasises checking high-touch surfaces, equipment, and areas that everyone uses, and applying steps to prevent harm (Lai et al., 2020). As a result, risk assessments can be used to determine cohorting groups, allocate staffing resources, and allocate extra PPE in high-risk situations (PHE, 2019). Risk assessments should be updated as needed, reviewed regularly, and adjusted to meet the evolving needs of the community. Early action and planning are crucial to maintaining safe, compliant, and effective infection control measures (DHSC, 2021).

## TASK 4 – PARTNERSHIP WORKING IN HEALTH AND SOCIAL CARE

## 4.1. Types of Working Relationships in Health and Social Care

Integrated health and social care services are possible due to the various relationships between professionals. There are official connections between care workers, nurses, doctors, and allied professionals, as well as partnerships with external groups, such as housing providers or support from advocacy and mental health teams (Castillo, 2021). Close relationships with family and friends of service users are valuable for offering good care. All relationships between people at work stick to clear rules and guidelines set by the organisation (NMC, 2018). When communication is effective and teams share the same objectives, it becomes easier for everyone to share information and organise interventions (Duffy et al., 2023). When working in multi-disciplinary teams (MDTs), a range of skills is combined to assess needs, discuss solutions, and develop comprehensive care plans. When workers have good professional relationships, services are more reliable, effort is not wasted, and individuals receive tailored support consistently (Moudatsou et al., 2020).

## 4.2. Role of Advocates in Supporting Individuals

Advocates enable individuals to express their preferences and exercise their rights within the health and social care system. They assist people whose ability to speak or understand appears to be limited, such as individuals with disabilities, mental health problems, or language barriers (Coulter et al., 2015). Advocates enable people to participate in decision-making, represent them at meetings, and speak out against choices that may harm them (Issa et al., 2020). Key values in independent advocacy include autonomy, respect and including people in decisions.

## 4.3. Importance of Partnership Working

When partners work together in health and social care, services become better coordinated, focused on the person, and tailored to meet each person's needs. Promoting cooperation between professionals, organisations, service users, and carers reduces duplication, utilises resources more effectively, and leads to higher-quality care (Glasby & Dickinson, 2025). By joining forces, social workers, district nurses, and occupational therapists develop plans that address a person’s physical, emotional, and social needs (DHSC, 2024). Such interdisciplinary strategies are crucial for individuals with complex needs, as they mitigate the risks associated with unrelated services (Hulkower et al., 2020).

Good partnerships value respect, work towards the exact solutions and share clear ways of communicating. They help build teamwork among providers, lead to regular care reviews, and ensure everyone is well-informed, all of which help smooth changes in care and support (Ellis & Standing, 2023). Having service users and their families join in on partnership decisions helps trust improve, encourages their involvement and makes sure the care suits the person (Behrens et al., 2020). Besides, connected ways of working enable organisations to comply with the law, provide patients with economic care, and stay up-to-date with new trends in the community. Practical partnership work involves combining actions and fostering a shared culture where people's needs always take priority (Bahr & Wesis, 2020).

## 4.4. Role of Teams in Coordinated Service Delivery

Teams help by utilising their various skills, expertise, and different ideas to address users' numerous needs. MDTs are made up of individuals from nursing, social work, physiotherapy and psychology, who all team up to plan out a person’s care (Bach & Grant, 2015). Integrating physical, emotional, and social elements of care addresses all aspects simultaneously and minimizes any gaps in healthcare provision (Lai et al., 2020). When teams hold regular meetings, update their records, and maintain open communication, everyone feels responsible and accountable, and the team remains united (Castillo, 2021). When working well, teams facilitate the process of change and support individuals with specific or ongoing health conditions. Additionally, having teams provides staff with emotional and practical support, which reduces the likelihood of burnout and improves their overall mood (Fillmore et al., 2023). In general, joining forces in teams enhances service delivery and reflects the principles of safe, individualised care.

## 4.5. Team Leadership in Addressing Challenges

A good leader in these teams is crucial for addressing role confusion, staff conflicts, and unequal communication. Good leaders create a plan, expect specific results, and help everyone respect and be responsible for one another (West et al., 2014). They facilitate open discussion, credit all team members for their contributions, and address any issues in a manner that benefits the team (Hargett et al., 2017). According to Diggele et al. (2020), Leadership also involves mentoring, professional development, and ensuring staff feel supported during high-pressure situations. By modelling ethical behaviour and promoting reflective practice, leaders help teams adapt to organisational changes and deliver consistent, high-quality care. Ultimately, effective leadership enhances team cohesion and service user outcomes.

# TASK 5 - CARE PLANNING

## 5.1. Purpose of Care Planning

Care planning is a structured process used to ensure each person’s support in a way that is personalised, coordinated, and always focused on their needs, likes, and wishes. Its main goal is to help people maintain their health, remain independent, and stay safe in all aspects of their lives (NICE, 2021). These plans are used by professionals, service users, and families to view the objectives, strategies, timeframes, and necessary steps everyone must follow (DHSC, 2021). They enable organisations to take proactive measures, act early, and update their strategies to address any emerging issues. Above all, care planning records important decisions and allows you to explain the actions you take (Bach & Grant, 2015). By including individuals in their care planning, their sense of autonomy, trust, and satisfaction with their care is enhanced. Care planning done correctly improves the quality of care, prevents the repetition of certain services, and facilitates easier transitions between hospital discharge and community-based settings (Coulter et al., 2015).

## 5.2. Roles and Responsibilities in the Care Planning Process

The care planning process works well when multiple stakeholders, with distinct functions, join forces. Because the person being cared for is central, their opinions, preferences and beliefs should be at the heart of the care plan (Lum et al., 2015). Those working in health and social care, such as nurses, social workers, GPs, and therapists, check needs, suggest plans, and coordinate the services delivered to their care users (Mullick et al., 2013). Key workers may lead efforts to maintain consistency and assist with communication among all team members. Family members, individuals who care informally and advocates often provide helpful input and emotional help, particularly when participation is difficult (Morrison et al., 2021). All parties are expected to provide exact information, plan realistic targets and regularly check the progress. It is essential to have clear documents and established review periods to track progress and identify areas that require adjustment (PHE, 2019). Properly outlining roles in healthcare mainly encourages unity among caregivers, lowers disagreements and guarantees that care is both safe and suitable for every person.

## 5.3. Involving the Individual in All Stages

At each stage of care planning, assessment, goal setting, delivery, and review, involving everyone is central to person-centered practice. Participating in this way upholds someone’s freedom, promotes trust, and helps make sure the support matches their culture and lifestyle (Coulter et al., 2015). Taking part helps people become more motivated, happier, and follow the set treatment plan (NICE, 2021). Effective communication is essential for this process, including the use of clear and understandable language, consideration of diverse learning styles, and cultural awareness (Bach & Grant, 2015). Caring for adults means ensuring they feel their voices are heard, they are treated with respect, and they have the choice to decide what happens. Teachers should involve helpers, display student work, make accommodations, and value each child’s abilities and wishes (Marutha & Mosweu, 2020). During a review, people should have the opportunity to reflect on what has been achieved and suggest ways to make improvements (Issa et al., 2020). Because they have firsthand experience, they can advise on their care, helping to write their treatment plan. As a result, such actions help achieve better outcomes and keep person-centred values at the heart of care (DHSC, 2021).

## 5.4. Overcoming Barriers to Implementing Care Plans

Resource, personnel, message and individual involvement problems are some of the barriers that prevent care plans from being implemented. A person might have less ability to understand or participate because of their culture, mental abilities or knowledge of health (Fillmore et al., 2023). To solve these issues, experts should try to explain things clearly, update their plans regularly and get various professionals to cooperate (NICE, 2021). Educating staff, seeking out people who support patients and using tools that support personal needs go a long way in ensuring people follow guidelines (Johnson et al., 2023). Repeated reviews, combined with reliable monitoring, help maintain care that is both suitable and manageable. Handling these obstacles leads to better, more consistent and faster care planning (Bach & Grant, 2015).

## 5.5. Challenges in Developing Effective Care Plans

Developing an effective care plan involves addressing numerous challenges, including diverse stakeholder input and the inevitable changes that occur in each person’s life. The practice faces challenges such as balancing individual needs with professional guidance, managing risks while encouraging independence, and addressing cultural and emotional factors (Brown et al., 2018). Additionally, whenever there are pressures for quick decisions and gaps in communication between team members, teamwork in decision-making is affected (West et al., 2014). Dealing with different agencies means dealing with more problems that often call for negotiation and making concessions. When someone’s abilities are not always the same due to ageing or illness, staying involved all the time can be tough. To get past these obstacles, people must be flexible, trust each other, have the same values and follow strong documentation. Person-centred and adjustable care plans are crucial for achieving significant and enduring results (SCIE, 2023).

# TASK 6 – MEDICATION ADMINISTRATION

## 6.1. Common Types of Medication and Their Effects

Medications used in healthcare and social care are categorized into distinct groups for various medical purposes. These over-the-counter medicines are used to ease pain by stopping pain signals or reducing the signs of inflammation (British Medical Association, 2021). Antibiotics, including amoxicillin, are prescribed to treat bacterial infections by either destroying bacteria or inhibiting their growth; however, misuse can contribute to antimicrobial resistance (WHO, 2023). Medicines like fluoxetine are prescribed to help regulate moods by balancing brain chemicals called neurotransmitters; these effects usually become visible after around four weeks (according to NICE, 2021). Taking risperidone is helpful in controlling symptoms of severe conditions such as schizophrenia. However, it can lead to problems such as drowsiness or weight gain, according to the Royal College of Nursing (2020).

Sedatives labelled as benzodiazepines can make someone calm or put them to sleep, but taking them incorrectly can lead to addiction and harm the brain (Bach & Grant, 2015). While antihypertensives help maintain normal blood pressure, thereby preventing stroke or heart attack, they can cause dizziness or fatigue (Luokkamäki et al., 2020). It is essential not to overuse laxatives, as this can lead to dependency. Vaccines strengthen your body’s defence against diseases and are key in both preventing disease and managing outbreaks (Schroers et al., 2021).

All medicines have potential side effects, ranging from mild to very serious, including nausea, dizziness, allergies, and organ damage (Westbrook et al., 2020). Therefore, correctly assessing a patient, obtaining their consent to use the medication, and regularly monitoring them are essential for ensuring medication safety (British Medical Association, 2021). Understanding these medications and their effects enables care providers to tailor treatment, reduce risks, and enhance the individual’s health outcomes (Schroers et al., 2021).

## 6.2. Routes of Administration

Medicines are administered in various ways, each recommended for specific drugs, as needed, and in individual circumstances (Gupta et al., 2022). Oral treatment is most often used and involves taking tablets, capsules or liquids, just like food or drink (Mohsen, 2024). When using a topical route, medicine is applied directly to the skin using creams or ointments for a local effect. Aerosols are inhaled when taking asthma medications by mouth or inhaling them from an inhaler (Mohsen, 2024). When treatment is administered via the sublingual and buccal routes, the medicine is placed under the tongue or in the cheek for immediate absorption (Shoyaib et al., 2020).

When a person is unable to take medicine orally, rectal and vaginal treatments are employed to give them laxatives or hormones. Medications given via injection, for example intramuscular (IM), subcutaneous (SC), and intravenous (IV), typically have fast or sustained effects and are used when speed is needed (therefore referred to as RC routes (two types of injectable)) (Chenthamara et al., 2019). To achieve the best outcome and safety, it is essential to pick the correct administration route.

## 6.3. Safe Administration Practices and Legislation

To perform their jobs properly, health and social care professionals must ensure that medications are administered safely. It is about making sure medicines are given correctly, safely and in compliance with the law and company rules (Gupta et al., 2022). Following the “five rights” is one of the key practices: the right person, the proper drug, the correct dose, the proper time, and the right way to give it (NICE, 2021). The use of these guidelines minimises medication errors and ensures things are done the same way every time. Practitioners need to verify the identity, check for allergies, review all medications, and clarify the purpose and potential side effects of the medicine (Royal College of Nursing, 2020).

Safe practices are guided by the information contained in legislation. Medicines are regulated in terms of manufacture, supply, and use by the Medicines Act (1968), and the sale and possession of controlled substances are overseen by the Misuse of Drugs Act (1971). The Health and Social Care Act (2008) (Regulated Activities) and the standards set by the Care Quality Commission CQC (2022) both suggest that providers need to ensure trainees are capable of handling medication safely. Domestic staff are obliged by the Mental Capacity Act (2005), which sets out how a person’s decision should be based on their understanding and what can be done by law if they are unable to decide for themselves.

Organisations are responsible for setting guidelines for the prescribing, dispensing, and administration of prescription drugs. Only trained, authorised individuals should deliver medications, and any shift of these tasks should be recorded and supervised (DHSC, 2021). Professionals should obtain informed consent, unless it is not possible because of a person’s lack of mental capacity, at which point choices are made in their best interest as required by the law (NMC, 2018). Moreover, incidents and reactions caused by errors must be documented and monitored to identify any patterns or areas where training is needed (Stellefson et al., 2020). When practicing safely, hand washing, wearing protective equipment, and honouring an individual’s wishes play a crucial role. Effective medication administration requires precision, empathy, respect for established guidelines, and adherence to strict legal and ethical standards (Fillmore et al., 2023).

## 6.4. Storage, Record-Keeping, and Disposal Procedures

Proper methods for keeping records and disposing of medication help maintain safety, track activity, and comply with regulations (Bahr & Wesis, 2020). Medications are best stored in a locked cabinet or medication trolley, as advised by the manufacturer's instructions. Additionally, some medications should be refrigerated or protected from light, (NICE, 2021). (Bahr & Wesis, 2020) recommends that controlled drugs should be kept in a locked cabinet that only staff with dual signatures and restricted access may administer from.

Effective document management ensures that everyone is accountable. When medicines are administered, not given, or not recorded, the if, then when, dose given, and the person giving it are all marked on the Medicine Administration Record (MAR) chart (DHSC, 2021), documentation must be legible, accurate and done right after administration to keep mistakes away.

Any unused or expired medication should be managed following the organisation’s policy by specially trained employees (Medicines Act, 1968). You should not flush or put unused medicines in the regular trash container. The best practice is to return them to the pharmacy or dispose of them safely using the recommended means, and records must be kept verifying this process (British Medical Association, 2021). When medicines are disposed of incorrectly, the environment can be endangered, people may misuse them, or someone may accidentally ingest them. Following strict rules for storage and records helps ensure safety, minimize risks, and maintain trust when care is provided (CQC, 2022).

## 6.5. Infection Control Precautions During Medication Administration

It is essential to practise infection control when giving medications. Standard practice involves washing your hands, using gloves for applying skin products, and cleaning areas of contact before and after using medication (Boeira et al., 2019). Equipment like oral syringes or inhalers must be single-use or thoroughly disinfected (Lim et al., 2020). Staff should avoid touching medication directly and use dispensers or blister packs to reduce microbial exposure. When giving injections or eye drops, aseptic practice is necessary (British Medical Association, 2021). All waste contaminated with hazardous materials should be placed into appropriately marked clinical bins (Morrison et al., 2021). These measures minimise infection risk for both individuals and practitioners.

# REFERENCES

Arnold, E. C., & Boggs, K. U. (2019). Interpersonal Relationships E-Book. In *Google Books*. https://books.google.com/books?hl=en&lr=&id=XC2GDwAAQBAJ&oi=fnd&pg=PP1&dq=+Arnold+%26+Boggs

Bach, S., & Grant, J. (2015). *Communication and Interpersonal Skills in Nursing*. Google Books. https://books.google.com/books?hl=en&lr=&id=26yICwAAQBAJ&oi=fnd&pg=PP1&dq=Bach+%26+Grant

Bahr, S. J., & Wesis, M. E. (2020). Continuity of Care at the Primary Health Care Level: Narrative Review. *Family Medicine and Primary Care: Open Access*. https://doi.org/10.29011/2688-7460.100046

Behrens, L. L., Boltz, M., Kolanowski, A., Sciegaj, M., Madrigal, C., Abbott, K., & Van Haitsma, K. (2020). Pervasive Risk Avoidance: Nursing Staff Perceptions of Risk in Person-Centered Care Delivery. *The Gerontologist*, *60*(8), 1424–1435. https://doi.org/10.1093/geront/gnaa099

Boeira, E. R., Souza, A. C. S. e, Pereira, M. S., Vila, V. da S. C., & Tipple, A. F. V. (2019). Infection control and patient safety measures addressed in nursing pedagogical projects,. *Revista Da Escola de Enfermagem Da USP*, *53*. https://doi.org/10.1590/s1980-220x2017042303420

British Medical Association. (2021, July 16). *The 2021 specialist grade explained*. The British Medical Association Is the Trade Union and Professional Body for Doctors in the UK.; British Medical Association. https://www.bma.org.uk/pay-and-contracts/contracts/sas-doctor-contract/the-2021-specialist-grade-explained

Brown, S., Lhussier, M., Dalkin, S. M., & Eaton, S. (2018). Care Planning: What Works, for Whom, and in What Circumstances? A Rapid Realist Review. *Qualitative Health Research*, *28*(14), 2250–2266. https://doi.org/10.1177/1049732318768807

Care Act. (2014). *Care Act 2014*. Legislation.gov.uk. https://www.legislation.gov.uk/ukpga/2014/23/contents

Castillo, E. G. (2021). Community Interventions to Promote Mental Health and Social Equity. *Current Psychiatry Reports*, *21*(5), 1–14. https://doi.org/10.1007/s11920-019-1017-0

CDC. (2019). *Emerging Infectious Diseases journal - CDC*. Emerging Infectious Diseases Journal; CDC.gov. https://wwwnc.cdc.gov/eid/

Chenthamara, D., Subramaniam, S., Ramakrishnan, S. G., Krishnaswamy, S., Essa, M. M., Lin, F., & Walid, Q. M. (2019). Therapeutic efficacy of nanoparticles and routes of administration. *Biomaterials Research*, *23*(1), 20.

Coulter, A., Entwistle, V. A., Eccles, A., Ryan, S., Shepperd, S., & Perera, R. (2015). Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database of Systematic Reviews*, *3*(3). https://doi.org/10.1002/14651858.cd010523.pub2

CQC. (2022). *Care Quality Commission*. Https://Www.cqc.org.uk/. https://www.cqc.org.uk/

Data Protection Act. (2018). *Data Protection Act 2018*. Legislation.gov.uk. https://www.legislation.gov.uk/ukpga/2018/12/contents

DHSC. (2024, February 25). *Department of Health and Social Care*. GOV.UK; Gov.uk. https://www.gov.uk/government/organisations/department-of-health-and-social-care

Diggele, C. van , Burgess, A., Roberts, C., & Mellis, C. (2020). Leadership in Healthcare Education. *BMC Medical Education*, *20*(S2). https://doi.org/10.1186/s12909-020-02288-x

Duffy, A., Connolly, M., & Browne, F. (2023). Older people’s experiences of elder abuse in residential care settings: A scoping review. *Journal of Advanced Nursing*, *80*(6). https://doi.org/10.1111/jan.15992

Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A. J., Condén, E., & Summer Meranius, M. (2019). “Same same or different?” A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling*, *102*(1), 3–11. https://doi.org/10.1016/j.pec.2018.08.029

Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., Carlsson, J., Dahlin-Ivanoff, S., Johansson, I.-L., Kjellgren, K., Lidén, E., Öhlén, J., Olsson, L.-E., Rosén, H., Rydmark, M., & Sunnerhagen, K. S. (2011). Person-centered care--ready for prime time. *European Journal of Cardiovascular Nursing : Journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology*, *10*(4), 248–251.

Ellis, P., & Standing, M. (2023). *Patient Assessment and Care Planning in Nursing*. SAGE.

Fillmore, A. R., McKinley, C. D., & Tallman, E. F. (2023, January 1). *Chapter 6 - Managing privacy, confidentiality, and risk: towards trust* (B. E. Dixon, Ed.). ScienceDirect; Academic Press. https://www.sciencedirect.com/science/article/pii/B9780323908023000307

GDPR. (2018). *General Data Protection Regulation (GDPR)*. General Data Protection Regulation (GDPR). https://gdpr-info.eu/

Gehlert, S., Choi, S. K., & Friedman, D. B. (2019). Communication in Health Care. *Handbook of Health Social Work*, 249–277. https://doi.org/10.1002/9781119420743.ch12

Glasby, J., & Dickinson, H. (2025). *Partnership Working in Health and Social Care*. Google Books. https://books.google.com/books?hl=en&lr=&id=\_E3qAgAAQBAJ&oi=fnd&pg=PR7&dq=Glasby+and+Dickinson

Goodwin, J. S. (2021). Continuity of Care Matters in All Health Care Settings. *JAMA Network Open*, *4*(3), e213842. https://doi.org/10.1001/jamanetworkopen.2021.3842

Gupta, D., Gupta, S. V., & Yang, N. (2022). Understanding the routes of administration. In *Handbook of Space Pharmaceuticals* (pp. 23–47). Springer.

Hargett, C., Doty, J., Hauck, J., Webb, A., Cook, S., Tsipis, N., Neumann, J., Andolsek, K., & Taylor, D. (2017). Developing a Model for Effective Leadership in healthcare: a Concept Mapping Approach. *Journal of Healthcare Leadership*, *Volume 9*(9), 69–78. https://doi.org/10.2147/JHL.S141664

Health and Social Care Act. (2008). *Health and Social Care Act 2008*. Legislation.gov.uk. https://www.legislation.gov.uk/ukpga/2008/14/contents

Hulkower, R., Penn, M., & Schmit, C. (2020). Privacy and Confidentiality of Public Health Information. *Health Informatics*, 147–166. https://doi.org/10.1007/978-3-030-41215-9\_9

Issa, W. B., Al Akour, I., Ibrahim, A., Almarzouqi, A., Abbas, S., Hisham, F., & Griffiths, J. (2020). Privacy, Confidentiality, Security and Patient Safety Concerns About Electronic Health Records. *International Nursing Review*, *67*(2), 218–230. https://doi.org/10.1111/inr.12585

Johnson, K., Swinton, P., Pavlova, A., & Cooper, K. (2023). Manual patient handling in the healthcare setting: A scoping review. *Physiotherapy*, *120*(1), 60–77. https://doi.org/10.1016/j.physio.2023.06.003

Jones, N. P. (2019). *Learning to Care*. Google Books. https://books.google.com/books?hl=en&lr=&id=fTqDDwAAQBAJ&oi=fnd&pg=PA74&dq=The+6+Cs+of+Care+and+Person-Centred+Practice+&ots=k34TQBFiH5&sig=oYNxGwmFZO7lrtdSaJS2CNIhMpg

Killet, A., Burns, D., Kelly, F., Brooker, D., Bower, A., LA FONTAINE, J., LATHAM, I., WILSON, M., & O’NEILL, M. (2016). Digging deep: how organisational culture affects care home residents’ experiences. *Ageing and Society*, *36*(1), 160–188. https://doi.org/10.1017/s0144686x14001111

Lai, T. H. T., Tang, E. W. H., Chau, S. K. Y., Fung, K. S. C., & Li, K. K. W. (2020). Stepping up infection control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong. *Graefe’s Archive for Clinical and Experimental Ophthalmology*, *258*(5), 1049–1055. https://doi.org/10.1007/s00417-020-04641-8

Lim, S. H., Bouchoucha, S. L., Aloweni, F., & Bte Suhari, N. ’Azzah. (2020). Evaluation of infection prevention and control preparedness in acute care nurses: Factors influencing adherence to standard precautions. *Infection, Disease & Health*, *26*(2). https://doi.org/10.1016/j.idh.2020.11.005

Lum, H. D., Sudore, R. L., & Bekelman, D. B. (2015). Advance Care Planning in the Elderly. *Medical Clinics of North America*, *99*(2), 391–403. https://doi.org/10.1016/j.mcna.2014.11.010

Luokkamäki, S., Härkänen, M., Saano, S., & Vehviläinen‐Julkunen, K. (2020). Registered Nurses’ medication administration skills: a systematic review. *Scandinavian Journal of Caring Sciences*, *35*(1). https://doi.org/10.1111/scs.12835

Marutha, N. S., & Mosweu, O. (2020). Confidentiality and security of information in the public health-care facilities to curb HIV/AIDS trauma among patients in Africa. *Global Knowledge, Memory and Communication*, *ahead-of-print*(ahead-of-print). https://doi.org/10.1108/gkmc-06-2020-0089

Medicines Act. (1968). *Medicines Act 1968*. Legislation.gov.uk. https://www.legislation.gov.uk/ukpga/1968/67

Mental Capacity Act. (2005). *Mental Capacity Act 2005 - Legislation UK*. Legislation.gov.uk; Gov.uk. https://www.legislation.gov.uk/ukpga/2005/9/contents

Misuse of Drugs Act. (1971). *Misuse of Drugs Act 1971 - United Kingdom*. Legislation.gov.uk; UK Government. https://www.legislation.gov.uk/ukpga/1971/38/contents

Mohsen, H. (2024). Routes of Drug Administration. In *Pharmaceutics* (pp. 537–554). Elsevier.

Morrison, R. S., Meier, D. E., & Arnold, R. M. (2021). What’s Wrong With Advance Care Planning? *JAMA*, *326*(16), 1575. https://pmc.ncbi.nlm.nih.gov/articles/PMC9373875/

Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The role of empathy in health and social care professionals. *Healthcare*, *8*(1), 1–9. https://doi.org/10.3390/healthcare8010026

Mullick, A., Martin, J., & Sallnow, L. (2013). An introduction to advance care planning in practice. *BMJ*, *347*(oct21 3), f6064–f6064. https://doi.org/10.1136/bmj.f6064

NHS England. (2021, September 21). *Data Protection Policy Policy 2021*. Health Education England. https://www.hee.nhs.uk/data-protection-policy-policy-2021

NHS England. (2024, December 4). *Principles for Assessing and Managing Risks across Integrated Care Systems*. NHS England. https://www.england.nhs.uk/long-read/principles-for-assessing-and-managing-risks-across-integrated-care-systems/

NHS England. (2025). *The 6 Cs of Care*. NHS Professionals. https://www.nhsprofessionals.nhs.uk/nhs-staffing-pool-hub/working-in-healthcare/the-6-cs-of-care

NICE. (2015, September 17). *Person-centred working | Tools and resources | Home care: delivering personal care and practical support to older people living in their own homes | Guidance | NICE*. Www.nice.org.uk. https://www.nice.org.uk/guidance/ng21/resources/tailored-resource-2433814097/chapter/Person-centred-working

NICE. (2018). *Infectious disease prevention and control | Topic | NICE*. Www.nice.org.uk. https://www.nice.org.uk/guidance/health-protection/communicable-diseases/infectious-disease-prevention-and-control

NICE. (2021, April 20). *Overview | Neonatal infection: Antibiotics for Prevention and Treatment | Guidance | NICE*. Www.nice.org.uk. https://www.nice.org.uk/guidance/ng195

NMC. (2018). *The code: Professional Standards of Practice and Behaviour for nurses, Midwives and Nursing Associates*. Nmc. https://www.nmc.org.uk/standards/code/

Nordin, S., Sturge, J., Ayoub, M., Jones, A., McKee, K., Dahlberg, L., Meijering, L., & Elf, M. (2021). The Role of Information and Communication Technology (ICT) for Older Adults’ Decision-Making Related to Health, and Health and Social Care Services in Daily Life—A Scoping Review. *International Journal of Environmental Research and Public Health*, *19*(1), 151. https://doi.org/10.3390/ijerph19010151

Petronio, S., Child, J. T., & Hall, R. D. (2021). Communication Privacy Management Theory. *Engaging Theories in Interpersonal Communication*, 314–327. https://doi.org/10.4324/9781003195511-28

PHE. (2019, August 18). *Research at PHE*. GOV.UK. https://www.gov.uk/government/organisations/public-health-england/about/research

Royal College of Nursing. (2020). *RCN - Home | Royal College of Nursing*. The Royal College of Nursing. https://www.rcn.org.uk/

Schroers, G., Ross, J. G., & Moriarty, H. (2021). Nurses’ Perceived Causes of Medication Administration Errors: a Qualitative Systematic Review. *The Joint Commission Journal on Quality and Patient Safety*, *47*(1), 38–53. https://doi.org/10.1016/j.jcjq.2020.09.010

SCIE. (2023). *SCIE*. Social Care Institute for Excellence (SCIE). https://www.scie.org.uk/

Shoyaib, A., Archie, S. R., & Karamyan, Vardan T. (2020). Intraperitoneal route of drug administration: should it be used in experimental animal studies? *Pharmaceutical Research*, *37*(1), 12.

Stellefson, M., Paige, S. R., Chaney, B. H., & Chaney, J. D. (2020). Evolving Role of Social Media in Health Promotion: Updated Responsibilities for Health Education Specialists. *International Journal of Environmental Research and Public Health*, *17*(4). https://doi.org/10.3390/ijerph17041153

West, M. A., Eckert, R., Steward, K., & Pasmore, W. A. (2014). *Developing collective leadership for health care* (Vol. 36). King’s Fund London.

Westbrook, J. I., Sunderland, N. S., Woods, A., Raban, M. Z., Gates, P., & Li, L. (2020). Changes in medication administration error rates associated with the introduction of electronic medication systems in hospitals: a multisite controlled before and after study. *BMJ Health & Care Informatics*, *27*(3), e100170. https://doi.org/10.1136/bmjhci-2020-100170

WHO. (2023). *WHO EMRO | infectious diseases | health topics*. Www.emro.who.int. https://www.emro.who.int/health-topics/infectious-diseases/index.html

Wolford, B. (2025). *What is GDPR, the EU’s new data protection law?* GDPR.eu. https://gdpr.eu/what-is-gdpr/

Woodly, D., Brown, R. H., Marin, M., Threadcraft, S., Harris, C. P., Syedullah, J., & Ticktin, M. (2021). The politics of care. *Contemporary Political Theory*, *20*(4). https://doi.org/10.1057/s41296-021-00515-8