WORKING IN HEALTH AND SOCIAL CARE

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

**Word Count:**

# 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 providers of housing or support from advocacy and mental health teams (Bach & Grant, 2015). 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 (DHSC, 2021). When working in MDTs, a range of skills is combined to look at needs, discuss solutions and make comprehensive care plans. When workers have good professional relationships, services are more reliable, effort is not wasted and individuals receive tailored support all the time.

## 4.2. Role of Advocates in Supporting Individuals

Advocates make it possible for individuals to state their preferences and make use of their rights in the health and social care system. They assist people whose abilities to speak or understand appear–such as individuals with disabilities, mental health problems or language barriers (SCIE, 2022). Advocates allow people to join in with decision-making, stand in for them at meetings and speak out against choices that might harm them (DHSC, 2021). 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 answer what each person needs. Promoting cooperation between professionals, organisations, service users and carers decreases duplication, makes better use of resources and results in higher quality care (Glasby & Dickinson, 2014). So, by joining forces, social workers, district nurses and occupational therapists develop plans that address a person’s physical, emotional and social needs (DHSC, 2021). Such interdisciplinary strategies matter a lot for people who have complicated needs, due to the dangers of unrelated services (SCIE, 2022).

Good partnerships value respect, work towards the same 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 (NICE, 2021). 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. Besides, connected ways of working allow organisations to obey the law, give patients economical care and keep up with new trends in the community. Essentially, good partnership work is about combining actions and also creating a joint culture where people always come first.

## 4.4. Role of Teams in Coordinated Service Delivery

Teams help by using their various skills, expertise and different ideas to attend to users’ many 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 deals with everything at once and minimises any cracks in healthcare provision (DHSC, 2021). When teams hold regular meetings, update their records and keep communication open, everyone feel responsible, accountable and the team stays united (NICE, 2021). When working well, teams ease the process of change and help people with specific or continuing health conditions. Besides, having teams gives staff emotional and practical assistance which lowers the chance of burnout and improves their mood. 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 key to dealing with role confusion, staff conflicts and unequal communication. Good leaders create a plan, expect certain results and help everyone respect and be responsible for each other (West et al., 2014). They make open discussion possible, credit all team members for what they do and address any issues in a way that helps the team (DHSC, 2021). Leaders are expected to guide others, help with career advancement and make sure employees feel supported when work is stressful. If leaders model what it means to be ethical and encourage everyone to think about their work, the team can hopefully accept changes well and provide high-quality care all the time. Effective leadership promotes better teamwork and better results for people being helped.

# TASK 5 - CARE PLANNING

## 5.1. Purpose of Care Planning

Care planning is used to set up each person’s support in a way that is personalised, coordinated and always focused on their particular 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 has to follow (DHSC, 2021). They allow organisations to act in advance to reduce risks, take action early and update their strategies to match any evolving issues. Above all, care planning records important decisions and allows you to explain the actions you take (Bach & Grant, 2015). By including people in their care planning, we help them feel more independent, maximise their trust and ensure they are satisfied with care. Care planning done correctly improves the quality of care, prevents repeating certain services and helps make going between hospital discharge and community-based settings easier (Department of Health, 2022).

## 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 (NICE, 2021). Those working in health and social care such as nurses, social workers, GPs and therapists, cheque needs, suggest plans and coordinate the services delivered to their care users (DHSC, 2021). Key workers may lead efforts to maintain consistency and assist with every member’s communication within the care team. Family members, individuals who care informally and advocates often provide helpful input and emotional help, particularly when participation is difficult. All parties are expected to provide exact information, plan realistic targets and regularly cheque the progress. It is important to have clear documents and approved review periods to track progress and find what should be altered. 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, setting goals, delivery and review—involving each individual is central to person-centred practise. 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). Communication is essential to doing this, like by using understandable words, discussing all kinds of learning styles and remaining culturally aware (Bach & Grant, 2015). Caring for adults means ensuring they feel their voices are heard, they are treated with respect and they are able to choose what happens. Teachers should involve helpers, displaying student work, making accommodations and valuing each child’s abilities and wishes. During a review, people should have the chance to consider what has been achieved and suggest ways to make improvements. Because they know their own experience, they can advise on their care, helping to write their own 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 (SCIE, 2022). 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 along way in ensuring people follow guidelines. Repeated reviews combined with reliable monitoring help maintain care that is both suitable and doable. Handling these obstacles leads to better, more consistent and faster care planning (Bach & Grant, 2015).

## 5.5. Challenges in Developing Effective Care Plans

Developing a good care plan means handling many challenges, including varied stakeholder input and the changes that occur in each person’s life. The practise faces issues such as combining individual needs with professional guidance, managing risks at the same time as encouraging independence and addressing cultural and emotional factors (Coulter et al. 2015). Besides, whenever there are pressures for quick decisions and gaps in communication between members, teamwork in decisions gets affected (DHSC, 2021). 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 important for making results significant and enduring (SCIE, 2022).

# TASK 6 – MEDICATION ADMINISTRATION

## 6.1. Common Types of Medication and Their Effects

Medications used in health and social care are divided into different groups for various medical uses. These over-the-counter medicines are used to ease pain by stopping pain signals or reducing the signs of inflammation (BMA, 2021). Doctors advise antibiotics such as amoxicillin to combat bacterial infections by killing or stopping bacteria, but using them wrongly can create antimicrobial resistance (WHO, 2020). 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 useful for controlling symptoms of severe conditions such as schizophrenia, but it can lead to problems such as drowsiness or weight gain, according to the Royal College of Nursing (RCN, 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 keep blood pressure normal, helping to prevent stroke or a heart attack, they can lead to dizziness or tiredness. It’s important not to overuse laxatives because doing so could make people dependent on them. Vaccines strengthen your body’s defence against diseases and are key in both preventing disease and managing outbreaks (PHE, 2021.

All medicines have the ability to cause problems, some being mild such as nausea or dizziness and some very serious such as allergies and organ damage. So, correctly assessing a patient, getting their consent to use the medication and frequently checking them are necessary for medicine safety. When you know how these medications work, you can give better treatment and limit any risks to a person’s health.

## 6.2. Routes of Administration

Medicines are given in various ways, each recommended for specific drugs, where they are needed and individual circumstances. Oral treatment is most often used and involves taking tablets, capsules or liquids, just like food or drink (NICE, 2021). When you use a topical route, medicine is applied right on 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 (BMA, 2021). When treatment is given via the sublingual and buccal routes, medicine is put under the tongue or in the cheek for immediate absorption.

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 IM, SC or IV, typically have fast or sustained effects and are used when speed is needed (therefore referred to as RC routes (two types of injectable)) (RCN, 2020). To achieve the best outcome and safety, it is essential to pick the right administration route.

## 6.3. Safe Administration Practices and Legislation

To do their jobs properly, health and social care professionals must ensure medications are given safely. It is about making sure medicines are given correctly, safely and in compliance with the law and company rules. Following the “five rights” is one of the key practises: 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. It is important for practitioners to confirm the identity, cheque for allergies, cheque all medications and clarify the purpose and possible sides of the medicine (RCN, 2020).

Safe practises are guided by the information contained in legislation. Medicines are regulated in terms of manufacture, supplying 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 2008 Health and Social Care Act (Regulated Activities) and the standards set by the CQC both suggest that providers need to ensure trainees are capable of handling medicine safely. Domestic staff are obliged by the Mental Capacity Act 2005 which sets out how a person’s decision should be based on their own understanding and what can be done by law if they are unable to decide for themselves.

Organisations are responsible for setting guidelines for giving, writing and giving out prescription drugs. Only trained, authorised individuals should deliver medications and any shift of these tasks shold 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 watched to spot any patterns or places where training is needed. When practising safely, hand washing, wearing protection equipment and honouring an individual’s wishes play an important role. Good medication administration requires precision, empathy, respecting rules and strict legal and ethical standards.

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

Proper methods for keeping, keeping records and eliminating medication help maintain safety, keep a trace of activity and comply with the rules. Medications are best kept in a locked cabinet or medication trolley, as advised by maker instructions and some should be refrigerated or protected from light—as recommended by NICE (2021). RCN recommends that controlled drugs should be kept in a locked cabinet that only staff with dual-signature and restricted access may administer from (RCN, 2020).

Good and early document management makes everyone 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). It is important that documentation is legible, accurate and done right after administration to keep mistakes away.

Any unused or expired medication should be managed as per organisation policy by specially trained employees. You should not flush or put unused medicines in the normal trash container. The best practise is to give them back to the pharmacy or safely dispose of them using recommended means and records must be kept to verify that process (BMA, 2021). When medicines are disposed of incorrectly, the environment can be endangered, people might misuse them or someone may eat them by mistake. Following strict rules for storage and records helps guarantee safety, lessen risks and preserve trust where care is provided.

## 6.5. Infection Control Precautions During Medication Administration

It is very important to practise infection control when giving medications. Standard practise involves washing your hands, using gloves for applying skin products and cleaning areas of contact before and after using medication (NICE, 2021). Whenever possible, avoid using anything like oral syringes or inhalers more than once. If possible, workers should stay away from the medication and use dispenser bags or blister packs to keep microorganisms from contaminating it. When giving injections or eye drops, aseptic practise is necessary (RCN, 2020). All waste contaminated with hazardous materials should be placed into appropriate marked clinical bins. They protect the safety of both patients and health professionals.