WORKING IN HEALTH AND SOCIAL CARE

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# Task 1 – Training Resource: Person-Centred Practice

## Person-Centred Practice

Person-centred practice (PCP) refers to a comprehensive care paradigm focusing on individual needs at the core of every healthcare planning stage, delivery process, and evaluation phase. People possess unique traits that grant them the right to make autonomous decisions about their healthcare based on personal choices throughout their care experiences (McCance & McCormack, 2017). According to Cahill (2024), PCP maintains ethical foundations of beneficence combined with autonomy and justice to establish respectful joint practices between individuals and professionals. The therapeutic relationship built upon Carl Rogers' humanistic theory fosters authenticity through empathy and unconditional positive regard to develop authentic connections (Byrne et al., 2020). PCP works to enhance staff health while fostering person-centered cultures between the organizational and system levels according to Edgar et al. (2021). The wide promotion of PCP has faced implementation difficulties because of conceptual confusion and operational barriers (Phoenix & Charlson, 2017). The principles of PCP maintain their influence on contemporary healthcare structures by reinforcing client autonomy while preserving self-respect and active involvement.

## Contribution to Continuity of Care

The vital nature of continuity of care in person-centred practice enables trust and stability with effective communication between individuals and health or social care professionals (Bahr & Weiss, 2019). People who receive support from the same team of caregivers will develop enduring therapeutic connections, which lead to better confidence levels and treatment compliance (Stafford et al., 2022). Consistent health care delivery proves essential for patients with complex or long-term medical conditions because it minimizes disorder and enhances the comprehension of changing requirements. According to Baker et al. (2020), continuous care develops patient-trust relationships, which allow patients to take an active role in their healthcare decisions. Over time, professionals develop trust through consistent, meaningful meetings that enable them to provide more effective and empathetic treatments (Tondora et al., 2020).

Perriman et al. (2018) posited that all members of a care team benefit from shared documentation such as care plans and electronic health records (EHRs) because this practice maintains team alignment while preventing miscommunication and conflicting interventions. The records of personal preferences in dementia care relating to routines and meal patterns need to be continuous because this practice reduces anxiety while protecting dignity (Montag et al., 2024). According to Pereira et al. (2018), implementing standardization in record-keeping systems leads to better care quality, but there must be precise synchronization of meaning, form, and process between different services. The integration of consistency with trust and shared information creates a stable person-centred environment which supports safety, autonomy, and long-term well-being.

## Role of Safeguarding and Protection in Person-Centred Practice

The central function of safeguarding within person-centered practice provides an operational framework supporting safe living conditions, self-determination, and personal dignity (Duffy et al., 2025). Safeguarding protects self-determination rights by using proportional and empowering protection strategies (Stevens et al., 2018). Cocker et al. (2021) posited that a fundamental principle within the Act stipulates that neither safety nor freedom should be permitted to deprive someone of decision-making power because interventions must promote well-informed choices. This means that people with dementia can maintain independence in their everyday activities, but carers check for potential risks of malnutrition and falls through discreet monitoring methods.

## Benefits of Positive Risk Taking

According to Duell and Steinberg (2019), positive risk-taking serves as a person-centered method that encourages self-determination by helping people make aware choices to develop independence, together with personal progress and assurance through safeguarding possible adverse outcomes. Risk assessment under this method requires objective weighting of potential results to see risks as developmental openings instead of dangers (McCuistion et al., 2021). The practice of providing mobility support through walking aids instead of mobility restrictions enables dementia patients to maintain their physical abilities as well as improve their self-esteem, according to Eklund et al. (2019). As such, Mental health support gains resilience and lessens anxiety over time by encouraging individuals to enter public areas without assistance.

Positive risk-taking enables people to develop new abilities and become more self-sufficient. The strategy of letting adults with learning disabilities try tasks like transportation, navigation, and meal preparation leads to better problem-solving capability and decision-making skills(Duell & Steinberg, 2021). Rehabilitation research by Duell and Steinberg (2020) revealed that therapeutic intervention through challenging exercise attempts, such as balance tasks post-stroke, leads to faster neurological healing with restored patient self-assurance. Hence, care professionals must actively participate in decision co-production to find appropriate risks while making certain personal growth opportunities remain visible (Duffy et al., 2025). A meaningful life includes inherent risk, which allows people to take positive risks for greater autonomy and fulfillment.

## 6 Cs of Care in Person-Centred Practice

Person-centred practice depends on the Six Cs, which provide ethical support that maintains dignity alongside autonomy (Cahill, 2024). The healthcare system benefits from care because it shapes services around personal needs instead of standard institutional procedures (Phoenix & Charlson, 2017). On the other hand, compassion improves care delivery via emotional support systems and empathetic relationships, as Jones (2019) describes. Professional competence allows nurses to deliver secure interventions that meet the specific needs of every patient (Moody et al., 2018). The process of communicating effectively guarantees clarity and trust during shared decision-making, particularly for cases with complexity or sensitivity (Byrne et al., 2020).

According to the HCPC's recommendations (2024), staff members can use their courage to defend vulnerable individuals and protect them from harm. The consistent delivery of high-quality care under all circumstances depends on commitment, which maintains standards and ensures consistent service provision, particularly for autistic adults (Fridberg et al., 2022). These values combine as an ethical framework for care, which establishes compassionate relationships and promotes a respectful organizational culture according to the International Charter for Human Values in Healthcare (Ellis, 2020).

## Importance of Demonstrating Person-Centred Values

Health and social care professionals must exhibit person-centered values of inclusion, together with independence and empowerment, for building trust while preserving dignity and sustaining lasting well-being among patients. Dixon (2023) proves that care plans developed through collaboration between professionals and patients result in enhanced engagement by 40%. According to Stevens et al. (2018), the social model of disability shapes this approach by focusing on taking away environmental and societal barriers. Independence aids both personal esteem development and physical independence through support for mobility and choice management, which decreases depression among elderly patients.

People who receive empowerment develop both the skills and assurance required for active self-care management. Health education based on empowerment methods shows that patients achieve improved health results and decrease their need for hospital care (Tondora et al., 2020). Trust-based relationships between service users and professional patients develop when these values accumulate through time (Pereira et al., 2018). Baker et al. (2020) stated that such relationships lead professional patients who feel empowered to increase their trust in their providers by 60%. All three concepts of inclusion, with independence and empowerment, work together to develop resilient populations who maintain high motivation levels while becoming healthier and improving their relational bonds.

# Task 2 – Report: Communication in Health and Social Care

## The Role of Communication in Health and Social Care

Person-centred care depends on effective communication as its main element. Through SBAR, practitioners can achieve coordinated care development while delivering emotional support and maintaining patient protection (Dixon, 2023). The SBAR method enables more accurate handover exchanges, which minimize clinical errors together with delays (Duell & Steinberg, 2020). The communication methods that healthcare providers commonly dismiss enable them to acquire knowledge about patients' initial capabilities and create individualized treatment plans (Cahill, 2024). According to Stafford et al. (2022), the exchanges help to develop trust and empathy because these elements form the core foundation of therapeutic relationships. This means that organisational structures that do not function properly alongside staff shortages present significant obstacles that require communication training along with digital platforms to overcome them.

## Methods of Communication in Health and Social Care

The health care team utilizes four different communication channels, which include spoken and non-spoken messaging, together with written documentation and electronic communication methods. Through verbal communication, patients can achieve real-time clarification as well as establish rapport (Gehlert et al., 2019). Posture and facial expressions help patients understand emotions better, but health professionals need to remain sensitive to cultural differences (Moudatsou et al., 2020). Healthcare providers use plain language in written documents such as care plans, while pictographic symbols assist patients with limited reading skills (Bunn et al., 2018). Furthermore, the use of technology, including emails, patient portals and BSL video interpreters, extends accessibility for healthcare, but older adults might need additional help (Moudatsou et al., 2020). The integration of multiple research techniques upholds patient inclusion while improving medical service quality.

## Barriers to Communication in Health and Social Care

The communication barriers consist of environmental noise, language differences, cognitive issues, and emotional distress. The combination of noise and inadequate privacy conditions negatively affects information clarity, especially during ICU and emergency department operations (Schouten et al., 2020). Patients with limited English face 30% higher risks of adverse events due to miscommunication (Anawade et al., 2024). According to Shamsi et al. (2020), patients with dementia or delirium need alternative communication approaches through visual aids. Staff expression suffers from anxiety as an emotional factor while hierarchical structures suppress communication from junior team members (Shamsi et al., 2020). The communication process becomes complicated because of both sensory disabilities and a lack of digital access, especially affecting elderly patients.

## Information Handling and Recording Procedures

Accurate information handling systems protect both patient safety and legal requirements. Following NMC (2024), records need to be prepared in proper order, along with easy legibility and secure maintenance. EHR systems provide current information updates alongside audit trails while reducing drug interaction mistakes by 55% according to Squires (2018), but staff members can develop alert fatigue. Medical documents are easily lost or their contents become unclear when paper records are used. According to GDPR (2016) and the Data Protection Act of GOV.UK (2018), healthcare organizations need to collect and share data only when it is necessary. The accessibility of clear record documentation enables multidisciplinary care delivery and establishes responsible care practices that strengthen service user relationships and accountability.

## Principles of Confidentiality in Health and Social Care

Privacy principles are formed from respecting patients and their right to consent and privacy. Basic concepts include obtaining voluntary patient consent, together with restricting access to pertinent staff and maintaining secure storage facilities (Fridberg et al., 2022). The NMC (2024) mandates immediate, accurate record-keeping and careful sharing. The GDPR (2016) gives patients control over data usage, but the GMC (2017) states that some kinds of disclosures and safeguarding operations are subject to exceptions. This means that professionals have legal authorization to share patient information when the person faces danger to themselves or others. The adherence to these principles increases patient trust levels, which form the foundation for delivering person-centered care.

## Strategies to Overcome Communication Barriers

The process of barrier removal depends on aids, together with environmental adjustments and training procedures. Interpretation services by professionals minimize communication mistakes for patients with limited English proficiency, and pictograms enhance comprehension among dementia patients as well as those with low reading abilities (Schouten et al., 2020). Through video interpreters as well as text-to-speech applications, video interpreter services assist deaf or aphasic patients according to Shamsi et al. (2020). The design of more inclusive environments becomes possible through noise reduction and improved facility layout. Anawade et al. (2024) reported that staff members who receive training about trauma-informed communication, together with cultural sensitivity, develop better relationships and reduce conflicts with patients. These approaches enable fair person-centred interactions among healthcare providers in different care environments.

# Task 3 – Training Guide: Infection Control

## Cause and Spread of Infection in Healthcare Settings

Healthcare facilities experience infections among bacteria, viruses, fungi and parasites that are transmitted through direct contact, airborne droplets, fomites and contaminated food (Jacob & Cummins, 2019). The spore-spread of Clostridioides difficile occurs along surfaces, while influenza and COVID-19 transmission rely on respiratory droplets in unventilated areas (CDC, 2021; WHO, 2020). Immunocompromised patients face risks from Candida auris, which survives on shared medical equipment according to ECDC (2021). The respiratory form of the TB virus stays suspended in the air as aerosol particles in confined medical spaces, according to HSE (2022). Salmonella infections that originate from unsafe care home kitchens were identified by the FSA in 2021. The chain of infection reveals infection transmission patterns that healthcare facilities must interrupt by implementing strict hygiene practices and environmental controls combined with isolation measures (Bonadonna et al., 2021).

## Importance of Preventing the Spread of Infection

The prevention of infections remains crucial because it protects patients with weak immune systems, maintains public trust, and follows legal requirements. Medical facility infections known as HAIS lead to increased sickness rates, prolonged hospital stays, and higher patient mortality statistics (PHE, 2019). The Health and Social Care Act 2008 requires infection control through legal standards that the Care Quality Commission CQC (2022) enforces. Service suspension, together with legal consequences, follows when healthcare providers fail to meet requirements (NMC, 2021). Updated IPC protocols, PPE guidance, and improved ventilation emerged from the COVID-19 pandemic as it revealed insufficient airborne precautions preparedness (WHO, 2022). The CQC (2022) review revealed that 25% of care homes failed to maintain proper infection prevention systems, which shows that risks remain active. This means that the implementation of transparent communication along with legal accountability and ethical responsibility creates infection prevention as both a public and professional priority.

## Strategies to Reduce Infection in Healthcare Settings

The control of infections requires personal protective equipment (PPE) and hand hygiene practices, together with surface cleaning and proper food hygiene measures. Hand hygiene during the 5 Moments of Care, together with C. difficile soap use, is essential to proper care (NHS, 2021). High-risk procedures generate minimal transmission when health providers wear personal protective equipment, which includes gloves, gowns, and N95 respirators (CDC, 2021). According to RCN (2020), High-touch surfaces and shared equipment should be cleaned with chlorine-based cleaners to stop fomite transmission. The prevention of respiratory contagion occurs through practices such as cough protection with face masks, which NICE (2022) supports. Food safety measures, which split raw ingredients from cooked ones alongside suitable storage practices, stop E. coli as well as Salmonella from causing outbreaks in care facilities (FSA, 2021). Shamsi et al. (2020) demonstrate that implementing these different strategies together creates an effective dual action which reduces hospital-acquired infection rates by 50%.

## Managing an Outbreak

The five fundamental aspects in outbreak management consist of identification, isolation, contact tracing, disinfection, and communication (PHE, 2019). The outbreak management entailed two steps at the care home: the isolation of sick residents and enhanced protocols for PPE usage. Workers who handled the cleaning tasks used chlorine disinfectants to sanitise surfaces, and healthcare providers tracked those who showed exposure symptoms. The information about the situation was clearly communicated to families alongside health authorities. According to Lipman et al. (2019), the implementation of structured outbreak protocols within homes reduced norovirus durations from 14 days down to 3 days. Thorough preparation combined with open communication effectively contains the spread and maintains public trust through speedy recovery.

## Risk Assessment in Infection Control

The procedure of risk assessment involves multiple steps, which start with identifying infection hazards and continue with control implementation, followed by evaluation of control measures. As defined by Lai et al. (2020), the identification of contamination hazards during catheter treatment or wound management in hospitals leads to specific hygiene protocols. Healthcare facilities perform assessments on communal areas and tools to establish strategies that include regular cleaning practices as well as the practice of grouping residents (Abraao et al., 2022). Visitor screening and vaccination mandates are among the controls that healthcare facilities implement according to CQC (2021). Hand hygiene audits alongside surface cultures represent two examples of monitoring tools that track the level of compliance. The NHS (2021) published audit results showing a 25% decrease in catheter-related UTIs because of regular IPC reviews each month. Risk assessments protect safety levels by incorporating person-centred healthcare approaches.