

**Cambridge Technicals
Health and Social Care**

Unit 6: Personalisation and a person-centred approach to care

Level 3 Cambridge Technical in Health and Social Care
05830 - 05833

Mark Scheme for January 2020

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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These are the annotations to be used when marking Unit 6.

Annotation	Meaning
	Tick – correct answer
	Cross – incorrect answer
	Level 1
	Level 2
	Level 3
	Benefit of doubt (This does count as a mark – so do not ‘tick’ as well)
	Omission mark
	Too vague
	Repeat
 or 	Noted but no credit given

For points questions: The number of ticks must match the number of marks awarded.

For Levels of Response questions: The number of ticks will not necessarily correspond to the marks awarded.

Question	Answer	Marks	Guidance
1 (a)	<p>Two marks for a way described. Three required.</p> <p>The Care Act 2014 promotes a person-centred approach by:</p> <ul style="list-style-type: none"> • Duty put on local authorities to ensure services are person-centred • Services are centred around the needs of individuals – promoting a social rather than medical model of care • Individual’s views, wishes, feelings and beliefs are paramount– individuals are at the centre of their care, communication barriers must be overcome • Co-production - Care decisions are based on a holistic assessment of individual needs • ‘No decision about me without me’ - individuals participate as fully as possible in decisions about their care • Advocates – promote the best interests of those who lack capacity • Information, guidance and support - enable individuals to make informed choices • Individuals’ rights are upheld - to be employed, participate in community life • Individuals are treated with respect/dignity • Removing geographical barriers - individuals who move still receive care/ local authorities work together to ensure care needs are met • Fair Access to Care (FACS) – individuals are entitled to have their needs assessed • Voice, choice and control – individuals are in control of their lives, the services they use, where they live • Personal budgets – individuals decide how to spend their budget to meet planned outcomes • Person-centred support planning – helps individuals decide which services best suit their needs/meet their goals • Transition planning – continuity of care from childhood to adulthood <p>Accept other correct appropriate descriptions</p>	<p>6 (3x2)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> ^ TV REP SEEN </div> <p>Three descriptions required: One mark – for a statement One mark – for the description</p> <p>Descriptions may be interchangeable Accept alternative language</p> <p>Do not credit</p> <ul style="list-style-type: none"> • repeated descriptions • description if statement is incorrect • spending budgets on ‘whatever individuals want’ • ‘provides a statutory service’ • decentralisation/commissioning • ‘people can choose where to receive care’ as a description of removing geographical boundaries

Question	Answer	Marks	Guidance
1 (b)	<p>One mark for an example, four required.</p> <p>Resistance to change</p> <ul style="list-style-type: none"> • a staff member doesn't give residents choice about what to wear • an individual doesn't want to make decisions about where to receive care • an individual doesn't want to change their lifestyle/fears change • an individual doesn't want to stop taking recreational drugs • an individual is unable to come to terms with their condition • a care worker thinks they know best <p>Lack of training</p> <ul style="list-style-type: none"> • a staff member working who hasn't been trained to understand sign language • a staff team who have not had training in how to create a one-page profile • staff are not up-to-date/lack knowledge about person-centred practices/tools/approach • a staff member does not understand a person's preferences <p>Institutional history</p> <ul style="list-style-type: none"> • an individual with mental health issues expects to be admitted to hospital • expecting a child with physical disabilities to attend a special school • routines/ways of doing things that don't suit everyone's preferences • individuals with disabilities experiencing discrimination e.g. in the workplace • focusing on deficits not capabilities • doing things the way they have been done in the past • the professional is in charge, not the individual 	4 (4x1)	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> ^ TV REP SEEN </div> <p>Answers should provide an example of the challenge.</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • a description of the challenge • training: examples not related to a person-centred approach, e.g. safeguarding <p>Accept other appropriate examples</p>

Question	Answer	Marks	Guidance
	<p>Communication barriers</p> <ul style="list-style-type: none">• a child who is non-verbal is not asked about their preferences• an individual with dementia is not asked to participate in making decisions• An individual who does not speak English not having access to a translator• a non-verbal individual is not provided with an advocate• a staff member who hasn't been trained in alternative communication methods/doesn't understand what a person wants/needs• an individual who lacks capacity not being able to communicate their needs• an individual is not comfortable in voicing their needs• an individual with a sensory impairment not being understood by professionals		

Question	Answer	Marks	Guidance
1 (c)	<p>A facilitator:</p> <ul style="list-style-type: none"> • supports the individual so they are able to be at the centre of their meeting • asks who they want to be at the meeting, where to hold the meeting and when • ensures those attending are aware of the time/place e.g. send invitations, book the room • organise refreshments • ensures decisions are co-produced by the professionals, the individual and the family • ensures everyone expresses their views • overcomes communication barriers • asks/prepares appropriate questions, e.g. what is/is not working • encourages discussion • ensures actions are generated • clarifies roles and responsibilities • invites key professionals/individuals to the meeting • ensures individual is made to feel as comfortable as possible • remains neutral • ensuring individuals are heard/listened to 	3 (1x3)	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> ^ TV REP SEEN </div> <p>Credit any three points</p> <p>Accept alternative language</p>

Question		Answer/Indicative content	Mark	Guidance	
				Content	Levels of response
1	(d)*	<p>Inclusion in the community:</p> <ul style="list-style-type: none"> • by knowing/finding out what individuals enjoy/want to do so inclusion can be facilitated • encourage /support residents to access local amenities so they are able to meet other people • organise regular visitors from school /community /church groups so they feel part of the community • have facilities on site that encourage public access, e.g. cafés, hairdressers, dining area • create common spaces for residents to meet so they can feel part of the community • organise a range of different group activities, e.g. trips to local amenities, in-house activities • celebrate different religious festivals • adapt activities to ensure all individuals can participate • ensure there is diversity of staff and residents, e.g. in age, gender, race, so all can feel a sense of belonging • provide individual support/adaptations to enable individuals to volunteer/access their local area/gain employment <p>Accept other correct appropriate ways.</p>	7	<p>Annotation: The number of ticks will not necessarily correspond to the marks awarded. This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is description.</p> <p>Level 3 checklist</p> <ul style="list-style-type: none"> • detailed description of three or more ways • relevant to care home <p>Level 2 checklist</p> <ul style="list-style-type: none"> • sound description of two ways or several ways briefly described • relevance may be generic <p>Level 1 checklist</p> <ul style="list-style-type: none"> • limited description • one or more ways 	<p>Level 3 (6–7 marks) Answers will provide a detailed description of three or more ways staff ensure residents are included in the community. Answers are coherent, clear and logically structured. Information presented is relevant to a residential care home. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–5 marks) Answers will provide a sound description of two ways staff ensure residents are included in the community or several ways briefly described. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub-max of 4 if relevance to staff actions is not explicit.</p> <p>Level 1 (1–3 marks) Answer provides basic/limited description of one or more ways staff ensure residents are included in the community. <i>There is an attempt at a logical line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks – response not worthy of credit. SEEN for a zero mark response</p>

Question		Answer	Marks	Guidance												
2	(a)	<p>One mark for a feature. Three required.</p> <table border="1"> <tr> <td>Focusing on deficits</td> <td></td> </tr> <tr> <td>Coproduction</td> <td>✓</td> </tr> <tr> <td>Treating individuals the same</td> <td></td> </tr> <tr> <td>Changing role of professional</td> <td>✓</td> </tr> <tr> <td>Self-assessment of needs</td> <td>✓</td> </tr> <tr> <td>Medical model of care</td> <td></td> </tr> </table>	Focusing on deficits		Coproduction	✓	Treating individuals the same		Changing role of professional	✓	Self-assessment of needs	✓	Medical model of care		<p>3 (3x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> ^ TV REP SEEN </div> <p>If more than three ticks are given, mark the first three ticks only</p>
Focusing on deficits																
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Treating individuals the same																
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Question		Answer/Indicative content	Mark	Guidance	
				Content	Levels of response
2	(b)*	<p>The Health and Social Care Act 2012 increased personalisation through:</p> <ul style="list-style-type: none"> • local decision making, e.g. by clinical commissioning groups (CCGs) made up of GPs and other health professionals who work directly with patients so local needs are met • no more 'one size fits all', e.g. the diversity of local populations is taken into account by those making decisions about local services, decentralisation of decision-making • services commissioned from a range of different providers increasing the choice available, e.g. private and voluntary (third) sector organisations • putting the patients first, e.g. shared decision-making, no decision about me without me • improved information made available to patients, e.g. so they can make informed choices, compare service providers • patient choice, e.g. over the services they receive, where they receive them and who they receive them from • greater collective voice for patients, e.g. Healthwatch England ensures views and feedback from patients and carers are considered when services are commissioned <p>Do not accept features of other legislation, e.g. personal budgets, EHCPs, self-assessment, CQC</p>	9	<p>Annotation: The number of ticks will not necessarily correspond to the marks awarded. This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Level 3 checklist</p> <ul style="list-style-type: none"> • detailed explanation • clear knowledge of the HSC Act • links to voice, choice and control are explicit <p>Level 2 checklist</p> <ul style="list-style-type: none"> • sound explanation • some knowledge of the HSC Act • some links to voice, choice and control <p>Level 1 checklist</p> <ul style="list-style-type: none"> • limited explanation • identifies feature(s) of voice, choice and control • may not link to the legislation 	<p>Level 3 (7–9 marks) Answers will provide a detailed explanation of how the Health and Social Care Act 2012 enhances voice, choice and control. Clear knowledge of features of the legislation is demonstrated. Links to voice, choice and control are explicit. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–6 marks) Answers will provide a sound explanation of how the Health and Social Care Act 2012 enhances voice, choice and control. Some knowledge of the legislation is demonstrated. Links to enhancing voice, choice and control may be implicit. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub-max of 4 for one way, done well</p> <p>Level 1 (1–3 marks) Answer provides a basic/limited explanation of how the Health and Social Care Act 2012 enhances voice, choice and control. May identify features of voice, choice and control without linking these to the legislation. <i>There is an attempt at a logical line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks – response not worthy of credit.</p> <p>SEEN for a zero mark response</p>

Question			Answer	Marks	Guidance
3	(a)	(i)	<p>One mark for a feature. Three required</p> <p>Features of a person-centred approach to individual care planning:</p> <ul style="list-style-type: none"> • individual is at the centre of their care • self-defined goals are set/ self-assessment • allows a range of choices to be considered • decision-making is shared • holistic approach – care and other support needs taken into account • complex care needs can be met, e.g. care can be integrated • supports independence • upholds individuals' rights • enables individuals to have a voice, choice and control, e.g. individuals know what is best for them, advocates provided • clarifies roles and responsibilities • allows individuals to have a balance between what is important to them and for them • gives individuals access to information and guidance • enables individuals to be included in their community • co-production • incorporates needs/values/beliefs/preferences/goals/aspirations • use of person-centred tools, e.g. relationship chart/one page profile • regular review of support/review meetings 	3 (3x1)	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> ^ TV REP SEEN </div> <p>Accept alternative wording</p> <p>Do not accept</p> <p>Individual makes 'all' decisions</p> <p>Vague responses, e.g. treating individuals with 'respect', 'dignity', 'valuing' individuals</p> <p>Safeguarding</p> <p>Care planning</p> <p>'Empowered' on its own</p>

Question			Answer	Marks	Guidance
3	(a)	(ii)	<p>One mark for each way. Two required.</p> <p>Ways of overcoming barriers to a person-centred approach to individual care planning</p> <ul style="list-style-type: none"> • values-based recruitment • staff training • regular review of support provided / review meetings • recognising when provision is not person-centred and taking action to rectify • modelling behaviour • use of person-centred tools, e.g. communication chart/decision-making chart etc 	<p>2 (2x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> ^ TV REP SEEN </div> <p>Accept alternative language Do not accept other responses, e.g. making adaptations</p>

Question		Answer/Indicative content	Mark	Guidance	
				Content	Levels of response
3	(b)*	<p>Issues to discuss at Peter's review meeting:</p> <ul style="list-style-type: none"> • what is important to Peter, e.g. his goals and aspirations, family relationships • what is important for Peter to live well, e.g. medication, adaptations, personal carer • reviewing the budget, e.g. to assess whether the care budget is adequate for changing needs • roles and responsibilities, e.g. clarify the care and support being provided by the family, professionals • what is working, e.g. ascertain what 'good' support looks like for Peter/ his family, living independently • what isn't working, e.g. how can Peter's care be improved, what adaptations should be made, mobility issues • prepare for the future, e.g. Peter's preferences for end of life care, agree decisions to be taken as Peter's condition deteriorates <p>Do not credit: Making a will</p>	7	<p>Annotation: The number of ticks will not necessarily correspond to the marks awarded. This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is description.</p> <p>Level 3 checklist</p> <ul style="list-style-type: none"> • detailed description • three issues in depth • explicitly linked to Peter <p>Level 2 checklist</p> <ul style="list-style-type: none"> • sound description • three issues which may lack depth • some relevance to Peter <p>Level 1 checklist</p> <ul style="list-style-type: none"> • limited/basic description • one/two issues; or • may be list-like with limited description • may not be relevant to Peter 	<p>Level 3 (6-7 marks) Answers will provide a detailed description of three issues which should be discussed at Peter's review meeting. Answers are explicitly linked to Peter's circumstances. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4-5 marks) Answers will provide a sound description of three issues which should be discussed at a review meeting. The description may lack depth. Some links are made to Peter's circumstances. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub-max of 4 for two issues done well</p> <p>Level 1 (1-3 marks) Answer provides a basic/limited description of issues which should be discussed at a review meeting. Answers may not be linked to Peter's circumstances. <i>There is an attempt at a logical line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks – response not worthy of credit.</p> <p>SEEN for a zero mark response</p>

Question		Answer/Indicative content	Mark	Guidance	
				Content	Levels of response
4	(a)*	<p>Purpose of a good day/bad day tool</p> <ul style="list-style-type: none"> to improve care to find out what is important to/for an individual to find out what makes a good day/bad day to understand more about an individual to determine an individual's care needs to ensure care is person-centred to find solutions to overcome challenges on bad days <p>How it could be used to improve Emily's care</p> <ul style="list-style-type: none"> to support her right to live the way she wants to, e.g. maintain her independence, stay in her own home, have family to visit to ensure she has more good days than bad days, e.g. receives the care she needs; has adaptations made to her home to generate solutions, e.g. care worker to visit daily; food home delivered to remain included in her community, e.g. ways she can get to town when she is unable to walk 	7	<p>Annotation: The number of ticks will not necessarily correspond to the marks awarded. This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Level 3 checklist</p> <ul style="list-style-type: none"> detailed explanation clear knowledge of purpose explicitly linked to improving Emily's care balanced response <p>Level 2 checklist</p> <ul style="list-style-type: none"> sound explanation some knowledge of purpose some links to improving Emily's care may lack balance <p>Level 1 checklist</p> <ul style="list-style-type: none"> limited/basic explanation limited understanding of purpose and/or how may not be relevant to Emily 	<p>Level 3 (6-7 marks) Answers will provide a detailed explanation of the purpose of a good day/bad day tool and how the tool can be used to improve Emily's care. Answers are well-balanced and linked explicitly to Emily's circumstances. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4-5 marks) Answers will provide a sound explanation of the purpose of a good day/bad day tool and how the tool can be used to improve care. Answers may lack balance and may not be explicitly linked to Emily's circumstances. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub-max of 4 if only purpose / how</p> <p>Level 1 (1-3 marks) Answer provides a basic/limited explanation of the purpose of a good day/bad day tool and how the tool can be used to improve care. Answers may not be linked to Emily's circumstances. <i>There is an attempt at a logical line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks – response not worthy of credit.</p> <p>SEEN for a zero mark response</p>

Question	Answer	Marks	Guidance
4 (b)	<p>One mark for a way. One way required for each tool.</p> <p>Routines</p> <ul style="list-style-type: none"> to find out what is important to Emily daily/ weekly / on celebrations to ensure Emily's routines include a balance of what is important to and for her. so carers know / follow Emily's routines so care can be organised / adapted to suit Emily's routines to provide motivation for Emily to continue her routines <p>Top tips</p> <ul style="list-style-type: none"> to find out what family/other professionals know about Emily to find out the best way to support Emily to find out what's important to Emily to find out Emily's needs/wants/likes/dislikes a quick way to find out key information about Emily <p>Relationship circle</p> <ul style="list-style-type: none"> to understand who are the important people to Emily to clarify care roles to know who to include in care meetings so Emily can be supported by those she is closest to <p>One page profile</p> <ul style="list-style-type: none"> to find out information about Emily, e.g. her positive qualities/ strengths/ talents/ hobbies/ routines/ important people a quick way for staff to understand at a glance how to support Emily/ a summary of Emily's care needs 	4 (4x1)	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div data-bbox="1592 448 1960 528" style="border: 1px solid black; padding: 5px; text-align: center;">  </div> <p>Accept alternative language</p> <p>Do not accept</p> <p>Repeated responses</p> <p>Vague responses</p>

Question	Answer	Marks	Guidance
4 (c)	<p>One mark for a reason. Three required.</p> <ul style="list-style-type: none"> • to ensure patients are empowered/ comfortable • to feel valued / respected • to enable patients to voice their wants/ needs/ issues • to ensure patients are given choice and control over their care • to enable patients to be at the centre of their care • to build trust • to ensure they feel safe • to give them the right information to support their decisions / choices • to enable them to identify / provide for their care needs/ know their patients • to encourage patients to attend appointments • to encourage patients to be truthful 	<p>3 (3x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> ^ TV REP SEEN </div> <p>Accept alternative language</p> <p>Do not accept</p> <p>Vague responses</p>

Question		Answer	Marks	Guidance
4	(d)	<p>One mark for a question. Two required.</p> <ul style="list-style-type: none"> • What support do you need to maintain your independence? • What support do you need to have more good days than bad days? • How would you like the support to be provided? • Who would you like support to be provided by? • Where would you like to receive support? • Is your budget sufficient for your care needs? 	<p>2 (2x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>For incorrect answers use the cross or appropriate annotation from the following:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> ^ TV REP SEEN </div> <p>Accept alternative relevant questions</p> <p>Do not accept</p> <ul style="list-style-type: none"> • questions which are not directed to Emily, e.g. what kind of care does she want?

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