

**3625-30-030/530 June 2019 MARK SCHEME**

**Level 3 Advanced Technical Diploma in Health and Care (540)**

Level 3 Health and Care – Theory Exam (1)

**June 2019**



Q1	Identify <b>three</b> different types of settings in which health and/or care is delivered.		(3 marks)
Q1	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q1	<p><b>One mark for each identification, up to a maximum of three marks:</b></p> <ul style="list-style-type: none"> <li>• health settings e.g. GP practices, hospitals and related services</li> <li>• residential settings e.g. nursing homes, residential care homes</li> <li>• day-care services e.g. day centres, home care</li> <li>• hospices – for children, young people and adults</li> <li>• hostels e.g. young people, homeless</li> <li>• supported accommodation for young people and the elderly</li> <li>• residential schools</li> <li>• nurseries / pre-schools</li> <li>• domiciliary care</li> <li>• personal assistants</li> </ul>	<p><b>Marks are not be awarded for multiple examples of one type of setting.</b></p> <p><b>Marks may be awarded for examples of settings.</b></p>	3

Q2	Explain how the Poor Law 1834 contributed to the development of the welfare state.		(2 marks)
Q2	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q2	<p><b>One mark for each explanation, up to a maximum of two marks:</b></p> <ul style="list-style-type: none"> <li>• It changed the poverty relief system so that relief would only be given to those individuals in workhouses (1) but the conditions in the workhouses were to be made very harsh to discourage people from wanting to receive help (1)</li> <li>• It was an attempt to reduce the cost of looking after the poor and impose a national system of assistance (1).</li> <li>• It attempted to stop the abuses of the previous poor relief where some people would claim relief rather than working ('less eligibility') (1).</li> <li>• It represented a cultural shift allowing the creation of a punitive welfare system that viewed the poor as being responsible for their own situation (1).</li> <li>• It influenced future laws which eventually led to the Beveridge Report and the birth of the modern Welfare State (1).</li> <li>• It was an attempt to educate children so they could overcome poverty/ secure future employment (1)</li> </ul>		2

Q3	Describe <b>four</b> types of relationships that may display discriminatory behaviour within a nursing home. (4 marks)		
Q3	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q3	<p><b>One mark for each identification, up to a maximum of four marks:</b></p> <ul style="list-style-type: none"> <li>• Care workers may challenge colleagues who demonstrate discriminatory practice/ colleagues may challenge discriminatory behaviour as a group</li> <li>• A care receiver may act in a discriminatory way towards another care receiver</li> <li>• A care receiver may act in a discriminatory way towards a care worker</li> <li>• An organisation may use discriminatory policies and practices that are directed towards those in receipt of care</li> <li>• An organisation may use discriminatory policies and practices directed towards employees.</li> </ul>	<p><b>Do not award additional marks for multiple examples for each point.</b></p> <p><b>Accept a response of visitors to care receiver or employee for one mark.</b></p>	4

Q4	Anthony is 79 years old and lives in a care home with his husband Michael.  Describe <b>two</b> types of discrimination and mechanisms of oppression that may occur when providing care for Anthony and Michael. (4 marks)		
Q4	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q4	<p><b>One mark for identification of concepts, up to a maximum of two marks. One mark for each explanation, up to a maximum of two marks of at least two concepts to gain full marks.</b></p> <ul style="list-style-type: none"> <li>• The couple may be experiencing direct discrimination (1) by not being provided with appropriate care to meet their needs (1)</li> <li>• They may be subject to tokenism in participating in activities in the care home (1) to create the impression of social inclusiveness in meeting care needs (1)</li> <li>• They may experience third party harassment from visitors to the care home (1) which may not be identified / addressed by staff (1)</li> <li>• The couple may have experienced labelling (1) which shapes the perceptions that others have of them (1)</li> <li>• The couple may experience covert discrimination from other residents/staff / visitors (1) in verbal and behavioural interactions with them (1)</li> </ul>	<p><b>Examples of direct discrimination, e.g. (being called names by other residents/staff/ visitors, staff are rude/hostile when supporting personal care needs should be capped at 1 mark.</b></p>	4

Q5	Describe the concept of institutionalisation. (2 marks)		
Q5	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q5	<p><b>One mark for each descriptive point to a maximum of two marks.</b></p> <ul style="list-style-type: none"> <li>• It is where the identity and individuality of an individual rapidly diminishes</li> <li>• Individuals have a lack of choice and control of their own life</li> <li>• Use of de-humanising language (e.g. feeding) to communicate</li> <li>• An increase in negative behaviours occurs with longer institutional stays</li> </ul>		2

Q6	Explain <b>two</b> strategies which could be used to promote equality in a day centre for adults with learning disabilities.		(4 marks)
Q6	Acceptable answer(s)	Guidance	Max marks
Q6	<p><b>One mark for each identified strategy, up to a maximum of two marks. One mark for each explanation, up to a maximum of two marks:</b></p> <ul style="list-style-type: none"> <li>• <b>Find out what the adults expect from the service (1)</b> so that they can be tailored to their best interests (1).</li> <li>• <b>Make sure all staff have had an opportunity to complete equality and diversity training (1)</b> so they are aware of how to promote equality (1).</li> <li>• <b>Develop an equality and diversity policy (1)</b> and ensure all staff read and understood what is required to implement it (1).</li> <li>• <b>Provide regular refresher training to reflect changes in legislation (1)</b> so that staff work within the latest guidelines and laws to support best practice (1).</li> <li>• <b>Promote individual requirements and develop tailored care plans (1)</b> so that each individual has their needs addressed (1).</li> <li>• <b>Promote participation in activities portraying equality (1)</b> so that individuals may learn in an interactive way (1)</li> <li>• <b>Make sure visual information portraying diversity is visible and readily accessible (1)</b> so that individuals may develop their understanding independently (1)</li> </ul>	<p><b>Accept any other suitable strategy and explanation.</b></p> <p><b>Examples of strategies (e.g. all adults have a care plan, which reflects their individual needs, and preferences and is used by staff to support them / treat everyone fairly with dignity and respect) should be capped at 1 mark.</b></p>	4

<b>Q7</b>	Identify <b>three</b> professional standards or working practices, which can impact interpersonal communication and interaction. (3 marks)		
<b>Q7</b>	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
<b>Q7</b>	<p><b>One mark for each of the following up to a maximum of three marks:</b></p> <ul style="list-style-type: none"> <li>• Legislation which governs recording of information – e.g. The Freedom of Information Act (2000), The Data Protection Act (2004)/GDPR, Caldicott principles (1997/2002) (1)</li> <li>• Code of Conduct for Health Care Support Workers/Adult Social Care Workers in England (2013)/ NMC (1)</li> <li>• Systems and procedures in the workplace and expectations of recording information (1)</li> <li>• Communication policy and guidance for the specific setting (1)</li> <li>• Hierarchy of communication and how information is communicated up and down the hierarchy (1)</li> <li>• Workplace policy and system for storing and sharing of information between staff (1)</li> <li>• Using professional terms that are understood by individuals (1)</li> <li>• Staff have an understanding of a range of cultures and backgrounds which impact on staff ability to communicate with to others (1)</li> </ul>	<b>Accept any other suitable professional standards or working practices.</b>	3



Q8	Describe how cultural differences can cause verbal and non-verbal communication to be misinterpreted.		(4 marks)
Q8	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q8	<p><b>One mark for each description, up to a maximum of four marks.</b>  <b>Candidates must cover at least one verbal and one non-verbal communication to gain full marks</b></p> <p><b>Verbal</b></p> <ul style="list-style-type: none"> <li>• Sense of humor – what is funny in one culture could be different in another (1).</li> <li>• Use of slang / jargon / acronyms - use of slang can be different depending on demographic (1).</li> <li>• Forms of address – the way an individual is addressed indicates the level of respect applied (1)</li> <li>• Pace, pitch and tone of voice – can be misinterpreted as being polite or impolite (1).</li> <li>• Colloquial language and dialect – can cause lack of understanding due to different pronunciation / different words used (1).</li> </ul> <p><b>Non-verbal</b></p> <ul style="list-style-type: none"> <li>• Hand gestures – the incorrect gesture could cause offence (1).</li> <li>• Greetings – can impact on perceived respect given to class or status (1).</li> <li>• Eye contact – lack of eye contact in some cultures can be misinterpreted as dishonesty (1).</li> </ul>	<p><b>Accept any other suitable examples of a cultural differences with an explanation to gain one mark.</b></p>	4

Q9	List <b>three</b> ways individuals can be supported to communicate their needs and wishes through a third party. (3 marks)		
Q9	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
Q9	<p><b>One mark for each of the following points listed, up to a maximum of three marks:</b></p> <ul style="list-style-type: none"> <li>• Independent advocate (1)</li> <li>• Personal assistant / direct carer (1)</li> <li>• Interpreter/translator (1)</li> <li>• Partner/family (1)</li> <li>• Through power of attorney (1)</li> </ul>		3

<p><b>Q10</b></p>	<p>Martin works in a school for children who have autism and learning difficulties. He wants to support them to develop skills and behaviours to communicate their needs effectively.</p> <p>Explain <b>three</b> ways Martin can promote effective interpersonal communication with the children. (6 marks)</p>		
<p><b>Q10</b></p>	<p><b>Acceptable answer(s)</b></p>	<p><b>Guidance</b></p>	<p><b>Max marks</b></p>
<p><b>Q10</b></p>	<p><b>One mark for identification of factors, up to a maximum of three marks. Candidates must provide an explanation of the application of at least three factors to gain full marks.</b></p> <ul style="list-style-type: none"> <li>• He should model appropriate communication techniques (1) so they are able to copy and use the technique to express themselves with others (1).</li> <li>• He should respond to the young person with empathy (1) to understand why they communicate in a particular way (1).</li> <li>• Provide opportunities for the individual to behave positively and praise the behaviour (1) so they are more likely to repeat the behaviour (1).</li> <li>• Be sympathetic to any sensory issues the individual may have (1) so he can adjust his communication to meet their needs (1).</li> <li>• Avoid making any false assumptions about why individuals behave the way they do (1) to avoid stereotyping them (1).</li> <li>• Martin should gain their trust (1) which will assist in communication because they may try new forms of communication (1).</li> <li>• Communicate with them in language they can understand (1) so they are able to respond to the communication message (1).</li> <li>• Removing distractions/ distracting event (1) so the children can focus more clearly on the communication message (1)</li> </ul>		<p>6</p>

<b>Q11</b>	State <b>four</b> responsibilities of the employer in relation to the Control of Substances Hazardous to Health Regulations (2002) in a health and care setting.		(4 marks)
<b>Q11</b>	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
<b>Q11</b>	<p><b>One mark for each identified responsibility up to a maximum of four marks:</b></p> <ul style="list-style-type: none"> <li>• Implement control measures to protect staff (1)</li> <li>• Prevent or adequately control exposure to the hazardous substance(1)</li> <li>• Provide employees with information/instruction/training/PPE (1)</li> <li>• Ensure control measures are maintained/in full working order/clean condition (1)</li> <li>• Draw up plans and procedures to deal with accidents and emergencies (1)</li> <li>• Ensure that employees who are exposed to hazardous substances at work are under suitable health surveillance (1)</li> <li>• Carry out a COSHH risk assessment (1)</li> </ul>		4

<p><b>Q12</b></p>	<p>Connor is 7 years old and has a physical disability which leaves him with very poor balance and an inability to walk due to his leg muscles being weak. He also has some spasticity in his hands. He requires adaptive equipment to participate in day-to-day activities.</p> <p>Explain how different types of adaptive equipment could be used to aid his daily living. (5 marks)</p>		
<p><b>Q12</b></p>	<p><b>Acceptable answer(s)</b></p>	<p><b>Guidance</b></p>	<p><b>Max marks</b></p>
<p><b>Q12</b></p>	<p><b>Candidates must identify a minimum of two adaptive equipment and provide a minimum of one explanation to gain maximum marks.</b></p> <p><b>One mark for each identification of adaptive equipment. A maximum of four marks to be awarded for adaptive equipment.</b></p> <ul style="list-style-type: none"> <li>• He may use a wheelchair (1)</li> <li>• A stair lift (1)</li> <li>• A hoist (1)</li> <li>• His family might have an adapted car / van (1)</li> <li>• Communication board / apps (1)</li> <li>• The toilet may be modified with a raised toilet seat (1)</li> <li>• He may have an adapted bath / wet room / shower (1)</li> <li>• He could use a brace on his hand (1)</li> <li>• He might use an aid to improve hand movement</li> <li>• He might use eating and drinking aids such as cups, plates and cutlery (1)</li> </ul> <p><b>One mark for each explanation, up to a maximum of three marks.</b></p> <ul style="list-style-type: none"> <li>• To ensure safety</li> <li>• To promote independence</li> <li>• To aid communication</li> <li>• To promote development</li> <li>• To support the carers</li> </ul>	<p><b>Each description/reason should only be used once per identification point.</b></p>	<p>5</p>

<b>Q13</b>	State <b>two</b> routes of infection which can enter the body. (2 marks)		
<b>Q13</b>	<b>Acceptable answer(s)</b>	<b>Guidance</b>	<b>Max marks</b>
<b>Q13</b>	<b>One mark for each identification, up to a maximum of two marks:</b> <ul style="list-style-type: none"> <li>• Inhalation / respiratory</li> <li>• Ingestion/ digestive</li> <li>• Breaks in the skin</li> <li>• Contact with skin</li> </ul>		2

<p><b>Q14</b></p>	<p>Muriel is 92 years old and has tripped and fallen over a loose carpet in a corridor in the care home where she lives. Maya, a care assistant, finds her on the floor. Muriel says she banged her head and is complaining of pain in her hip.</p> <p>Explain procedures Maya should follow to report and record the accident. <span style="float: right;">(5 marks)</span></p>		
<p><b>Q14</b></p>	<p><b>Acceptable answer(s)</b></p>	<p><b>Guidance</b></p>	<p><b>Max marks</b></p>
<p><b>Q14</b></p>	<p><b>One mark for each explained procedure up to a maximum of five marks.</b></p> <ul style="list-style-type: none"> <li>• Evaluate the area to remove risks to self and others before dealing with Muriel (1).</li> <li>• Immediately call a senior member of staff or qualified first aider to provide further support and expertise (1).</li> <li>• Evaluate the casualty’s injuries to determine the type and seriousness of the accident (1).</li> <li>• Call emergency services (if required) to provide medical support (1).</li> <li>• Record accident giving necessary information (e.g. type of accident/date/time/location etc.) for accountability/to meet legal requirements prevention of future accidents (1).</li> <li>• Reassure and monitor Muriel to prevent further distress and check for deterioration (1).</li> </ul>		<p>5</p>

<p><b>Q15</b></p>	<p>Amelia is a 35-year-old woman. She has a mental health issue which has caused her to stay in residential care for long periods. Amelia wants to live independently.</p> <p>Amelia has a brother named Luke who visits her occasionally. Luke believes that Amelia should not be living alone and that she is a risk to herself. He has raised concerns to professional staff who have arranged a care plan meeting to discuss Amelia’s potential needs.</p> <p>Discuss the key points that should be considered at the care plan meeting.</p>		
<p><b>Q15</b></p>	<p><b>Acceptable answer(s)</b></p>	<p><b>Guidance</b></p>	<p><b>Max marks</b></p>
<p><b>Q15</b></p>	<p><b><i>For no awardable content, award 0 marks.</i></b></p> <ul style="list-style-type: none"> <li>• Reasons why Amelia is vulnerable and needs health care and support</li> <li>• Supported by a range of services including local authority, private, voluntary and direct care.</li> <li>• Staff use an integrated approach to maintain consistency in care support.</li> <li>• Discuss the acceptable risks to support Amelia in her choice to live independently.</li> <li>• Discuss Amelia’s right to live with acceptable managed risk.</li> <li>• Discrimination Amelia might face living alone.</li> <li>• Amelia will need access to different models of service e.g. acute / community services to meet her needs.</li> <li>• The importance of maintaining Amelia’s dignity and respect when supporting her health and care needs.</li> <li>• Current legislation and regulations impacting on Amelia’s situation with reference to Equality Act, health and safety, Data Protection Act, etc.</li> <li>• Ensuring Amelia is not discriminated against because of her health issues and challenging any incidences that occur.</li> <li>• Ensuring Amelia is included in all decision making, providing an advocate if necessary.</li> </ul>	<p><b>Band 1 (1-3 marks)</b></p> <p>Basic discussion showing minimal breadth of considerations, supported with little or no analysis. Some accurate basic knowledge of Amelia’s likely support needs and the ways in which they may be met. Limited or no reference to legislation/regulation which impact Amelia and her choice to live independently. Provided little or no justifications for points made. The response lacked structure and coherency. Where facts were provided, these were sometimes incorrect.</p> <p>To access higher marks in the band the response will include some attempt of meeting Amelia’s needs with a satisfactory range of considerations.</p> <p><b>Band 2 (4-6 marks)</b></p> <p>Clear and relevant discussion which makes a reasonable attempt to cover some considerations displaying good breadth of knowledge and understanding. This was supported by brief analysis. The discussion included attempts to link Amelia’s needs and those of her family. Some areas may be more detailed than other areas but may include reference to inclusive practice, maintaining dignity and respect and communication. Reference to legislation/regulation/codes of practice impacting on Amelia’s choices were evident. Throughout the discussion, recommendations and opinions regarding support were offered with some justification and the use of a few examples. The overall discussion is presented in a clear format and the use of terminology is mostly appropriate. Content is factually accurate.</p> <p>To access higher marks in the band, the discussion will be mostly detailed and contain some justifications and strong links to legislation/regulation/codes of practice. The</p>	<p>9</p>



	<ul style="list-style-type: none"> <li>• Methods of communication are adapted to meet Amelia’s health status</li> <li>• Theories – cognitive, psychoanalytical humanistic, contributing to understanding of communication.</li> </ul>	<p>overall discussion will be presented clearly and with logical structure.</p> <p><b>Band 3 (7-9 marks)</b></p> <p>Comprehensive and clear discussion showing breadth of understanding across a range of considerations which were supported by effective justification that displayed depth of understanding. Sound knowledge and understanding of the potential impact on Amelia’s health and wellbeing. A well-reasoned discussion with accurate links to Amelia’s needs and those of her family. Reference made to a range of legislation/regulation/codes of practice impacting on Amelia’s choices were justified. Throughout the discussion coherent opinions were offered with clearly defined examples and possibly reference to theory/theories. Relevant use of accurate terminology was evident. The entire discussion was relevant and factually accurate.</p> <p>To access higher marks in the band the response will be coherent, balanced and structured in a logical way. Clear and strong reference to theory/theories to support discussion. All recommendations will be fully justified.</p>	
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