



Mark Scheme (Results)

January 2018

BTEC Level 3 National in Health and Social Care Unit 2: Working in Health and Social Care (31491H)



Health and Social Care

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Unit 2: Working in Health and Social Care marking grid

General marking guidance

- All learners must receive the same treatment. Examiners must mark the first learner in exactly the same way as they mark the last.
- Marking grids should be applied positively. Learners must be rewarded for what they have shown they can do, rather than be penalised for omissions.
- Examiners should mark according to the marking grid, not according to their perception of where the grade boundaries may lie.
- All marks on the marking grid should be used appropriately.
- All the marks on the marking grid are designed to be awarded. Examiners should always award full marks if deserved. Examiners should also be prepared to award zero marks, if the learner's response is not rewardable according to the marking grid.
- Where judgement is required, a marking grid will provide the principles by which marks will be awarded.
- When examiners are in doubt regarding the application of the marking grid to a learner's response, a senior examiner should be consulted.

Specific marking guidance

The marking grids have been designed to assess learner work holistically. Rows in the grids identify the assessment focus/outcome being targeted. When using a marking grid, the 'best fit' approach should be used.

- Examiners should first make a holistic judgement on which band most closely matches the learner's response and place it within that band. Learners will be placed in the band that best describes their answer.
- The mark awarded within the band will be decided based on the quality of the answer, in response to the assessment focus/outcome and will be modified according to how securely all bullet points are displayed at that band.
- Marks will be awarded towards the top or bottom of that band, depending on how they have evidenced each of the descriptor bullet points.

BTEC Next Generation Mark Scheme Template Health and Social Care Unit 2 Healthy Living

Question Number	Answer	Mark
1a	Award one mark for any of the following up to a maximum of two marks. Doctor Nurse Social worker Occupational therapist Care manager Support worker Healthcare assistant Dietician/Nutritionist Pharmacist Consultant Psychiatrist Accept any other valid response. Do not accept Care Assistant or Domiciliary Carer	2

Question Number	Answer	Mark
1b	Award one mark for identification and one additional mark for appropriate expansion up to a maximum of four marks.	4
	 Checking Bill's needs are met (1) progress monitored (1) 	
	 Providing physical personal care, e.g. bathing/toileting/dressing/feeding (1) to support Bill's self-esteem/physical health (1) 	
	 Encouraging Bill to communicate (1) so he will participate in activities in the home (1) 	
	 Offering choices (1) to support Bill's independence (1) 	
	 Providing leisure/creative activities(1) in a safe and supportive setting (1) 	
	 Supporting care and support planning (1) liaising with other health and care professionals/ Bill's family (1) 	
	Do not award reference to advocacy.	
	Accept any other valid response.	

Questio Number		Answer Mark			
1C		 Indicative content to cover the following points. This is not an exhaustive list, any other plausible content should be credited using professional judgement. Robust health and safety policy in place. Someone with official responsibility for health and safety/ safeguarding and protecting individuals from abuse. Regular risk assessment to identify risks and hazards at the care home; actions taken to reduce chances of harm or injury. Provide updated information on health and safety issues. Illness prevention measures, e.g. handwashing facilities, thorough cleaning. Control of harmful substances. Use of protective equipment and infection control. Staff health and safety training provided e.g. restraint training. Reporting and recording accidents and incidents. Complaints procedures. First-aid facilities provided. Lone worker policy explained. Staff service user ratio maintained. CCTV in place. Responses must be in reference to staff, not service users. 	6		
Level	Mark	Descriptor			
	0	No rewardable material			
1	1-2	Demonstrates isolated elements of knowledge and understanding. Generic statements may be presented rather than linkabeing made. Lines of reasoning are unsupported.			
2	3-4 Demonstrates mostly accurate knowledge and understanding. Answers evidences occasional linkages among the elements in the context of the question. Lines of reasoning occasionally supported through the application of recent evidence.				
3	5-6	Demonstrates accurate and thorough knowledge and understanding. Answer evidences comprehensive linkages among the elements in the context of the question. Lines of reasoning supported throughout by sustained application of relevant evidence.			

Question Answer Number			Mark		
Number 1d		 Indicative content to cover the following points. This is not an exhaustive list, any other plausible content should be credited using professional judgement. Advantages: Range of services and specialists available. Different health and social care professionals working together. Joined-up working putting Bill's needs at the centre. Holistic approach – Bill's mental and physical needs met. Avoids wasting money/resources on unsuitable care. Can involve informal care as well as state, private and voluntary sector organisations. Calling on additional specialists with a wider knowledge and skills base. However disadvantages: May be communication delays. Misunderstandings/ bureaucracy delays. Personality conflicts between professionals. Gaps in service provision. 	8		
		Accept any other valid response.			
Level	Mark	Descriptor			
	0	No rewardable material			
1	1-3	Demonstrates isolated knowledge and understanding of relevant information; there may major gaps omissions. There are few links to the scenario. Meaning may be conveyed but in a non-specialist way; response lacks clarity and fails to provide an adequate at to the question. May be a one sided discussion.			
2	4-6	Demonstrates accurate knowledge and understanding of relevant information with a few gaps or omissions. There are some links to the scenario. Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language. May be an unbalanced discussion.			
3	7-8	Demonstrates accurate and thorough knowledge and understanding of relevant information; any gaps or omissions are minor. There are comprehensive links to the scenario. Logical reasoning evidenced throughout the response, which is clear and uses specialist technical language consistently. There must be evidence of both advantages and disadvantages.			

Question Number	Answer	Mark			
2a	Award one mark for naming the organisation and an additional expansion mark for any of the following up to a maximum of two marks.				
	Care Quality Commission (CQC) (1) The Care and Social Services Inspectorate (CSSIW) (1) The Regulation and Quality Improvement Authority (RQIA) (1)				
	 Visit and observe (1) Interview staff (1) Interview residents and relatives (1) Provide action plan if required (1) Publish report (1) Follow up complaints (1) 				

	uestion Aumber	Mark
Award one mark for identification and one additional mark for appropriate expansion up to a maximum of four marks. Complain to his /other support worker's line manager (1) to register malpractice (1) Whistleblowing to external agencies (1) quality of care is poor/ dangerous (1) Report to the police (1) leading to criminal investigation (1) Accept inverse responses. Accept any other valid response.	A r	4

Questi Numbe		Answer	Mark		
2c		 Indicative content to cover the following points. This is not an exhaustive list, any plausible content should be credited using professional judgment. Staff regulated and monitored by professional bodies, e.g. Health and Care Professionals Council (HCPC), Nursing and Midwifery Council (NMC). Training and education updates. Ongoing professional development and CPD/ revalidation procedures. Evidence that staff have current and up-to-date understanding of relevant policies and procedures. Set standards of professional practice in their 	6		
		 everyday work. Standards of professional conduct set. Formal procedures instigated following raising concerns/ whistleblowing to investigate unprofessional conduct. Following safeguarding regulations. 			
		Do not accept reference to OFSTED or CQC. Accept any other valid response.			
Level	Mark	Descriptor			
20101	0	No rewardable material			
1	1-2	Demonstrates isolated elements of knowledge and understanding. Generic statements may be presented rather than linkabeing made. Lines of reasoning are unsupported.	ges		
2	3-4	Demonstrates mostly accurate knowledge and understanding. Answers evidences occasional linkages among the elements in the context of the question. Lines of reasoning occasionally supported by examples.			
3	5-6	Demonstrates accurate and thorough knowledge and understanding. Answer evidences comprehensive linkages among the elements in the context of the question. Lines of reasoning supported throughout by sustained examples.			

Question Answer				
Numb	er		_	
2d		Indicative content to cover the following points. This is not an exhaustive list, any other plausible content should be credited using professional judgement.	8	
		 Applying care values and principles may not always be possible for Tara – conflicting needs of other service users and staff: Equally valid preference of another resident, e.g. choice of music in the sitting room. Right to choice but protecting personal safety, e.g. Tara may want to go out, but her aggression could increase so she is a danger to herself and to others. Tara's right to confidentiality conflicting with safeguarding. Respect for culture and religious values – Tara is a Jehovah Witness. Her right to education, but resources may be in short supply. Tara's learning difficulties could affect her career opportunities. Accept any other valid response. 		
Level	Mark	Descriptor		
LCVCI	0	No rewardable material		
1	1-3	Demonstrates isolated knowledge and understanding of relevant information; there may major gaps omissions. There are few links to the scenario. Meaning may be conveyed but in a non-specialist way; response lacks clarity and fails to provide an adequate to the question.	answer	
2	4-6	Demonstrates accurate knowledge and understanding of relevant information with a few gaps or omissions. There are some links to the scenario. Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language.		
3	7-8	Demonstrates accurate and thorough knowledge and understanding of relevant information; any gaps or om are minor. There are comprehensive links to the scenario. Logical reasoning evidenced throughout the response, is clear and uses specialist technical language consister	which	

Question Number	Answer	Mark
3a	Award one mark for any of the following up to a maximum of two marks. • Difficulty in referral to correct services (1) • Time taken for assessment (1) • Eligibility criteria as she may fall between child and adult services (1) • Hearing impairment (1) • language difficulties (1) • Individual preferences (1) • Financial (1) • Geographical (1) • Social (1) • Cultural (1) • Lack of knowledge (1) • Anxiety (1) • Insufficient services/resources available (1)	2

Question Number	Answer	Mark
3b	 Award one mark for identification and one additional mark for appropriate expansion up to a maximum of four marks. Communicate only with the staff who need to know information about Melanie (1) by adhering to legal and workplace requirements specified by the codes of practice (1). Safe and secure storage and retrieval of medical and personal information (1) by applying the requirements of the Data Protection Act 1998 (1). Following appropriate procedures (1) by 	4
	ensuring they use password protected security access (1). Accept any other valid response.	

Question Answer Ma				
3c		 Indicative content to cover the following points. This is not an exhaustive list, any other plausible content should be credited using professional judgement. Implementing codes of practice and policies that identify and challenge discrimination. Adapting the ways the care services are provided for different types of service user, e.g. hearing impairment adjustments. Addressing their own prejudices and adapting behaviours to meet service user needs. Use written and visual communication more often than spoken /ensure quiet areas are available for important conversations/employ a signer or interpreter to ensure clear communication. Being supportive and encouraging and treat her with respect. Welcoming and accessible environment created for Melanie. To challenge intentional and unintentional discrimination. Accept any other valid response. 	6	
Level	Mark	Descriptor		
	0	No rewardable material		
1	1-2	No rewardable material Demonstrates isolated elements of knowledge and understanding. Generic statements may be presented rather than linkages being made. Lines of reasoning are unsupported.		
2	3-4			
3	5-6	Demonstrates accurate and thorough knowledge and understanding. Answer evidences comprehensive linkages among the elements in the context of the question. Lines of reasoning supported throughout by sustained application of relevant evidence.		

Question Number	Answer		Mark
3d	not an ex	e content to cover the following points. This is haustive list, any other plausible content should ed using professional judgement.	8
	promo accou prepa • Provio adapt techno • Promo indepo • Provio cultur • Encou prefer • Specif /signe	g Melanie at the centre of service provision and oring individualised care, e.g. taking in to nt her education, training, and future career ration. ding information about possible treatments and ive aids, e.g. cochlear implant or recent ological advances. oring Melanie's right to dignity and endence. ding active support in line with her beliefs, we and preferences. oraging Melanie to express her needs and rences. fic language and additional support, e.g. signing er re her hearing and language impairments.	
Level	Mark	Descriptor	
	0	No rewardable material	
1	1-3	Demonstrates isolated knowledge and understar of relevant information; there may major gaps omissions. There are few links to the scenario. Meaning may be conveyed but in a non-specialis response lacks clarity and fails to provide an adeanswer to the question.	st way;
2	4-6	Demonstrates accurate knowledge and understate of relevant information with a few gaps or omiss. There are some links to the scenario. Demonstrates the use of logical reasoning, claritate appropriate specialist technical language.	sions.
3	7-8	Demonstrates accurate and thorough knowledge understanding of relevant information; any gaps omissions are minor. There are comprehensive links to the scenario. Logical reasoning evidenced throughout the respondence is clear and uses specialist technical languages.	oonse,

Question Number	Answer	Mark
4a	Award one mark for any of the following up to a maximum of two marks. Compassion /empathetic/ caring (1) Communication/listening Skills (1) Competent to carry out procedures, e.g. drug calculation (1) Confident (1) Adaptable/ flexible (1) Able to problem solve (1) Can follow instructions/ good attention to detail(1) Patience (1) Observational Skills (1) Maths (1) Organisational (1) Record keeping/note taking (1) Accept any other valid response.	2

Question Number	Answer	Mark	
4b	Award one mark for each policy area identified to a maximum of two marks and one mark for each linked description to a maximum of four .		
	Examples of policy areas:		
	Hospital's medication (1) to ensure that correct medication is given /checked (1).		
	Hospital codes of practice/clinical guidance (1) avoiding risks and hazards (1).		
	Hospital health and safety (1) advises staff re their duties and responsibilities (1).		
	Personnel/Human Resources (1) promotes equality and diversity (1)		
	Whistleblowing/complaints (1) to raise concerns or issues regarding poor practice.		
	Do not accept legislation. Accept any other valid response.		

Question Number		Answer	Mark	
Ac 4c		 Indicative content to cover the following points. This is not an exhaustive list, any other plausible content should be credited using professional judgement. Service user feedback to improve provision so there is sufficient staffing and resources in place to meet needs. External inspection by relevant agencies eg CQC to check that staff understand how to implement the hospital's policies. Staff have access to relevant continuous professional development. Complaints investigated promptly and properly. Whistleblowing encouraged. Line management with a staff appraisal system to monitor the quality of the work undertaken and any additional training needs. CCTV Accept any other valid response. 	6	
Level	Mark	Descriptor		
	0	No rewardable material		
1	1-2	Demonstrates isolated elements of knowledge and understanding. Generic statements may be presented rather than linkages being made. Lines of reasoning are unsupported. May only identify two methods of monitoring or briefly explain one.		
2	3-4	Demonstrates mostly accurate knowledge and understanding. Answers evidences occasional linkages among the elements in the context of the question. Lines of reasoning supported through explanation. May explain one or two methods of monitoring.		
3	5-6	Demonstrates accurate and thorough knowledge and understanding. Answer evidences comprehensive linkages among the elements in the context of the question. Lines of reasoning supported throughout by sustained explanation. Will explain two methods of monitoring.		

Question Number	Answer		Mark			
4d	Indicative content to cover the following points. This is not an exhaustive list, any other plausible content should be credited using professional judgement.					
	Discussion in	reference to generic or to named examples.				
	 Effects identified by external reports/media. Operation delays and child deaths in hospitals. Health and safety / safeguarding concerns. Other associated illness or disease / infection prevention and control risks, e.g. MRSA. Poor health / slow recovery / longer hospital stay. Abuse / neglect - poor basic care, e.g. inadequate access to food and water, left in soiled bedding. Discrimination. Poor / ineffective communication / incorrect treatment, lack of service user or family involvement. A culture where complaints, whistleblowing, and feedback is discouraged. Higher morbidity / mortality rates. Health and wellbeing impact on families. 					
	Accept any o	ther valid response.				
Level	Mark	Descriptor	I.			
	0	No rewardable material				
1	1-3	Demonstrates isolated knowledge and understar of relevant information; there may major gaps omissions. There are few links to the scenario. Meaning may be conveyed but in a non-specialis response lacks clarity and fails to provide an ad- answer to the question. May only reference fam children.	st way; equate ilies or			
2	4-6 Demonstrates accurate knowledge and understanding of relevant information with a few gaps or omissions. There are some links to the scenario. Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language. Some discussion of both families and children but may be unbalanced.		sions.			
3	7-8	Demonstrates accurate and thorough knowledge understanding of relevant information; any gaps omissions are minor. There are comprehensive links to the scenario. Logical reasoning evidenced throughout the resp which is clear and uses specialist technical languous consistently. A balanced discussion of both familiand children.	oonse, Jage			