Mark Scheme (Results)

June 2014

Pearson Edexcel Health and Social Care (6944) Unit 7: Meeting Individual Needs
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General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.

- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.

- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.

- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.

- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate’s response is not worthy of credit according to the mark scheme.

- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.

- When examiners are in doubt regarding the application of the mark scheme to a candidate’s response, the team leader must be consulted.

- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

- Mark schemes will indicate within the table where, and which strands of QWC, are being assessed. The strands are as follows:
  
  i) ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear
  
  ii) select and use a form and style of writing appropriate to purpose and to complex subject matter
  
  iii) organise information clearly and coherently, using specialist vocabulary when appropriate.
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Answer</th>
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<tbody>
<tr>
<td><strong>1 (a)</strong></td>
<td>1 mark for partial definition e.g. public organisation&lt;br&gt;2 marks for full accurate definition such as: Statutory organisation is a public organisation(1) e.g. NHS (1) which is funded out of public taxation(1) and has been created by central/local government by law/legislation.(1)</td>
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<tr>
<td><strong>1 (b)</strong></td>
<td>• Will take specific lead in patient care&lt;br&gt;• Responsible for admission and discharge of patient&lt;br&gt;• Will liaise on their behalf with medical and other staff&lt;br&gt;• Will be a point of contact for family&lt;br&gt;• Will monitor care at all times&lt;br&gt;• Named Nurse is someone appointed to look after a service user’s physical, social, emotional and intellectual wellbeing/hollistic&lt;br&gt;• Responsible for drawing up care plan&lt;br&gt;• May advocate on behalf of service user&lt;br&gt;• Can empower client through his role as named nurse&lt;br&gt;• Put the individual at ease and relaxed/rapport and trust&lt;br&gt;• Promotes communication between the medical staff and client/family&lt;br&gt;• Promotes patient centred care/builds relationship&lt;br&gt;• Promotes inclusive approach to care&lt;br&gt;e.g. will take a lead in patient care (1) such as responsible for admission and discharge (1), will liaise on behalf of client with medical staff (1) and be a point of contact for the patients family (1).</td>
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| 1(c)            | - May be disadvantaged  
|                 | - Patient care may suffer / higher levels of sickness  
|                 | - Increase risk of infection due to poor care  
|                 | - Discharge may be delayed or premature  
|                 | - Patients may be discharged earlier  
|                 | - May not get the attention they require  
|                 | - Frustrated and increase in anxiety  
|                 | - Dissatisfaction with service  
|                 | - Staff may not have time or resources to spend on patient  
|                 | - Stress and pressure on patient  
|                 | - May not recover as quickly  
|                 | - Medication may be rationed |

This response requires students to demonstrate good linkage/coherence between points and good use of vocational vocabulary. However candidates may explain that if scarce resources are managed effectively patient care does not always suffer.

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| 1(d) QWC        | • Promotes privacy of patient  
|                 | • Greater confidentiality  
|                 | • Improve the quality of care  
|                 | • Improve patient satisfaction with care  
|                 | • Infection is minimised  
|                 | • Feel good factor/happier with the environment  
|                 | • Staff morale may be improved / motivated  
|                 | • Could improve patient recovery as a result of better care  
|                 | • Staff and patients have increased self-esteem  
|                 | • Staff may feel more valued  
|                 | • New equipment and facilities may promote patient wellbeing and diagnosis  
|                 | • Feel safer  
|                 | • Meets patient’s needs more effectively  
|                 | • May be more inconvenient for staff  
|                 | • Moving from room to room can slow down the pace at which staff can attend to patient  
|                 | • Staff may feel physically burdened moving from room to room  
|                 | • Patients may get frustrated if there are delays in meeting their needs  
|                 | • May have no impact – things may not necessarily change |

The examination will focus on the impact that the renovation may or may not have on patients. Good linkage/coherence between points. Good use of vocational vocabulary. Be careful of responses which focus heavily on care values – whether or not the ward has been renovated care values should be promoted.

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Question Number | Indicative Content
---|---
1(e) | QWC

- Opportunity to scrutinise/self-reflect/evaluate
- Audits promote continuous quality improvement
- Bring about change/improvements
- Measures how effectively the organisation is doing things
- Can set priorities and actions
- Highlight gaps in provision/shortcomings/unmet need
- Highlights training needs
- Promotes good practice
- Highlights accountability – roles and responsibilities
- Audits don’t always pick up on poor provision
- Tend to be quantitative or stat led
- Used as a benchmark
- Sets the standards
- Makes complaints less likely
- Ineffective if not implemented properly
- If actions are not implemented then the audit is useless
- If the process is viewed as inconvenient

This question focuses on all methods of quality assurance, and not just audits so candidates would be expected to bring to their response full breadth of their research and understanding of this area.

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Total for Question 1 – 30 marks
2(a)  
- Better clinical practice / higher standards  
- Greater efficiency / effectiveness  
- More competent / proficient in techniques  
- Happier in their role / confidence  
- More able to identify when things are wrong and what to do or whistleblow  
- Greater confidence to act in emergency situations  
- Patient care will improve  
- Better understanding of patient needs  
- Less risk of neglect or abuse  
- Less waste of resources  
- Demonstrate best practice  
- More motivated to improve standards  

E.g.  
The nursing assistants will be able to demonstrate better clinical practice (1) which will improve their overall efficiency (1). In turn this may improve patient care (1) and overall satisfaction (1). (4)
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| 2(b)            | • Reduced overlap and duplication  
|                 | • Contribute to overall wellbeing of client  
|                 | • Problem solve more effectively  
|                 | • More resourceful  
|                 | • Seamless service promoted  
|                 | • Learn from each other / boosts morale  
|                 | • Learn new skills  
|                 | • Builds good networks  
|                 | • Communication is increased and improved  
|                 | • Mistakes are less likely  
|                 | • Improve targets  
|                 | • Improve team confidence / higher motivation  
|                 | • Greater accountability |

Be aware that candidate may reverse the argument such as patient care suffers (1) the team may become unhappy (1) and fracture (1). Motivation may decline and a blame culture develop (1)

Or

Staff will learn from each other (1) which will help them build and develop their skills (1). This will improve confidence and competency (1) and improve on patient well being (1)

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| 2(c)            | • Individuals from different background come together to provide a service  
|                 | • Central to good quality care  
|                 | • Needs led, tailored approach which promotes a personalised approach  
|                 | • They blend their skills and expertise together to aid recovery / promotes seamless services  
|                 | • They will each contribute to the care plan  
|                 | • Reduces the burden on one professional who may not be able to provide all that is required  
|                 | • Promotes the notion of holistic care / Enhances an holistic approach to meeting individual goals and care packages  
|                 | • Ensures continuity/consistency in the absence of the specialist  
|                 | • Maximises the expertise  
|                 | • Promotes integration  
|                 | • Reduces duplication  
|                 | • Allows effective use of resources  
|                 | • Pool/maximises resources  
|                 | • Increases the skill mix  
|                 | • Prevents delay of access to some services  
|                 | • Reinforces therapists’ treatments by all team members  
|                 | • Reduces the number of people to whom the patient must relate  

Candidates may also provide a reverse argument.

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| 2(d)            | • Patient entrust information which is not communicated to others  
                  • Promote self-esteem, confidence, concept, feels valued and empowered  
                  • Giving or providing of sensitive information which is then securely filed or maintained  
                  • Disclosure/breach is permissible but under certain circumstances  
                  • Central to the concept is the notion of trust  
                  • Data Protection Act  
                  • Patients are more likely to disclose sensitive information  
                  • If broken can destroy patient trust  
                  • Can lead to complaints/litigation  
                  • Lower self-esteem of patient  
                  • Reputation of organisation/professional is damaged  
                  • Patient and or others could be at risk if not disclosed particularly in situations of risk  
                  • Breach is permissible but in certain situations  

Confidentiality is a central care value, ethic and principle and what you are assessing is that candidates understand this but also have to weigh it against other principles and values such as dignity, respect and empowerment.

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| 2(e) QWC        | • Self-esteem is promoted  
                  • Self-worth is promoted  
                  • Confidence promoted  
                  • Recovery from illness  
                  • Promote mental health and emotional health  
                  • Feel valued / sense of control  
                  • Promote the growth of new skills and intellectual development  
                  • Promote well being  
                  • Foster good relations with staff  
                  • Not discriminated against  
                  • Needs are being met  
                  • Promotes choice in care  
                  • Their rights are promoted  
                  • Respected for their identity  
                  • Reflects best practice / promotes rights and choices  
                  • Promote respect, individuality and uniqueness of individual e.g. gender etc  
                  • To promote effective you need to communicate effectively  
                  • Assess need effectively  
                  • Can feel frustrated  
                  • Angry  
                  • Depressed  
                  • Socially excluded  
                  • Marginalised  
                  • Discriminated  
                  • Illegal practice  |

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| 3(a)            | 1 mark for partial definition 2 marks for full definition  
e.g. Care plan is a specifically designed document (1) which outlines a patient care pathway or treatment plan from when their care starts until it finishes (1)  
A care plan is the assessed need of the individual (1) which is client centred (1)  
Plan which identified the main care needs (1) for example physical feeding needs (1)  
A plan which is personalised (1) to the unique needs of the individual (1) | (2)  |
3(b)

- Takes into account the physical, social, emotional and intellectual needs of client
- Essential in promoting good quality care
- The plan is unique and should reflect the patients unique needs
- Avoids discrimination
- Needs led process
- Services are tailored to the individuals needs
- Reflects best practice
- Promotes recovery
- Efficient and effective use of resources
- Feeling valued

e.g. it is important to meet individual needs because the care plan is needs led (1) and therefore will reflect the unique needs of the patient (1). This will ensure the patient feels respected and empowered (1) and will therefore promote good patient care (1).

Be aware that the reverse argument can be made

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| 3(c)            | - Identify changes / modifications  
                  - Identify gaps  
                  - Reviewing the care plan ensures targets and priorities are met  
                  - Can make changes to the care plan  
                  - Promotes effective care  
                  - Utilises treatments effectively  
                  - Better and efficient use of manpower / resources  
                  - More cost effective  
                  - Review process is a statutory requirement  
                  - Milestones/targets set and worked to  
                  - Allows for more accurate reporting/diagnosis  
                  - Information to client and family is likely to be more accurate  
                  - Patient can input into review  
                  - Patient will feel valued and empowered |

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| 3(d)            | • Legal requirement as he is under 16  
|                  | • They will feel part of the process  
|                  | • They will feel more comfortable/confident  
|                  | • It will empower the family  
|                  | • It will ensure they are not discriminated against  
|                  | • They will feel respected  
|                  | • Identity is respected  
|                  | • It is empowering  
|                  | • Prevents the likelihood of complaints  
|                  | • Promotes good care practice  
|                  | • Less likely to feel discriminated or excluded  
|                  | • Can make informed decisions  
|                  | • Can also meet the parents emotional needs |

Responses should focus on a discussion so candidates should be able to discuss the impact of not involving patients and their carers in the care plan process. Students should bring in a range of experience and research.

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3(e) | QWC
- fill the gap left by the statutory sector
- locally based or nationally based
- provide a range of care services
- manned by volunteers or paid employees
- less constricted by administration and red tape than state services
- not interested in profit
- works for the benefit of the community
- more flexible and adaptable
- can readily establish themselves more quickly than other sectors
- good at reaching remote areas to provide care / accessible
- more acceptable and less stigma that state services
- Some voluntary organised bring a great deal of expertise e.g. macmillan nurses

Response needs to reflect knowledge about the diversity of provision in the UK today – state, private and voluntary sector. Need to examine how provision would be affected if the voluntary sector wasn’t there.

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Total for Question 3 – 30 marks

Total for Paper – 90 marks