

# **Non-Examined Assessment**

## **Band 4 Exemplar Learner Response**

**NCFE CACHE Level 1/2 Technical  
Award in Health and Social Care  
(603/7013/0)**

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## Introduction

The following are sample learner responses for each task within an assignment alongside examiner commentary for each assignment. They show how learners might respond and can help assessors in making their overall marking decisions.

### Learner responses

Each learner response should demonstrate what a **mark band four / top band** response looks like alongside any evidence that is required to be completed. All responses use content from the mark schemes and align with the standards in the mark band descriptors and indicative content.

### Assessor commentary

The assessor commentary demonstrates why the responses given throughout the assignment meet the criteria for the mark band they have been awarded. The assessor commentary will be linked to, and supported by, the descriptors in the mark scheme.

### Case study

John is 68 years old. He lives on his own since his wife died 2 years ago.

Four months ago, John suffered a stroke. He has spent time in residential care to recuperate and is due to return home next week. The stroke has left John with difficulties with his mobility, co-ordination and speech.

John and his son have met with the social worker, and it has been agreed that for John to safely return home, he will need support from a care assistant from home care services. They will provide care and support 3 times a day to meet John's needs and support his independence.

John's son will visit once a day and a neighbour will be able to get John's shopping.

Using the case study and the two resources complete tasks 1–5.

Task 1 – Care planning report – Assess and implement		
Band	Marks	Descriptors
4	10–12	<p>AO3 – Excellent analysis and evaluation of the case study and individual profile to assess and identify John's care needs and support required that is <b>comprehensive and highly relevant</b>.</p> <p>AO2 – Excellent application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of John that is <b>comprehensive and highly detailed and highly relevant</b> to the case study and task.</p> <p>AO1 – Excellent recall of knowledge and understanding of care planning that is <b>comprehensive</b>.</p>
3	7–9	<p>AO3 – Good analysis and evaluation of the case study and individual profile to assess and identify John's care needs and the support required that is <b>detailed and mostly relevant</b>.</p> <p>AO2 – Good application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of John that is <b>detailed and mostly relevant</b> to the case study and task.</p> <p>AO1 – Good recall of knowledge and understanding of planning cycle that is <b>mostly detailed</b>.</p>
2	4–6	<p>AO3 – Reasonable analysis and evaluation of the case study and individual profile to assess and identify John's care needs and support required that has <b>some detail and some relevance</b>, though this may be underdeveloped.</p> <p>AO2 – Reasonable application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of John that has <b>some detail</b>, although this may be underdeveloped with <b>some relevance</b> to the case study and task.</p> <p>AO1 – Reasonable recall of knowledge and understanding of care planning that has <b>some detail</b>.</p>
1	1–3	<p>AO3 – Limited analysis and evaluation of the case study and individual profile to assess and identify John's care needs and support required.</p> <p>AO2 – Limited application of knowledge and understanding of care planning, care needs and support to meet the individual needs of John that has <b>minimal detail and are mostly superficial</b>. With <b>minimal relevance</b> to the case study and task.</p> <p>AO1 – Limited recall of knowledge and understanding of the planning cycle that have <b>minimal detail</b>.</p>
0	0	No rewardable material.

### Task 1: care planning – assess and implement

#### Evidence:

Written report and care plan can be either word processed or handwritten.

John aged 68 years, is in late adulthood and living with the effects of a stroke he had 2 weeks ago. Now John is experiencing a chronic healthcare condition. The stroke has affected John's physical ability and how he communicates and because of the interdependent nature of human development John's cognitive, emotional and social abilities are also affected. John will live at home in a flat following discharge from a statutory rehabilitation unit where John received 24-hour care and support to regain abilities needed for independent living.

John's physical skills have been affected by the stroke; he continues to have muscle weakness down his left side (hemiparesis). At mealtimes John can use cutlery but co-ordinating and controlling fine motor skills is difficult. John's physical movements when eating and doing other physical activities are slow, and he can become fatigued due to the effort it takes to use the weakened muscles. During mealtimes, John could lose grip on the cutlery as he becomes tired, and the cutlery may slip from his hands. John could also feel frustrated when eating, he isn't used to relying on others and he could feel self-conscious if he gets food around his mouth, because of these feelings John might give up or not eat at all. If John doesn't eat / drink enough, he might become dehydrated, and then become confused which would be upsetting and make care routines even more difficult. John finds speech difficult too so any emotions John has he might not be able to talk about, which means he could keep feelings inside which could impact on his mental health and wellbeing.

John finds brushing teeth and putting on moisturising cream difficult, as he can't open the lid and squeeze the tube. He can use his right hand, but it is difficult for him when he needs to use both hands together and hold on to the walking frame and during this, could lose his balance. It will be difficult if he drops things as he wouldn't be able to pick them up from the floor.

#### Assessor comments

The response demonstrates understanding of health care services and the function of a rehabilitation unit. Relevant vocational terms are used and accurately applied (late adulthood, statutory, interdependent, hemiparesis, chronic)

Here, for example, the learner has demonstrated they appreciate the impact of the stroke on John's physical skills and they have looked at the consequences of this on John's everyday care. Links are made to multiple areas of human development, for example physical issues related to self feeding are connected to emotional impacts. This demonstrates excellent analysis relating to the interdependent nature of development .

It is clear that John's reduced left side body strength is impacting on his ability to carry out self care and daily tasks independently and the link is carefully applied to many daily tasks which shows an excellent level of analysis. The response recognises that John can use his right side but there is difficulty using both together. Less obvious impacts for example, such as issues with balance, that may result in tripping due to muscle weakness and concentration issues and self care are made. Safety needs are also reflected and linked to John's reduced physical skills and the description captures many 'knock on' impacts. The response takes a holistic view of John's care needs, this shows an comprehensive and highly relevant summary of John's needs.

The stroke has affected John's physical skills including co-ordination, fine and gross motor skills and balance which means he has trouble with daily routines such as filling / lifting a kettle or washing pots. In the kitchen John could scald himself if he drops the kettle or hot drinks on himself. John is at risk of not being able to maintain his own safety during lots of daily routines; he is at an increased risk of falling, because of his physical weakness and reduced mobility and he isn't able to carry out personal care / hygiene needs, he couldn't get into a shower without support. If John doesn't keep clean, he could develop infections and become less socially acceptable. If John continues to smoke, there is an increased risk of fire as John may drop a cigarette which could start a fire. He may also decide to smoke in bed due to reduced mobility which will also increase the risk of fire.

John is at increased risk of incontinence due to reduced mobility and the pace in which he can mobilize. John has daily medication for high cholesterol but hasn't the fine motor skills to open the blister packs and requires support to manage own medication. Issues with physical skills will affect John's ability to be independent too, he can't just choose to have a shower or go to the toilet unless he has help. John reduced physical skills and mobility, aren't just affecting self-care they are affecting his independence as well, for example John can't shop on his own for food; he wouldn't be able walk that far or go for his usual pub drink. Even if he does get help with the shopping, he couldn't open the packets, cut up and prepare food or stand for long enough to cook. John's confidence could be affected as the opportunities to care for himself reduce. John had gained many new skills when his wife died and since the stroke, he has limited chances to do anything independently.

John can walk for a short time because the muscle weakness and the way the brain controls balance after a stroke may mean John is more likely to trip or fall because he is unsteady on his feet. To help John's mobility he requires mobility aids. He does use a walking frame, but it is hard to hold the walking frame and do things at the same time. John needs to be protected from injury so that he doesn't get hurt for example fall, but John still needs exercise to make sure he doesn't become overweight and to stop him from getting pressure sores. Heart problems can be common in stroke patients, so exercise is an important part of John's recovery as well as a balance diet.

John wants to do as much as he can for himself and until the stroke was independent and able to meet his own daily care needs. To help achieve this John needs access to adapted equipment at his flat to encourage independence.

This paragraph shows that the learner has unpicked the impact of reduced mobility, and physical weakness and consistently connected how these will impact on John's daily life in many aspects of his care needs. These are well described and highly relevant to the case study and individual profile.

The response includes a wide and comprehensive range of care needs, for example food and drink, mobility, hygiene / personal care, toileting, food, healthcare, belonging, safety, dignity, social interaction as reflected by Maslow and included in the content / specification. Lots of John's individualised care needs have been assessed and are reflected and the level of detail builds a strong picture of John needs and the support he needs to be healthy, happy and safe. There are links between meeting basic needs and moving John towards being happy / fulfilled.

John wants to smoke, and he isn't concerned about the effects of smoking. When being cared for John should be encouraged to be healthy but he also needs to have **dignity**, be respected and have freedom to make his own choices. Now he hasn't much independence so maybe it is best not to put to pressure on John to stop smoking, but this should be thought about in the future. Before the stroke he enjoyed going to the pub playing cards and dominoes and this helped his sense of belonging and gave him a chance to use cognitive skills.

Before the stroke John made friends with his neighbours. John should be able to continue with social relationships and have the chance for hobbies to ensure he has self-fulfilment, otherwise he might begin to experience isolation and his mental health could suffer which will mean he isn't able to be happy.

The stroke has made it hard for John to communicate but he does understand what others are saying but cannot clearly speak or say information that others understand. Because his speech is unclear John may stop communicating and joining in and if this happens, he could become socially isolated from interactions with others. Alternative methods of communication are needed so that John can express his needs and make choices. This is important so that John can be happy and healthy.

Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
<p><b>Healthy food and drink</b></p>	<ul style="list-style-type: none"> <li>meal at home service to provide healthy lunch every day. John to make his own selection from the menu on a weekly basis – this will help support independence and promote choices</li> <li>specialist equipment to be available to help with mealtimes to maintain dignity and independence. John should be encouraged to sit at a table when eating</li> <li>John should be encouraged to rest after eating his main course and pudding and be encouraged to take his time when eating to avoid becoming fatigued</li> <li>provide healthy drinks / food that are easy to heat, cut and self-feed so John can get his own food (care assistant to help get breakfast and tea ready and ask what John would like on arrival each day)</li> <li>John to be involved with planning his food shopping</li> <li>make hot drinks and put these in a thermal cup so that John can independently access a hot drink after care assistant / family have left</li> <li>offer use of a dining bib with crumb catcher to protect John's clothes but be sensitive to how he might feel about using this</li> <li>provide water in easy-to-use bottle</li> <li>face wipes accessible.</li> </ul>	<p>Care assistant Neighbour Son</p>	<p>Microwave Prepared food chopped into manageable pieces Thermal two handled cup with lid Adapted cutlery / drinking bottle Bread board with spikes Face wipes</p>	<p>Independently have food and drink when required. Stops dehydration. Face stays clean. Makes John feel comfortable. Promotes independence, choices, dignity. Nutrition</p>
<p><b>Personal care with dignity</b></p>	<ul style="list-style-type: none"> <li>Washing – in the morning and at night help John to wash his body but ask John how he would like this to be done and give John chance to do some of the washing himself, for example hold the flannel to wash his face. When cleaning his teeth and changing clothes let John choose clothes and do as much as he can for himself. John should be given privacy. If sat down John can be left to complete some personal washing without a care assistant. Offer help for John to use his moisturiser when getting ready.</li> </ul>	<p>Care assistant to visit 3 times a day morning / lunch / bedtime  John</p>	<p>Water, soap, towel and clean clothes He could have a long handle sponge to help wash, toilet frame for the toilet, grab rails, 'bottom buddy' for help with wiping after a bowel movement. Electric toothbrush Chair in the bathroom Picture communication cards Walker</p>	<p>Prevents infection and makes John feel comfortable.  Encourages John to care for himself.</p>

Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
	<ul style="list-style-type: none"> <li>• Aid using the toilet (in the morning, lunch and bedtime). A portable handheld urine bottle should also be accessible to John. John can then use this independently if needed. The care assistant must empty used urine bottles daily.</li> <li>• If difficult to speak John to use picture communication cards.</li> </ul>			
<b>Safety</b>	<ul style="list-style-type: none"> <li>• encourage John to smoke safely talk to him about when and where to smoke safety. When the time is right encourage John to stop smoking</li> <li>• cut up food into small pieces</li> <li>• remove things John could trip on in the flat</li> <li>• give John medication as prescribed</li> <li>• encourage use of aids such as the walker, toilet frame and grab rails to avoid falls.</li> </ul>	<p>Care assistant</p> <p>John's son</p> <p>Stop smoking advisor</p>	<p>Smoke alarm and suitable ash tray to be provided.</p> <p>Medication</p>	<p>Reduced the risk of fire.</p> <p>Reduces the chance of choking</p> <p>Reduces the chance of John falling.</p> <p>Helps him keep healthy.</p>
<b>Love/care/activities</b>	<ul style="list-style-type: none"> <li>• provide chances for his friends to visit John at home</li> <li>• provide trips out to see his friends and do social activities – maybe this can be done at the weekend if John's son isn't working</li> <li>• go out for a short daily walk maybe in the garden at first</li> <li>• have speech therapy.</li> </ul>	<p>Care assistant</p> <p>Son</p> <p>Speech therapist</p>	<p>Walking frame</p>	<p>Stops mental health issues</p> <p>Increases mobility and skills</p>
<b>Mobility</b>	<ul style="list-style-type: none"> <li>• encourage John to move as much as he can in the flat using the walking frame</li> <li>• add a daily walk outside, maybe his son could help</li> <li>• encourage use of walking frame</li> <li>• encourage daily chair-based exercises suggested by the physiotherapist</li> <li>• ensure all aids are available and John is reminded to use them.</li> </ul>	<p>Care assistant</p> <p>Son</p> <p>Physiotherapist</p>	<p>Walking frame</p>	<p>John can move around safely</p> <p>Stops pressure sores</p> <p>Exercise</p>



Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
Communication	<ul style="list-style-type: none"> <li>provide access to picture communication cards so that John can communicate his needs or wishes with his family and the care assistant</li> <li>take time to talk to John about how he is feeling and the activities he wants to do.</li> </ul>	Care assistant	Communication picture cards	Social interaction Aids communication Choices and independence

**Assessor comments:**

The format / headings of the care plan reflect elements of a professional care plan. However, areas of risk to John are not consistently included.

Some elements of John's needs are transferred into the care plan. This shows a good attempt to apply ways to support John's care needs. However, there are elements that could be included and explained.

Vocational knowledge is shown, which is reflected in a selection of appropriate personal care aids. However, the learner could have included further items such as PPE, or alternative mobility aids.

Person-centred care reflected here.

The outcomes show an understanding of how meeting John's care needs will result in improved holistic outcomes for John. These are accurate but underdeveloped in range.

Here for example, elements of person-centred care are included where the response indicates that John should be given a choice of clothes to wear and be independent.

Vocational knowledge could have been reflected here. The learner could have suggested further relevant professionals or services, for example smoking cessation services.

The outcome here is good. However, it could be more detailed to explain how mental health issues could be stopped, which would move the learner response from 'good' to 'excellent'.

This response is an example that demonstrates the learner has identified John's needs and shows excellent application of knowledge. However, this could have been developed to include when he should be encouraged / how he would be encouraged. A what, when, how description would move the response from 'good' to 'excellent'.

## Task 2: health and safety – procedures

### Evidence:

Written procedure, which is either word processed or handwritten

### Safe working practices in relation to the use of PPE.

PPE stands for personal protective equipment and in health and social care could include gloves, masks, aprons, safety glasses, face shields, overalls.

PPE should be used when carrying out practitioner roles which put the practitioner **in** contact with:

- blood
- bodily fluids such as urine, faeces, saliva, vomit
- a person who is ill with a contagious disease
- cleaning a potentially contaminated area.

PPE protects the person working in health and social care and the child or person using the health and social care service. Lots of people in late adulthood will be cared for by practitioners who will have to use PPE and it is important especially as people in late adulthood are more vulnerable from infections. PPE provides a barrier to minimise the spread of infection.

First, the health and social care practitioner must assess if PPE is required, this is like a mini risk assessment and then the social care practitioner can decide which type of PPE they need to use. The practitioner could also refer to the settings policy for PPE. It is important to do this before the start of any care routine so that any risks are reduced from the start.

All used / contaminated PPE / equipment should be put in the yellow bin, this is the clinical waste bin. It should always be the person using the PPE's job to dispose of it properly and hands should be washed after disposal to avoid contamination. If bins are full then a senior member of staff should be informed, contaminated items should not be left around as this could cause infection. Items such as used nappies / incontinence or sanitary pads should go in sanitary bins or non-hazardous waste bags.

**Before using** PPE check that it is not damaged, look for rip's, holes and tears and ensure that ties on masks are securely attached. When putting on gloves check that nails do not pierce and cause a hole. If a hole appears the glove should be thrown away.

Before putting on PPE practitioners should wash their hands.

Each piece of PPE should be new / fresh for each procedure / person / child. PPE should be on hand for emergency situations e.g. sudden nosebleed.

### Assessor comments

**Reasons** for using PPE in health and social care are comprehensive. Reasons for use reflect the vocational area and job roles. Correct vocational language is used.

**Excellent** knowledge of checking PPE before use is shown reflecting a entirely relevant range of potential issues to check before use.

**The response** shows that the learner has given **an** excellent description of washing hands. In addition, there are options for hygiene in emergency situations.

**Throughout** the PPE procedure the learner shows 'excellent' knowledge. The response includes what is required and how this will be applied / carried out in practice. Details of how each part of putting on and removing PPE is covered, which are highly detailed and comprehensive. Disposal is covered at every part.

**Procedure for safe use and disposal of PPE.**

<b>Step 1</b>	Assess which PPE to use.
<b>Step 2</b>	Wash hands / lower arm thoroughly using soap and running water for at least 20 seconds, use a clean paper towel to dry hands and <b>throw this in the bin</b> . Alcohol gel could also be used in an emergency with no access to handwashing. If someone is helping put on PPE they should wash their hands before starting to help.
<b>Step 3</b>	Put an apron on first, pulling over head, then fasten or if a gown / fluid repellent coverall, fully wrap around body and back and secure at the back.
<b>Step 4</b>	Next put on a mask, secure with ties or elastic bands at middle of head and neck, ensure the mask covers the nose, mouth and chin. There should be no gaps or part of the nose visible.
<b>Step 5</b>	Next eye protection (if needed) place fully over eye area
<b>Step 6</b>	When putting on gloves, choose the correct size to cover the hand and wrist and then extend the glove to cover the wrist.
<b>Step 7</b>	To removing PPE. First take off gloves, being careful to avoid dirty area to avoid further contamination. Dispose in yellow bin.
<b>Step 8</b>	Remove apron, unfasten, pull away from body and roll into a bundle to avoid dirty areas touching other equipment that is clean. Dispose in yellow bin.
<b>Step 9</b>	Take off eye protection, only touch 'arms of the glasses' as these are least likely to be dirty and cause contamination of other equipment. Dispose of in the yellow bin or designated hygiene recycling.
<b>Step 10</b>	Remove mask – unfasten ties, pull away from the face without touching the main part of the mask which could be dirty following the procedure. Dispose in yellow bin.
<b>Step 11</b>	Wash hands thoroughly with soap for at least 20 seconds or use alcohol gel but preferably soap and water. This is important to avoid potential contamination.
<b>Step 12</b>	Dry hands thoroughly.

**Throughout** the PPE procedure the learner shows 'excellent' knowledge. The response includes what is required and the actions to be taken are clear and entirely relevant.

**Methods** for safe removal of PPE are highly relevant and details show why the procedure should take place in this way.

To develop and move from 'good' to 'excellent' a stepped up approach reflecting the what, where, how content would help demonstrate further understanding.

**Task 3 (a): planning an activity**

**Evidence:**  
Activity plan,  
which is either  
word processed  
or  
handwritten.

Time	Activity	How activity will support John's development	What the practitioner / family member will do during the activity	Resources needed
08.00	<p><b>Getting ready for the day</b> John to choose his clothes, get dressed, go to the toilet, have a shave, clean teeth and wash with support of a care assistant who will chat about a topic of interest to John such as sport.</p>	<p>Being involved in getting ready for the day will help John's independence. John will use his arms / body to get dressed this will help him to gain physical skills such as improved pincer grasp and left-hand side body strength. He will feel good about himself when he is clean, and this will boost his confidence and self-worth Talking to the care assistant will help John's cognitive skills, he will use his memory and concentrate when doing simple tasks and getting ready. Getting ready with the help of the care assistant will make John improve his speech as he will have conversations with the care assistant. John's physical needs for hygiene and toileting will be met and he will then be able to get on without worrying that he will not reach the toilet in time.</p>	<p>The care assistant should agree the level of help John requires and gain <b>consent for any intimate care</b>. This may include help to fill up the sink and help with shaving. John should be given privacy for example towels should be placed to cover his body and ensure his dignity is respected. The care assistant should ask John for his opinions, e.g. which body wash to use, do you need help? The care assistant should encourage John to be independent, for example providing a long-handled sponge so he can wash himself. The care assistant should encourage safety by cleaning up water spills to minimise the chance of John slipping. The care assistant should talk to John about the day ahead and get involved in conversation about John's interests such as sport. The care assistant should be patient and listen carefully to John if needed the care assistant should encourage John to use his communication board or look out for gestures so that they can understand his wishes.</p>	<p>Chair to sit at sink. Long-handled sponge Towels Soap / bodywash PPE for care assistant Toilet frame Portable urinal / urine bottle if easier.</p>

Time	Activity	How activity will support John's development	What the practitioner / family member will do during the activity	Resources needed
08.45	<p><b>Get breakfast ready / eat breakfast</b></p> <p><b>Medication</b></p>	<p>Having a healthy breakfast will help John stay healthy giving him energy, helping his body repair after the stroke, prevent diet related illness and offer opportunities for social interaction with the care assistant.</p> <p>He will use some physical skills which will support his recovery.</p> <p>Taking medication will help prevent another stroke and help keep John healthy.</p>	<p>Care assistant will get John's breakfast ready by cutting up fruit. John should be helped to put bread in the toaster and spread butter. The kettle is heavy so the care assistant should use the kettle, so John doesn't get burnt but get John to put the tea bag and milk in the cup. There are many potential hazards the care assistant should consider in the kitchen area, such as trips, slips, burns and fire.</p> <p>John will need help to take medication from the box, maybe John could complete part of this and get help for the parts he can't do.</p> <p>The care assistant must write down the medication given so if it is a different care assistant to care for John later, they will not give John too much which could make him poorly. The care assistant must get John's tea ready for later, they must ask John what he would like, and make sure John can easily reach the food and he knows how to heat it up.</p>	<p>Walking frame Perching stool Bread board with spikes and easy grip knives Double handled thermal cup High sided plates. 'Bottom buddy' for help with wiping Medication</p>
9:45	<p><b>Toileting / handwashing</b></p>	<p>John will be clean and comfortable. He will feel socially acceptable when he goes out and not worry about being unclean, smelly or untidy. If he has been to the toilet, he will not feel stressed about his continence.</p>	<p>Care assistant will help John to use the toilet. The care assistant should gain consent if intimate care is required and if possible, step outside the room to provide privacy for John.</p>	<p>Walking frame 'duo' style trolley Perching stool Easy to use soap dispenser</p>

Time	Activity	How activity will support John's development	What the practitioner / family member will do during the activity	Resources needed
10.00	<b>John to be collected from his flat and taken to an Age UK day centre</b>	John will be transported to the centre. Getting out of the flat will boost his mood and provide intellectual stimulation. He will see places outside of his flat which could remind him of places he has visited before, this will help John's memory and cognitive skills. The volunteer on the bus will talk to John and this will help practise his speech.	Age UK bus will take John. There will be a volunteer on the bus to help get John into his seat. They will talk to him too. The volunteer must make sure that John is safely seated and help him to use the steps and handrail to ensure he doesn't slip, trip or fall. The volunteer will be given John's 'care card' which gives details of John's individual needs and will help the day centre staff care for John.	Personal items for going out  Walking frame 'duo' style trolley
10.20	<b>Arrive at the centre Drink</b>	He will enjoy the feeling of being out of the flat. If he goes to the day centre regularly, he will make friends and feel like he belongs as other users recognise him / want to talk to him. He will have opportunities to talk to others when he arrives helping practise his speech and communication skills. He will also have a snack which will help with energy levels.	Day centre staff to provide tea. There will be volunteers and care assistants to help John and talk to him.	
11.00	<b>Free choice The activities John can do are arts and craft, playing cards or sit outside in the garden.</b>	John will have chance to develop his fine motor skills and communicate with others during the activity. Depending on the activity John could practise mobility skills and get fresh air if going outside. He could enjoy social interaction or intellectual stimulation if playing cards. His day will be fun and offer	Volunteers will help John when he is doing an activity. If John needs the toilet he can have help.	Activity materials e.g. paint

Time	Activity	How activity will support John's development	What the practitioner / family member will do during the activity	Resources needed
		variety promoting wellbeing. John may need to complete some of the fine motor skills involved in his chosen activity he might find dealing or holding the cards difficult due to limited left side strength.		
12:30	<b>Go to the toilet and clean hands</b>	John will feel comfortable and be able to relax and not worry about not getting to the toilet on time.	Volunteers will help John to use the toilet and wash his hands, so he doesn't have dirty hands when eating which could cause cross contamination. Volunteers should ensure John's dignity is respected and consent for intimate care gained.	Handrails Toilet frame / adapted toilet Easy to use soap dispenser Walking frame
12.30	<b>Lunch time John can choose to eat cottage pie and veg or pasta and sauce. He will be offered sponge and custard or yogurt and fruit for pudding.</b>	Eating will help John to use his fine motor skills and give energy. He will be sociable. Having a choice for food will help him feel in control of his day. He will feel included and know his choices matter when he is given choices.	Day centre assistants to provide lunch that is healthy and 'soft' for John to eat and manage. If John needs support with his cutlery, then this should be provided. Wipes and an apron will help keep John clean and he should not be rushed but given plenty of time to eat. If John needs the toilet he can be helped to go.	<b>Adapted cutlery</b> High sided bowl / plates Wipes Apron
13.30	<b>Group singing or walk around the garden</b>	John will be given a choice. Both activities will encourage intellectual skills and boost his self-esteem and wellbeing. Singing in a group will give intellectual stimulation and make him feel like he belongs. Singing will also support John's speech as he attempts to use his voice to sing. Being outside will	Day centre staff to lead singing or walk John Peers from the day centre to make up the group.	Song books and music

<b>Time</b>	<b>Activity</b>	<b>How activity will support John's development</b>	<b>What the practitioner / family member will do during the activity</b>	<b>Resources needed</b>
		help his mental health and provide relaxation.		
14.00	<b>Physiotherapy session</b>	Help John to become mobile which will help John gain future independence and maintain his physical health	Physiotherapist. John	Walking frame Physio equipment
14:30	<b>Drink with a cup of tea / coffee or cold drink and biscuit</b>	He will have a drink to keep him hydrated. Being dehydrated puts extra strain on John's body and he could become confused which would affect his wellbeing.	Volunteers / care assistants will find John a comfy seat.	Chair to rest in Television Cup for drink
15:00	<b>Games time either dominoes or bingo game. John can choose.</b>	This will stimulate problem solving skills. He will feel happy because he likes games.	Volunteers / care assistants will help John with the dominoes if he struggles to pick them up. John will be able to go to the toilet when he needs to go.	
16.00	<b>Home time</b>		<b>Day centre</b> manager to ensure that details of the care provided at the centre are recorded so that staff who care for John at home can see the care that John has received. This will help provide consistency of care.	
16.20	<b>John arrives home, watch TV.</b>	John will have the opportunity to 'recharge his battery' he will also enjoy watching something like sport as this is one of his interests. This will help with rest and relaxation.		Chair to rest in TV



Time	Activity	How activity will support John's development	What the practitioner / family member will do during the activity	Resources needed
17.30	<b>John to prepare a sandwich and drink for his tea.</b>	Helping John to gain energy and not be hungry. He will be independent and feel proud when he made the sandwich which will boost his self-esteem and confidence.	John The care assistant who came in the morning will have made a flask and cut up some food ready for John to make a simple sandwich. This will be left ready for John.	Perching stool for the kitchen
18:30	<b>John's son to visit John at home.</b>	Social interaction with his son. He will have time to talk with other people. If John's son brings John's grandson, and they all have the chance to talk, John will feel happy and build a good sense of wellbeing from interacting socially.	John John's son/grandson	
19.30	<b>Getting ready for bed.</b>  <b>Medication</b>	This will ensure that John has received help to complete personal care such as undress and get ready for bed. He will then be settled and ready for a good night's sleep. Getting ready for bed would follow a similar pattern and support John's need for dignity noted in getting ready in the morning.  John must be helped to take his medication this will ensure that John is healthy, and the risk of a further stroke reduced.	John. Care assistant will help John getting ready and help with toileting / hygiene tasks. <b>The care assistant</b> will help with medication and record which medication he has been given. Any records that the care company require will be completed so that others involved in John's care the following day will know what has happened. The care assistant will make sure that all doors are locked, and any trip hazards are removed so that when John is ready, he can choose to get into bed at a self-selected time knowing the flat is secure.	Medication  Record book / daily care log.  Equipment like a sock aid will help John to remove some clothes himself.

**Assessor comments**

The format and layout of the plan reflects a daily plan that is relevant and could be used in the HSC sector. The plan gives specifics of John's care and is highly detailed leaving the reader with a comprehensive understanding of John's needs and how these can be met.

The activity plan contains a comprehensive range of care needs. These are highly detailed and accurate reflecting a day that would suit John. Activities provided are described effectively to show full holistic benefits and demonstrate the interdependency of John's needs.

Care values are filtered through the learner response. The role of the care assistant reflects a comprehensive understanding of care values and shows a high level of detail how care values are applied to care routines and practice.

The response demonstrates highly detailed reasons for providing each activity / routine within the activity plan. The example here gives multiple reasons for John having a healthy diet, which shows an excellent understanding.

The response identifies many potential H&S risks. Issues of H&S and safeguarding are wide and connect to physical as well as emotional aspects and potential risks and controls are highly detailed

This is an example from the response that shows the learner has an excellent recall as the learner refers to a 'care card' that will facilitate John's care and promote partnership working, which will help to support person-centred care.

Throughout, the response shows an excellent knowledge of holistic care needs across the plan. In this section the 'need to belong' is detailed and is further linked to social needs and communication. It also connects to dietary needs, which makes this a good example of a comprehensive and highly detailed response.

Here is an excellent example of John's needs. One activity is broken down to explain the potential benefits and areas are connected together to show excellent understanding and application of knowledge.

There are a range of activities that are suitable for John aged 68 and they also reflect the activities he has previously chosen and likes to do. The description of activities is highly detailed to explain how the activity will support John's current stage of development. There are lots of examples where the benefits of taking part in the activity will support multiple areas of John's development and meet his holistic needs.

The learner knows that help is needed showing an 'excellent' understanding of John's needs. The explanation and detail has been developed.

Evidence of understanding of equipment that could support John is highly relevant. This shows knowledge of a wide range of support aids that would be used in a care setting.

**Some detail** of links are made throughout the response to John's preferences / activities he enjoys. However, links could be developed further to include the significance of each activity. Maybe John's son could support John to visit the pub in the evening, building on John's interests and further supporting John's need for stimulation and socialisation.

**The learner** has shown how the day centre staff work in partnership with John's home care team. This shows excellent understanding and knowledge of effective care practice.

**The care provided in the activity** plan ends early, however, the response shows how the support provided will make sure John is safe after care staff or family have left. It also acknowledges that John should have independence to go to bed at his desired time, which supports John's need for independence and personal freedom of choice.

**Excellent** knowledge of the role of the care assistant and requirements for reporting and recording demonstrated, which is relevant to the health and social care sector.

**Task 3 (b): planning an activity – risk assessment**

**Evidence:**  
Risk assessment, which is either word processed or handwritten.

**Red** = high risk  
**Amber** = medium risk  
**Green** = low risk

Hazard / risk	Who might get harmed and how	Actions to prevent immediate injury / damage including when action is to be completed	Additional measures to prevent future risks / hazards including when actions are to be completed.	Who is responsible for actions
<p>Stones or rubbish on the ground, these could include needles or broken glass as well as other rubbish.</p>	<p>Trips and falls. Service users, practitioners or volunteers could:</p> <ul style="list-style-type: none"> <li>• fracture a bone</li> <li>• receive muscle damage / bruising</li> <li>• become infected</li> <li>• lose blood due to skin abrasions</li> <li>• become unconscious if their head hit</li> <li>• feel upset and shaken from the fall.</li> </ul>	<p>Provide first aid if injury occurs.</p> <p>When going outside ensure all day centre users, to be reminded to use their walking aids.</p> <p>Provide supervision of day centre users by centre staff during the time outside.</p> <p>Centre staff to provide users with support e.g offer an arm to hold.</p>	<p>Gardener / centre caretaker to check area daily looking for litter / stones and objects that could cause harm or injury. The potential hazard can then be removed.</p> <p>Complete a 'safety sweep' to remove items on the ground before centre users go outside</p> <p>When going outside ensure all day centre users use their walking aids to minimise the risk due to mobility issues.</p> <p>Make sure everyone wears suitable footwear which will help making any slippy ground less slippy.</p>	<p>Day centre workers</p> <p>Centre caretaker</p>

Hazard / risk	Who might get harmed and how	Actions to prevent immediate injury / damage including when action is to be completed	Additional measures to prevent future risks / hazards including when actions are to be completed.	Who is responsible for actions
<p>Uneven ground due to holes in surfaces / uneven paving slabs or slippery ground due to wet weather or after plants have been watered. Ground or slabs could be cracked or stick up and crutches could get caught.</p>	<p>Trips or falls. Service users, practitioners or volunteers could:</p> <ul style="list-style-type: none"> <li>• fracture a bone</li> <li>• receive muscle damage / bruising</li> <li>• lose blood due to skin abrasions</li> <li>• become unconscious if head hit</li> <li>• crutches, walking sticks or frames could get caught in the ground causing a further trip hazard</li> <li>• feel upset and shaken from the fall.</li> </ul>	<p>Add hazard 'wet floor' folding floor safety sign to show areas to avoid.</p> <p>Centre users who require support may need an arm to hold.</p> <p>Provide first aid if injury occurs</p>	<p>When going outside ensure all day centre users use their walking aids, wide base nonslip walking sticks are less likely to get stuck in-between slabs / holes. Make sure everyone wears suitable footwear.</p> <p>Centre users who are unsteady should be encouraged to walk a short distance and then use chairs to sit outside if unsteady this will make the chances of falling even less</p> <p>Complete a 'safety sweep' to remove items on the ground before centre users go outside the centre users are then less likely to trip.</p> <p>Make sure uneven ground like paths are fixed. The Caretaker should make sure the area is safe, reducing possible hazards.</p> <p>Don't take service users out if it has been raining.</p>	<p>Day centre staff</p> <p>Caretaker</p>

Hazard / risk	Who might get harmed and how	Actions to prevent immediate injury / damage including when action is to be completed	Additional measures to prevent future risks / hazards including when actions are to be completed.	Who is responsible for actions
<p>Tripping over garden equipment e.g. watering can / garden hose</p>	<p>Trips or falls. Service users, practitioners or volunteers could fall over:</p> <ul style="list-style-type: none"> <li>• fracture a bone</li> <li>• receive muscle damage / bruising</li> <li>• lose blood due to skin abrasions</li> <li>• become unconscious if head hit</li> <li>• crutches, walking sticks or frames could get caught in the ground causing a further trip hazard</li> <li>• feel upset and shaken from the fall.</li> </ul>	<p>Pick up things if they are in the way.</p> <p>Help centre users to walk away from the hazard.</p> <p>Provide first aid if injuries occur.</p> <p>Offer a hand or care if the service users get injured</p>	<p>Make sure the gardener puts equipment away then there will be less hazards.</p> <p>Check the area. Complete a 'safety sweep' to remove items on the ground before centre users go outside this will avoid more hazards.</p>	<p>Day centre workers</p> <p>Caretaker</p>
<p>Steps in the garden</p>	<p>Service users, practitioners or volunteers could miss their footing or miss steps:</p> <ul style="list-style-type: none"> <li>• fracture a bone</li> <li>• receive muscle damage / bruising</li> <li>• lose blood due to skin abrasions if they fall</li> <li>• become unconscious if head hit.</li> </ul>	<p>Centre users who require support may need an arm to hold.</p> <p>Provide first aid if injury occurs</p>	<p>Rails to be available near steps to help steady service users.</p> <p>Yellow painted lines or different texture paving could be added to help day centre users to see the edge of steps.</p>	<p>Caretaker</p> <p>Day centre workers</p>

Hazard / risk	Who might get harmed and how	Actions to prevent immediate injury / damage including when action is to be completed	Additional measures to prevent future risks / hazards including when actions are to be completed.	Who is responsible for actions
Poisonous plants	Service users, practitioners or volunteers. If poisonous plants are touched the person could become contaminated from touching it. Service users may become unwell e.g. seizures, vomiting, heart attack	Encourage hand washing after walk.  Call 111 if a poisonous plant was eaten.  Monitor for signs of illness If you don't know if the plant is poisonous, tell everyone not to touch plants.	Find out if there are poisonous plants so that they can be removed. This would move the risk totally and there would be no need to worry.	Gardener to check  Centre manager
Sun (weather)	Service users / day centre staff could overheat, putting pressure on vital organs.	Move to shaded area. Make sure everyone puts on a hat or uses an umbrella for shade.	Before going out check area to make sure it isn't too hot and put up parasols. This will help reduce service users exposure to sun and heat.  Provide cold drinks or ice lollies for everyone going outside this will help everyone stay hydrated and cool.  Make sure all service users / volunteers and day centre staff wear hats / head covering so that their heads are protected from the sun.  Apply sunscreen.	Caretaker  Day centre staff

**Assessor comments**

The format of the risk assessment, including a range of detailed column headings and colour codes demonstrates an 'excellent' understanding of a risk assessment that could be used for this activity. Relevant aspects of risk are recalled and developed to fully show good vocational knowledge. Elements include what, when, how content indicating details of the way in which the hazard could cause harm. These hazards are relevant to the service users life stage / potential mobility issues when outside.

The response is comprehensive and demonstrates that service users are potentially more at risk due to vulnerabilities of age, health and mobility.

The response shows a comprehensive range of risks. The learner has considered the context (the outdoor area) and includes a range of variables that could occur, for example the weather (rain and sun)

The hazards column contains comments that show excellent application as they demonstrate what the potential harm / risk is and gives details of how these could cause harm physically and emotionally.

Controls are explained in a relevant way and show excellent understanding of why the controls will reduce the risk.

Equipment suggested shows excellent understanding of strategies to minimise risk used in health and social care practice.

The response shows a detailed and excellent understanding of why the areas of risk are likely to cause harm and how these factors could increase risk to service users.

All risks are highly detailed and an excellent understanding of the possible impact of each risk is shown and are relevant to the life stage of the service user. Throughout a wide range of vocational terms are used showing excellent understanding.

Awareness is shown when other specialist roles are required showing an excellent application of vocational knowledge.

Levels of severity are assessed in a highly relevant way.

This is accurate the explanation shows relevant impact of the action noted.



### Task 4: care planning – review

#### Evidence:

- written report – with the recommended changes and why – which can be word processed or handwritten
- an updated care plan, which can be word processed or handwritten.

#### Review of social workers report findings

John's mobility has improved since he has been at home, this shows good progress and that the support he has received from the physiotherapist sessions and exercises he has done have strengthened his left-hand side upper body and helped with his fine motor skills. John doesn't need to use his walking frame anymore. This means he can now use one crutch and because of this he can mobilise for longer distances. Better mobility is helping John be more independent because he can do much more for himself. Only using one crutch means he has a free hand to use. He will also be more stable and able to do carry out personal care routines like carry a plate or his things from the kitchen. But it might take some time to get used to using the crutch.

John must continue to do exercises which will help John to progress with his physical strength, although he doesn't need to go to physiotherapy appointments anymore.

John should keep taking medication to make sure chances of another stroke are reduced but can start to self-medicate with some support. Using a weekly pill organiser box could help, Now John can mobilise more independently this will continue to impact on his confidence and help him gain even more opportunities to do care routines by himself which will benefit his wellbeing.

Safety concerns are still an issue for John but less than they were before, for example the chances of falling are reduced due to him being steadier on his feet. But the risk to John's safety because of smoking at the flat have not gone away. Continuing to smoke is also causing a risk of other illnesses and increasing the chance of another stroke.

John's fine motor skills are getting better but are not back to his pre stroke level. He still needs help with personal care including care that involves fine motor skills and co-ordination. If he is left without help to carry out personal care, infections could develop which could make **him** regress with his rehabilitation. His dignity has been respected where possible, he has had choices and been covered up during intimate care, but this can be respected even further now he is more mobile and able. Care assistants can leave the room when John is washing or can help him onto a shower chair to have a shower as he can manage more by himself now.

#### Assessor comments

Highly relevant care needs based on Maslow's hierarchy of needs are reflected in the detailed evaluation.

The response shows the learner has linked the reasons for John's improved physical skills to the support he has received, this shows excellent analysis and evaluation.

The response shows an excellent level of analysis demonstrating John's progress and how well John's needs have been met. Lots of achievements and developments have been extracted from the SW report and the impact of one achievement can be seen on multiple areas of John's holistic development.

**An understanding** of John's needs is shown with analysis, for example the impacts are considered regarding not having hygiene needs met on John's health.

**The response** considers the implications of John's progress which is noted in the social workers report. Excellent analysis is made and draws a conclusion to what John needs now and also in the future to help his ongoing rehabilitation.

John's improved left hand side strength and carrying on with occupational therapy every week will continue to improve.

John can eat small amounts of food but is still slow. Cutting up food is difficult for him but as strength improves so should his eating. He could begin to eat a wider variety of foods now he is becoming more confident to use the adapted cutlery. Having a wider range of food will help John be healthy and make mealtimes more interesting. He could start to prepare more meals himself which he enjoyed doing before his stroke.

John's speech is more clear now and because he can express himself, he isn't feeling so frustrated. He doesn't need to use communication cards as often. He still needs to see the speech and language therapist though although less often. He is good as he can feel more included with conversations as others can understand him better now, this will be helping him develop positive relationships and carry on the ones he had before the stroke; **this** will make John feel happy and look forward to the day. He enjoys being with other people, this something John likes and wants to do more of and is good for him to practise his speech, feel like he belongs and stimulate his cognitive skills.

John has started to read eBooks which is good for him because he doesn't need to turn the pages and is giving him a chance to think and learn new information as well as enjoy the story.

**Changes needed to care plan-changes in red below**

- John is no longer using a walker but needs to continue to use one crutch
- John could have a shower with the help of a shower chair, now he needs less support with mobility, and this will improve dignity and support person centred care
- John will need some personal hygiene help but not as much as he had before e.g. he might be able to do some of this himself but needs care assistants to get everything ready and put out for him to use
- change / add adapted equipment such as provide a shower chair and non-slip shower mat and kettle tilter
- John doesn't use the communication cards as much because he is able to speak more clearly but these should be available for days when he is tired
- smoking cessation should be offered to ensure John is safe and healthy and the risk of future stroke is prevented
- help John to use other forms of technology to help him daily
- go out and meet his friends and do more social activities which will positively help keep John's mental health. Introduce more time outside to give opportunities for fresh air
- less support with personal care
- healthier food options should be offered, contact with a dietitian could offer advice for easy to make foods that are healthy
- begin to take medication more independently with the help of weekly pill box organiser
- weekly occupational therapy.

**Assessor comments**

Adding having a shower, meeting friends more often / going outside shows that the learner is thinking about how John could progress further and become more independent in caring for himself. This demonstrates an excellent knowledge of John's ongoing care needs and the life stage that he is at. This comment also shows that John is being encouraged towards independence, which reflects good care practice and includes care values. Inclusion of these highly detailed elements are relevant to John and his care needs / development and progress.

Justifications show why the care plan might need to change are comprehensive and highly detailed. Reasons are accurate and explained showing an excellent understanding of person-centred care, gaining independence and effective practice.

Excellent aspects of effective health and social care practice are shown by this link to working with other professionals, which is part of supporting person-centred care.

Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
<p><b>Healthy food and drink</b></p>	<ul style="list-style-type: none"> <li>meal at home service to provide healthy lunch every day. John to make his own selection from the menu on a weekly basis – this will help support independence and promote choices</li> <li>specialist equipment to be available to help with mealtimes to maintain dignity and independence. John should be encouraged to sit at a table when eating.</li> <li>John should be encouraged to rest after eating his main course and pudding and be encouraged to take his time when eating to avoid becoming fatigued.</li> <li>provide healthy drinks / food that are easy to heat, cut and self-feed so John can get his own food (care assistant to help get breakfast and tea ready and ask what John would like on arrival each day). <b>A dietitian should be consulted to make sure that advice on healthy eating can be provided</b></li> <li>John to be involved with planning his food shopping</li> <li>make hot drinks and put these in a thermal cup so that John can independently access a hot drink after care assistant / family have left. <b>John can now start to pour water from a kettle using a supported kettle tilter</b></li> <li>offer use of a dining bib with crumb catcher to protect John's clothes but be sensitive to how he might feel about using this</li> <li>provide water in easy-to-use bottle</li> </ul>	<p>Care assistant. Neighbour Son.</p> <p><b>Dietitian</b></p>	<p>Microwave <b>Use of crutch</b> Prepared food chopped into manageable pieces. Thermal two handled cup with lid. Adapted cutlery / drinking bottle Bread board with spikes Face wipe <b>Kettle tilter</b></p>	<p>Independently have food and drink when required. Stops dehydration <b>and helps John recover</b> Face stays clean. Makes John feel comfortable. Promotes independence, choices, dignity. Nutrition.</p>

Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
<p><b>Personal care with dignity</b></p>	<ul style="list-style-type: none"> <li>face wipes accessible.</li> <li>Washing – in the morning and at night help John to wash his body but ask John how he would like this to be done and give John chance to do <del>some</del> <b>more self-care</b> for example hold the flannel to wash his face <b>and dry himself</b>. When cleaning his teeth, <b>he will need help to put on the toothpaste but not have his teeth cleaned for him</b>. When changing clothes let John choose clothes and do as much as he can for himself <b>unfold clothes and make sure John can have a go</b>. John should be given privacy e.g. covered with a towel not left naked at all. If sat down John can be left to complete some personal washing without a care assistant. <b>The care assistant can leave the room for short times</b>. Offer help for John to use his moisturiser when getting ready.</li> <li>Aid using the toilet (in the morning, lunch and bedtime) <del>A portable handheld urine bottle should be accessible to John. Now John is more mobile he should be able to get to the toilet more easily and use this with the help of the raised toilet seat</del> John can then use this independently if needed. The care assistant must empty used urine bottles daily.</li> <li><b>If tried and finding speech difficult</b> <del>If difficult to speech</del> John could use picture communication cards.</li> <li><b>John can be offered a shower and once in position can be left to shower alone because he now has strength and co-ordination to do this.</b></li> </ul>	<p>Care assistant to visit <del>3</del> <b>2</b> times a day morning/ <del>lunch/</del> bedtime get John up</p> <p>John</p>	<p>Water, soap, towel and clean clothes He could have a long handle sponge to help wash, <del>toilet frame for the toilet,</del> <b>higher toilet seat</b>, grab rails, <b>non-slip shower mat</b> 'bottom buddy' for help with wiping after a bowel movement. Electric toothbrush Chair in the bathroom Picture communication cards <b>One crutch</b> <b>Shower chair</b> <del>Walker</del></p>	<p>Prevents infection and makes John feel comfortable.</p> <p>Encourages John to care for himself.</p> <p><b>Promotes independence</b></p> <p><b>Improves John's dignity</b></p>

Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
<b>Safety</b>	<ul style="list-style-type: none"> <li>encourage John to <b>stop smoking. An appointment with the stop smoking advisor must be made. He could be prescribed patches or a vape to help reduce smoking cigarettes. Smoke safely</b> <del>Continue</del> to talk to him about when and where to smoke safely <del>When the time is right encourage John to stop smoking</del></li> <li>cut up food into small pieces</li> <li>remove things John could trip on in the flat</li> <li><b>Give support taking medication rather than give</b></li> <li>encourage use of aids such as the walking frame, toilet frame and grab rails to avoid falls.</li> </ul>	Care assistant  John's son  Stop smoking advisor	Smoke alarm and suitable ash tray to be provided. Medication - <b>put into easy to open weekly pill organiser</b>  Patches / vapes to help stopping smoking	Reduced the risk of fire. Reduces the chance of choking Reduces the chance of John falling. Helps him keep healthy. <b>Helps John to stop smoking.</b>
<b>Love / care / activities</b>	<ul style="list-style-type: none"> <li>provide chances for his friends to visit John at home and <b>give John a chance to visit his friends at the pub or their own home</b></li> <li>provide trips out to see his friends and do social activities – maybe this can be done at the weekend if John's son isn't working.</li> <li><b>attend a day centre regularly. Maybe twice a week</b></li> <li>go out for a short daily walk maybe in the garden at first</li> <li>have speech therapy <b>once a week.</b></li> </ul>	Care assistant  Son  Speech therapist	N/A <del>Walking frame</del> Crutch  Day centre	Stops mental health issues.  Increases mobility and skills  <b>Improves opportunity to be sociable</b>

Need	How to meet John's needs	Who will meet the need	Equipment	Outcome for John
<b>Mobility</b>	<ul style="list-style-type: none"> <li>encourage John to move as much as he can in the flat <b>and outside</b> using <b>one crutch ideally getting some fresh air the walking frame.</b></li> <li>add a daily walk outside maybe his son could help.</li> <li>encourage use of <b>crutch walking frame</b></li> <li>encourage daily chair-based exercises suggested by the physiotherapist</li> <li>ensure all aids are available and John is reminded to use them.</li> <li><b>continue to attend occupational therapy appointments.</b></li> </ul>	Care assistant Son Physiotherapist  <b>Occupational therapist</b>	<del>Walking frame</del> <b>Crutch</b>	John can move around safety and <b>quickly</b>  Stops pressure sores.
<b>Communication</b>	<ul style="list-style-type: none"> <li><b>Introduce an iPad / tablet / smart phone to encourage social activities and communication e.g. skype / FaceTime this will mean John can be sociable but without going out of his flat.</b> Provide access to picture communication cards so that John can communicate his needs or wishes with his family and the care assistant.</li> <li>Take time to talk to John about how he is feeling and the activities he wants to do.</li> </ul>	Care assistant.	Communication picture cards  <b>iPad / tablet</b>	Social interaction  Aid communication  Choices and independence.

**Assessor comments**

**Changes** reflected are linked to the report and are highly relevant in content. Justifications are excellent and meaningful to John's rehabilitation.

**Recommended** practice is vocationally relevant and links to the care value base and person-centred care.

### Task 5: evaluation of your care plan

**Evidence:**

An evaluation which is either word processed or handwritten.

**How well the care plan records and outlines John's care and support**

The care plan includes how John's care needs based on Maslow's Hierarchy will be met. John's care needs for example food / drink personal care, mobility, independence, belonging, fresh air and exercise are included in his care plan. Because John's needs are included in the plan, he has been well cared for and is happy which shows the care plan is suitable for him.

The first care plan was effective as John improved, in areas of mobility, communication and independence. John has followed the care plan for example, did the exercises, and this has made him stronger and helped his rehabilitation. Because of this he doesn't need weekly physiotherapy and speech therapy is less. This shows that the professionals think John is doing well and shows that the care plan was effective for John. He has also been safe in the flat and there has been no accidents or situations where John has been injured so this also shows it was good plan for John when he first started to recover from the stroke.

If another professional read the plan, they will know what to do. If the care assistant didn't know what to do, they couldn't help John, this could mean that John can't live in his flat and would need residential care but because the plan gave information on John's needs it has helped John to live by himself in his own flat.

The new care plan has changed because John has better mobility, communication and independence. This makes it a person-centred care plan because it shows what John needs now and is up to date e.g. shows he is strong enough have a shower and now he doesn't need to use a walking frame.

The care plan shows the adapted equipment John needs so he can care for himself. The plan shows what care the care assistants should provide. Care assistants could be different each day, and the care plan will help care assistants know what they need to do and the way that they should help John which will help make sure John has consistency. This will help John feel settled and support his wellbeing.

**Assessor comments**

Excellent analysis has been made and justification of why the care plan was effective – linked to recovery and professional opinions, which shows highly relevant reasoning.

The learner has provided highly relevant content that recognises the important role of the care assistant and also shows a strong understanding of why clear communication is needed when providing effective care for John.

Analysis is excellent and shows detailed understanding of how effectiveness is measured.

Many strengths of the care plan are noted that helps demonstrate a comprehensive evaluation.

The learner recognises the value of care planning relating to working and communicating with others.

The learner has linked to HSC good practice and reflected on the 6 Cs / person-centred practice as a method of assessing the plan's effectiveness. This shows evaluation that is comprehensive.

The link to effective practice is made with a full explanation and substantiated ideas.



### How well the care plan meets John's holistic needs and preferences

I think the plan is person-centred. It is written based on reports that are about John and includes what he liked to do before his stroke. This plan is individualised and focused on 'John' rather than just another stroke patient. The plan includes care, compassion, communication and commitment, these are important Cs in health and social care.

Compassion is shown as John is kept safe, he has food, is helped by a care assistant / his family who show respect and give him dignity. He isn't left alone and has opportunities to socialise with other people who will also offer care and support to John.

Any risks of John hurting himself are included in the plan and ways to help him are also given. For example, having a non-slip shower mat, having access to a shower chair or kettle tilter. John has lots of chances to do things independently and he is seen as an individual rather than just an old man.

The plan also shows care values such as choice and dignity and this is shown at mealtimes, when John is given a choice of food, in personal care routines his consent for care is asked for, choosing the clothes to wear, the shopping he wants, and the activities he would like to do.

He has food each day either delivered by a meal at home service or food prepared by the care assistant. This shows he will not be hungry, and the food will help him recover from the stroke. The new plan includes working in partnership with a dietitian so that John's diet can be improved further. This shows that everyone is committed to John's care and wants him to get better and be healthy.

John is now encouraged to go out of the house; this is good because this will meet his need for fresh air, social interaction as he will see his friends and make sure he doesn't develop mental health issues. In the past John has enjoyed being sociable so this is in the care plan because it is important to John, and he enjoys social interaction. The plan includes a chance for John to watch TV which will give him the opportunity to watch sport which he enjoys and will promote his cognitive development and help him to be sociable as he will have a shared interest to talk about. In the new plan there is time for John to go to the pub, this is an activity he enjoyed before the stroke and will promote social and emotional development because he is enjoying the time at the pub and will interact with his friends and family but he must make sure he doesn't get drunk as this could become unsafe because of his already unsteady mobility. It is important for the plan too.

Adapted equipment that has been provided has helped John be independent and given him a chance to care for himself, without adapted equipment he would have been more reliant on care professionals, and it would make it more likely that he would injure himself.

### Assessor comments

The response gives excellent detail of how and why the plan will meet John's holistic needs and reflects on his previous interests. There is also a positive awareness of how meeting one need will impact on another area of John's development, which indicates the learner has a strong understanding of the interdependent nature of development. Suggestions given are comprehensive and highly relevant to John's life stage and development and show excellent evaluation.