

Cambridge Technicals

Health and Social Care

Level 3 Cambridge Technical Certificates in Health and Social Care
05830, 05831

Level 3 Cambridge Technical Diplomas in Health and Social Care
05832, 05833

Level 3 Cambridge Technical Extended Diploma in Health and Social Care
05871

OCR Report to Centres June 2017

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This report on the examination provides information on the performance of candidates which it is hoped will be useful to teachers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding of the specification content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the examination.

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Unit 2 – Equality, diversity and rights in health and social care

General Comments:

In the second session of this unit the majority of the candidates attempted all of the questions with a range of marks being achieved. Most candidates completed all of the questions on the examination paper itself and did not use the extra pages at the back of the script, showing effective use of time. Candidates who did use the extra pages often repeated parts of answers already given or wrote information that was not required or relevant.

Candidates achieving higher marks demonstrated understanding of the subject content and the breadth and depth of their knowledge by providing well-structured responses correctly using technical vocabulary and clearly addressing the command verb in the question. It was evident however that some candidates do need more guidance about following the command verb in order to help them interpret the question requirements. 'Identifying' something when an explanation is required, for example, will not gain many marks.

It was clear that some candidates lacked basic knowledge in areas that are central to the qualification for example values of care and legislation where some answers appeared to be guessed or were just left blank. Some candidates need to practice the writing of longer answers to levels of response questions. Often there was repetition or writing at length about everything the candidate knows about the topic. This showed a lack of focus on what the actual question required.

Comments on Individual Questions:

Question 1(a)

Many candidates gained full marks.

Some candidates incorrectly thought it was acceptable not to tell anyone else. Giving this response shows a lack of understanding with regard to maintaining confidentiality and sharing of information on a 'need to know' basis.

Question 1(b)

Candidates who just repeated the actions from part 1(a) did not gain any marks. The command verb is 'justify' and so reasons why the action is taken should have been given.

Question 1(c)

Many candidates gained solid level two marks producing responses that linked well to applying the values of care and opportunities to ask questions. Those achieving level 3 marks were able to produce a detailed analysis of how the evening was an example of good practice. Weaker responses tended to repeat information and statements taken from the scenario or confused the information evening with an open evening for prospective parents.

Question 2(a)

The majority of candidates were able to give appropriate examples of what Sharon could do, but many failed to gain the second mark because they did not expand on it by stating how the example they had given promotes an individual's rights. Examples for choice were linked to choosing what to wear and food options, proving independence and empowerment. For protection from harm and abuse, candidates referred to DBS checks so that individuals are approved safe to work in care, and aspects of training such as manual handling so that the individuals Sharon is caring for can be moved safely. Responses to confidentiality were mainly based around storing records securely and not gossiping to friends, so that information was only shared with those involved in providing care.

Question 2(b)

Many candidates gained full marks with responses that linked to providing safe standards of care, having a better understanding of her role and being able to work with vulnerable adults. Others explained how the Care Certificate would provide a basis for future career development and better job opportunities for Sharon.

Marks were not gained for vague responses such as 'she can now work as care assistant', 'she is now qualified' and 'she can now do any job she wants'.

Question 2(c)

Most candidates gained full marks and demonstrated a very clear and correct understanding of the definition of valuing diversity.

Question 3(a)

There were some excellent responses to this question where candidates clearly addressed the impact on the family in terms of health and well-being, disempowerment and relationships. Many candidates incorrectly wrote about the effects on Stella, rather than impacts on the family and so did not gain any marks. Other candidates wrote at length explaining what direct discrimination is, but the question did not require this.

Question 3(b)

There were many sound responses for this question, but sometimes candidates only gained half marks because of repetition between their two responses.

Question 3(c)

Some candidates were able to outline aspects such as adaptations made to improve access for those with disabilities and how discrimination on the basis of a 'protected characteristic', i.e. disability, is illegal.

Many candidates lacked any specific knowledge of the Equality Act. There were a lot of vague responses such as, 'protects them', 'offers support', 'makes things fair', 'makes them feel comfortable', 'gives them rights', etc. Few candidates gained more than half marks.

Question 4(a)

Good responses, most candidates gained 3 to 4 marks.

Question 4(b)

Excellent responses by the majority of candidates, with a range of appropriate reasons being given.

Question 4(c)

A significant number of candidates did not understand the term 'mentoring' and consequently marks achieved were low. Candidates focussed on staff being trained, appraised and monitored in their role rather than providing support and constructive advice.

Question 5(a)

Not well answered. Obviously a phrase that is used a lot, but not really understood, by candidates, as they were often only able to achieve one of the two marks available. Candidates unfamiliar with the phrase gave incorrect responses, such as 'rules about what to wear at work' or 'having to re-dress a client because they hadn't done it very well'.

Question 5(b)

Around 50% of candidates named the correct piece of legislation. Many did not gain the mark by suggesting the 'Health and Safety Act' or left the question blank.

Question 5(c)

Many candidates did know at least one key aspect of the Data Protection Act. Others, however, gave methods of maintaining confidentiality and so did not gain any marks.

Question 5(d)

Candidates either gained full marks or just one or two. A few candidates lost marks by putting more than one number in the boxes.

Unit 3 – Health, safety and security in health and social care

General Comments:

Candidates demonstrated a good general knowledge of how health and safety is maintained in health and social care settings. By using appropriate terminology, they showed their understanding of the key terms. They were aware of the importance of carrying out risk assessments and of following health and safety policies. The consequences of not complying with health and safety policies and legislation were widely understood.

Some of the candidates' showed a limited understanding of the kind of risks that might plausibly arise in health and social care settings. They would benefit from carrying out health and safety walks to gain practical experience of identifying risks in a range of settings. They could also read reports that are routinely issued to settings after health and safety inspections. These would help them to gain knowledge about the kind of breaches of health and safety that are commonly encountered and the recommendations made to address them.

The majority of candidates attempted all questions. Very few additional sheets were used and most of the candidates made good use of the space allocated for each question. When answers took more than the allocated space, the additional information did not generally add to the quality of the response. Concise answers that directly addressed the question tended to score much higher than longer discursive responses.

Comments on Individual Questions:

Question 1(a)

Many candidates were unsure of the difference between legislation, policies and procedures. Common incorrect responses identified legislation, such as the Health and Safety at Work Act, or described procedures, such as 'ensure staff are DBS checked'. When candidates gave the name of the policy, within the description, the mark was awarded, e.g. 'risk assessments must be carried out'.

Question 1(b)

This question differentiated well with a full range of responses. Generally candidates were more aware of ways of promoting and maintaining policies. Only a minority knew about ways that employers enforce policies, e.g. through monitoring and supervision. To score the highest mark candidates were required to explicitly distinguish between strategies that promote, maintain and enforce policies.

Question 1(c)

Most candidates scored well on this question. Knowledge about food safety procedures was sound and answers were expressed clearly. Candidates lost marks if they gave a series of personal hygiene measures as separate responses rather than providing a range of responses from the categories on the mark scheme.

Question 1(d)

Most candidates were aware that lifting and handling lead to musculoskeletal injuries. The question required this knowledge to be applied and the majority were able to give an example of a hazard. The most common impact identified was back injury with fewer candidates recognising that the impact could also be financial.

Question 2(a)

This question differentiated well with a full range of responses. Candidates who scored highly were aware that the focus of the question was an employee's responsibilities for health and safety. It was essential to understand the term 'employee' in order to answer this question concisely and directly. Some candidates focused on describing general actions concerning the climbing activity in ways that did not relate directly to health and safety procedures.

Question 2(b)

The focus of this question was consequences of health and safety breaches on organisations. Many candidates focused on consequences for employees such as warnings or dismissal. In order to achieve the highest marks, candidates needed to understand the consequences for organisations of breaching health and safety legislation. They needed to clearly explain that consequences included both direct and indirect costs and provide examples of these.

Question 3(a)

Candidates had to provide two different examples of how slip and trip injuries might occur in a health and social care setting. Most candidates were able to do this.

Question 3(b)

This was well answered when candidates understood the nature of the setting, i.e. the residents were particularly vulnerable to further abuse.

Question 3(c)

This question required that learners understood the consequences of not following policies for employers and residents. They needed to understand the nature of the setting, i.e. that the residents were particularly vulnerable to further abuse. Some candidates explained the consequences for employees at length which was not required and did not score marks.

Question 3(d)

Many candidates were able to empathise with the situation described in the question and gave plausible answers. Candidates who listed several actions only scored one mark as for two marks they were required to identify an appropriate action and explain the reasons for taking it.

Question 4

This question discriminated well. To achieve a high score candidates had to include how both fire risk assessments and fire evacuation procedures reduced the risk of harm. There was generally a greater knowledge shown about evacuation procedures rather than fire risk assessment. Few candidates understood that fire risk assessment reduces the risk of harm by minimising the speed that a fire can spread. There was also a general lack of knowledge of how settings identify risks relating to individuals or take steps to minimise these.

Unit 4 – Anatomy and physiology for health and social care

General Comments:

The question paper covered a wide range of topics from the specification with a mixture of short and extended questions.

Many candidates seemed poorly prepared and showed large gaps in their knowledge and understanding.

Many candidates did not read the questions accurately and thus provided information that was not required. There was a tendency for some candidates to write down everything they knew about a topic. Candidates confused conditions, for example AMD and cataracts.

Many candidates had made use of the additional pages provided, but had not indicated that they had done so at the end of their initial answer. They must make it clear that their answer continues.

For this paper, errors in the spelling of scientific terminology were accepted unless unrecognisable.

A thorough understanding of command verbs and practice of reading questions is essential.

Comments on Individual Questions:

Question 1(a)

Mostly known, but often written with insufficient clarity to gain two marks. There was a lack of precision in some answers, for example, a lot of "blocked" airways rather than "narrowed airways".

Question 1(b)

Most candidates knew something about triggers but many provided a list of them with little information on how they might be avoided. Many candidates referred to the use of inhalers or medication, which is treatment.

Question 1(c)

Monitoring of asthma was poorly known with vague answers given. Those that mentioned peak flow and spirometers usually got their function and use muddled. Most candidates mentioned inhalers. Many described the various colours but had no idea which drugs they contained or what their precise effect was.

Question 2(a)

The epiglottis was the least well-known part with many confusing it with the oesophagus. The function of the large intestine was often confused with that of the small intestine.

Question 2(b)

This was poorly answered with either incorrect responses or ones that were too vague. Many thought that the pancreatic juice was delivered into the stomach and had its effects there.

Question 2(c)(i)

Some reasonable responses were given, though some lacked accuracy.

Question 2(c)(ii)

Most candidates managed to identify one possible effect of gallstones, but not two. The examiners were looking for physiological effects and so this did not include the possible need for surgery.

Question 2(d)

Most candidates knew something about IBS, but did not necessarily meet the question requirement of analysing the possible impact on Pamela's daily life. Answers tended to be list-like restricting them to level 1 marks. As with the January session, many candidates overdo the PIES aspect and tend to always go for 'worst case scenario'. Again, it is recommended that learners make use of blogs and support groups to research what life with these conditions is really like.

Question 3

Candidates appeared to have little knowledge of the musculo-skeletal, renal or endocrine systems.

Question 3(a)(i)

Most candidates got the hip correct, but many thought the wrist was an example of a hinge joint.

Question 3(a)(ii)

Many candidates got tendon and ligament the wrong way around. Most identified the synovial fluid correctly.

Question 3(b)

Whilst most candidates understood the principle of antagonistic muscles, the majority struggled to articulate its application to the scenario presented in the question. Biceps and triceps were confused and those candidates who got it right did not expand their answers to include reference to energy being required nor the action of either nerves or tendons.

Question 3(c)(i)

Most candidates identified the pituitary, but struggled with the adrenal glands.

Question 3(c)(ii)

Some candidates scored well here. Others only managed to identify a hormone produced by the pituitary. FSH, LH and ADH were the most common responses. Some candidates, who were aware of the link between the pituitary and the sex organs, thought that this gland produces oestrogen or testosterone.

Question 3(d)

Questions on the kidney always appear to be badly answered, though several candidates did manage to gain full marks. Many did not attempt it. The majority of those that did produced rambling accounts of kidney function.

It is suggested that learners are taught about the kidney as two discrete sections. Excretion and the removal of urea being the responsibility of the glomerulus, Bowman's capsule and proximal tubule, whilst osmoregulation is carried out by the loop of Henle and collecting duct with the involvement of the hypothalamus, pituitary and ADH. Many candidates tried to write about everything even though at least half of their response was irrelevant. Unfortunately, some who were on the right track got the amounts of ADH produced the wrong way around. They were still given some credit.

Question 4(a)

Few candidates knew the function of the humours of the eye. More knew the function of the iris.

Question 4(b)

Answers to this were often confused with AMD. Some candidates put two correct answers in the same space, for example cloudy and blurred vision and could only be given one mark.

Question 4(c)

This was answered reasonably well except for those candidates who wrote about general disabilities rather than those with visual impairment as requested. Most of the correct responses focussed on the use of Braille, bright colours, enlarged font, better lighting, magnifiers/computer aids, removal of trip hazards and an acceptance of guide dogs.

Question 4(d)

A small number of detailed answers were seen, but most candidates had a very vague idea of how the ear works getting the sequence out of order. Many incorrect references to the semi-circular canals were made. Most candidates did, however, understand the role of the cochlea with many referring to the organ of Corti.

Question 5(a)

Most candidates either got this wrong or were not able to give expanded answers. Those who were on the right lines tended to simply refer to the heart contracting or relaxing, but did not say what occurred during each phase. Many referred to the atria rather than the ventricles.

Question 5(b)

Most candidates got at least one function of the SA node and a significant number got two.

Question 5(c)

Most candidates could identify or describe simple measures, but fewer offered any explanation as required by the question. A minority went on to talk about medication and surgical interventions.

Question 5(d)

Many left this question blank. Very little knowledge was demonstrated concerning the control of blood sugar levels and to how it demonstrates homeostasis. There was confusion over the role of the pancreas and the two regulatory hormones insulin and glucagon. There was also confusion of the use of the term glycogen. Glycerol also got mentioned. Whilst some candidates attempted to define homeostasis, they usually did so in terms of temperature regulation rather than that of glucose levels.

Question 5(e)

Most candidates could identify at least one type of monitoring, but few showed any understanding of the value of the test.

Question 5(f)

Due to a very simplistic idea of what diabetes is, answers were generally very poor. Learners should be encouraged to research the effects of the conditions they must cover and understand the real effects on individuals. Whilst some horrific tales might be encountered of life-changing effects, they need to understand that when managed properly diabetes does not prevent achievement in life at the top level as can be demonstrated by famous athletes and politicians. Once again, many candidates dwelt on exaggerated negative aspects of PIES.

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

General Comments:

Candidates generally demonstrated an understanding of the principles of personalisation and its benefits for individuals receiving health and social care. The correct terminology to describe personalisation was used by the majority of candidates. Most candidates understood that a person-centred approach to care is how personalisation is delivered in practice. Candidates' knowledge of how to apply a person-centred approach in practice was varied. Candidates would benefit from having opportunities to practice applying a person-centred approach in a variety of case study scenarios.

Candidates who scored well understood that personalisation replaced an institutional model of care. Those who understood this were better able to articulate why personalisation and person-centred approaches are fundamental to upholding the rights of individuals receiving health and social care. To score highly candidates needed to demonstrate a clear understanding that personalisation and person-centred approaches can lead to a better quality of life for those receiving health and social care.

The majority of candidates attempted all questions. Very few additional sheets were used and those who scored highly made good use of the space allocated for each question. The highest scoring candidates were able to provide examples of person-centred approaches that demonstrated they had a depth of understanding.

Comments on Individual Questions:

Question 1(a)

Most candidates could identify one or two features of a managed account and many understood the local authority's role. Candidates seemed to focus on features that distinguished a managed account from a direct budget. However they could have scored marks for identifying features that are common to both, such as 'they give individuals choice about their care'.

Question 1(b)

This question was well answered by the majority of candidates. A significant number gave dementia as a reason for having a managed account. This was not credited as this does not necessarily denote a lack of mental capacity.

Question 1(c)

Candidates who scored well on this question focused their answer on the legislation and the duties it placed on local authorities. Many candidates gave generic answers about the benefits of personalisation with little reference to the role the local authority has in facilitating it.

Question 2(a)

This question differentiated well with a full range of responses. Candidates who scored highly were aware that the focus of the question was on how personalisation had changed health and social care services. While the majority of candidates knew that personalisation meant individuals had more choice about their care, few seemed to be aware that choice has been made possible by an increase in the number and range of service providers offering a variety of health and social care services.

Question 2(b)

This question differentiated well. Candidates who scored well knew the principles and could give a clear and unambiguous example of what they meant in practice. Some candidates could identify the principles using the correct terminology but were not able to provide concrete examples of what they meant in practice. Others were not able to identify the principles but provided explanations that demonstrated that they understood them. When candidates learn about the principles, it is important that they learn both the correct terminology and what they mean in practice.

Question 2(c)

Candidates who scored well on this question gave three concise answers that demonstrated a clear understanding of a person-centred approach.

Question 3(a)

In order to score highly on this question, candidates needed to recognise that in this case study the doctor had not adopted a person-centred approach to care. This question, therefore, differentiated well between candidates who understood how a person-centred approach is applied in practice and those who did not.

Question 3(b)

This was well answered when candidates knew what a relationship circle was. To score highly candidates needed to understand that involving key people would benefit the individual both practically and emotionally.

Question 4(a)

The majority of candidates understood what a review meeting was and that the focus of the question was on planning the meeting. To score highly candidates needed to clearly demonstrate that they understood how to put an individual receiving care at the centre of the process.

Question 4(b)

The majority of candidates could recognise what was working well and what was not working well. Where the question differentiated was in the suggestions for action. Those who scored highly made concrete practical suggestions that did not disempower the individual.

Question 4(c)

This was well answered when candidates understood a careers advisor's role.

Question 4(d)

This was well answered when candidates understood a facilitator's role.

Unit 7 – Safeguarding

General Comments:

A range of abilities and achievements were shown by this cohort. The main gaps in knowledge appeared to be in terms of details of legislation and/or policies. There was some improvement compared to January in the ability to use the command verbs to help them structure their answers. Few extra booklets were used and not many candidates using the extra pages, suggesting good use of time.

Comments on Individual Questions:

Q1a

The vast majority of candidates gained full marks correctly identifying types of abuse with quite a wide range of answers provided.

Q1b

Some suggestions related to imbalance of power/trusting, but they were not exemplified enough to give an explanation, often gaining only two marks in total, as each answer just linked to children generally.

Q1c

Generally staffing issues was done better than being dependent. In terms of the latter, candidates tended to just explain what dependency is rather than how it could lead to possible abuse. Answers gaining top marks had some link to people with learning difficulties, whilst weaker candidates missed this aspect and wrote about older people.

Q1d

Mixed responses, some did not understand the term and tried to refer to legislation/policy, or just talked about abuse in settings and/or general concerns.

Q1e

This was left blank by a significant numbers of candidates, those who did provide an answer mainly referred to confidentiality and getting fired. This highlighted a weakness in candidates' knowledge of the Act.

Q2a

Most candidates could answer this well, gaining all 3 marks.

Q2b

Many gave answers linking to appropriate actions, although a few gave suggestions beyond the scope of a health clinic, e.g. re-house Bethan.

Q3a

Some did not pay attention to the command verb and gave an evaluation of training and/or just described policies. Overall though it was answered fairly well.

Q3b

There were mixed responses, with most candidates getting at least 1 mark. There was some confusion over policy or procedure, with some giving legislation. Risk assessment was a common response, as was DBS and confidentiality policy.

Q3c

Poor responses as most gave examples of general good practice without reference to Harry's specific needs. Marks were lost due to vague answers, such as, 'make him socialise' 'make him do activities' etc. Some answers demonstrated a lack of thought about the scenario. However, there were some good answers from candidates who really explored the scenario and took account of his feelings at moving into the home and of his arthritis.

Q4

This was generally answered quite well, although some did not link their answer to the aspect of minimising risk of abuse.

Q5

There were some very pleasing responses to this question with many giving detailed answers, showing a clear understanding of issues homeless people may face.

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